Preventing Harm from Psychoactive Substance Use

CITY OF **VANCOUVER**

Draft Plan

Acknowledgements

The development of this draft prevention plan could not have occurred without the assistance of a great many individuals and organizations who have given their time and energy.

We would like to thank the many individuals from across Vancouver who participated in the 50 community prevention dialogues and the organizations that hosted these sessions. A special thanks to members of the community who facilitated.

We would also like to thank those who provided feedback on earlier drafts of this report. Your comments were thoughtful and constructive and have guided us to consider alternative ways of viewing issues central to prevention.

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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 strategy 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 — population health, reducing harm to the community and individual and community-based approaches — and recommends strategies that have shown the strongest evidence for success. A population health perspective recognizes that factors such as adequate housing and employment are as important to keeping people healthy as access to health care systems. This perspective, along with health promotion and reducing harm to the community and the individual, directs many prevention priorities as a promising and sustainable way to prevent the harm from substance use.

The use of psychoactive substances is a part of our society and occurs along a spectrum from beneficial use, including medications, to use that is relatively non harmful, to problematic or harmful use and finally, to chronic dependence. This plan is 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.

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;
- Improved public health, safety and order.

With a comprehensive prevention plan in place, we would expect neighbourhoods and communities that are 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, and a Vancouver-based community dialogue process on prevention. Vancouver does not currently have sufficient or coordinated prevention infrastructure in place. The final version of this plan will outline what resources/programs currently exist as a foundation upon which to build. The creation of a sustainable prevention infrastructure within Vancouver and the region is central to, and the first step towards, the implementation of effective prevention initiatives. This requires a significant commitment towards funding and community capacity building, and it assumes substance use and harm monitoring, research and program evaluation (See pages 5, 6 and 7 for recommendations).

Recommendations for action fall under five key prevention priorities. Taken together, these prevention priorities – reducing risk factors and increasing protective factors across the life course, community centred interventions, addressing impacts from drug use, legislative and public policy change and regulated markets – 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 and culture are acknowledged as important considerations in determining risk and protective factors and in developing effective responses. Increasing the gender and cultural components of this plan will receive special consideration during a community consultation phase before the final plan goes to City Council.

We know that substance use exacts considerable financial, health, social, crime and other costs to our system, mostly associated with alcohol and tobacco use. The "prevention paradox" states that it is often lower risk indi-

viduals who collectively contribute the bulk of preventable illness in the community due to their greater numbers. In order to prevent the most harm, some argue, 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 we consider prevention across the lifespan, the goal is to minimize the risks for developing harmful drug use behaviours and to maximize those factors that offer protection. 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 age children. There is strong evidence for these kinds of programs contributing to significant prevention 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 and feeling connected to family, 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 interventions attempt to build capacity for individuals and organizations to engage at the local level in prevention. This plan calls for increased community coordination and communication of prevention issues and the creation of a sustainable funding body for prevention efforts. The strategies in this priority address assisting vulnerable populations through employment and housing and strengthening community capacity through information sharing, networks, coalitions and engagement.

The priority area of *Addressing Impacts from Drug Use* expands on the conventional understanding of harm reduction, which addresses harm to the individual drug user, to include responses that consider the health and safety of the broader community as well.

Yet even with the best prevention strategies anywhere in the world, we are limited in what we can do unless there are changes to the legal frameworks for psychoactive substances. The current system of prohibition for illegal drugs, this plan argues, 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 or 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 framework to deal with currently illegal substances based on public health principles, the relative toxicity of each substance and the drug's potential for creating dependency.

Regulatory mechanisms currently exist for an array of psychoactive substances including alcohol, tobacco and many pharmaceutical drugs. Regulatory actions, when aligned with other policies and actions across the community, can have a powerful impact on preventing harm. In the case of tobacco, success is based on regulatory controls contributing to reduced tobacco use in combination with public education on health related harm.

This plan recommends that regulation of currently illegal substances should be considered with 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. We propose that the Federal Government proceed in this direction by first tackling the regulation of cannabis, next evaluating the results and finally moving incrementally to bring more currently illegal substances into regulatory frameworks.

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 strategy at any level of government. The recommendations within this plan 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. Recommendation: That the City of Vancouver advocate that municipalities that receive funds from local gaming operations commit 10 per cent of these funds towards the creation of a Municipal Prevention Institute that focuses on assisting municipalities and their community partners to develop programs and conduct research on problem substance use and problem gambling in partnership with the Provincial and Federal Governments, addiction research organizations and the community.

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 Strategy.

3. Recommendation: That the Provincial Government establish a monitoring body that monitors the sale and use of psychoactive substances in British Columbia and related health, social and environmental harm, identifies early trends of drug use, provides information to the public on purity of illicit drugs and related dangers and provides timely information to policy makers 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. Recommendation: That Vancouver Coastal Health, the Province of British Columbia and Health Canada, as part of an overall prevention strategy, make a priority support for early childhood development and learning initiatives for vulnerable families with newborn babies and children who are making the transition to primary school and support the development of comprehensive support systems for families with children in Vancouver.

5. Recommendation: That the City of Vancouver partner with Vancouver Coastal Health, addiction prevention organisations, health education agencies and parenting organisations 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.

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.

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 strategy that specifically focuses on seniors and problematic substance use, including the use of pharmaceuticals.

8. Recommendation: That the Provincial Government fund the development of social marketing and mass media marketing campaigns for tobacco, alcohol and cannabis 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.

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.

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.

Prevention Priority #2: Community Centred Prevention

11. Recommendation: That the City of Vancouver support the creation of the Four Pillars Literacy Pilot Project to be delivered through the Hastings Institute and that the Vancouver Agreement partners support the creation of a case coordination position focusing primarily on individuals in recovery from substance dependence who are working towards gaining employment.

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.

13. Recommendation: That the City of Vancouver, Vancouver Coastal Health, CARBC, Methamphetamine Response Committee (MARC), the Provincial Government and community partners continue to build upon current efforts to address issues related to methamphetamine (MA) use and include 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.

14. Recommendation: **That the City of Vancouver convenes 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.**

15. Recommendation: **That adequate resources be allocated to a youth position to work with the City of Vancouver, Vancouver Coastal Health, community youth organizations and other levels of government to engage youth in the development and implementation of a city-wide youth component of the City's prevention strategy.**

Prevention Priority #3: Addressing Impacts from Drug Use

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

17. 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 clandestine methamphetamine labs in residential areas including the development of remediation protocols to clean up and remove toxic materials.**

18. 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.**

19. Recommendation: **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.**

Prevention Priority #4: Legislative and Public Policy Change

20. 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.**

21. Recommendation: **That the Federal Government take a leadership role at the national and international levels to initiate reform of current drug laws and move towards creating regulatory frameworks for psychoactive substances that will allow municipalities to better address the harm associated with the trade and use of these substances at the local level.**

Prevention Priority #5: Regulated Markets and Market Intervention

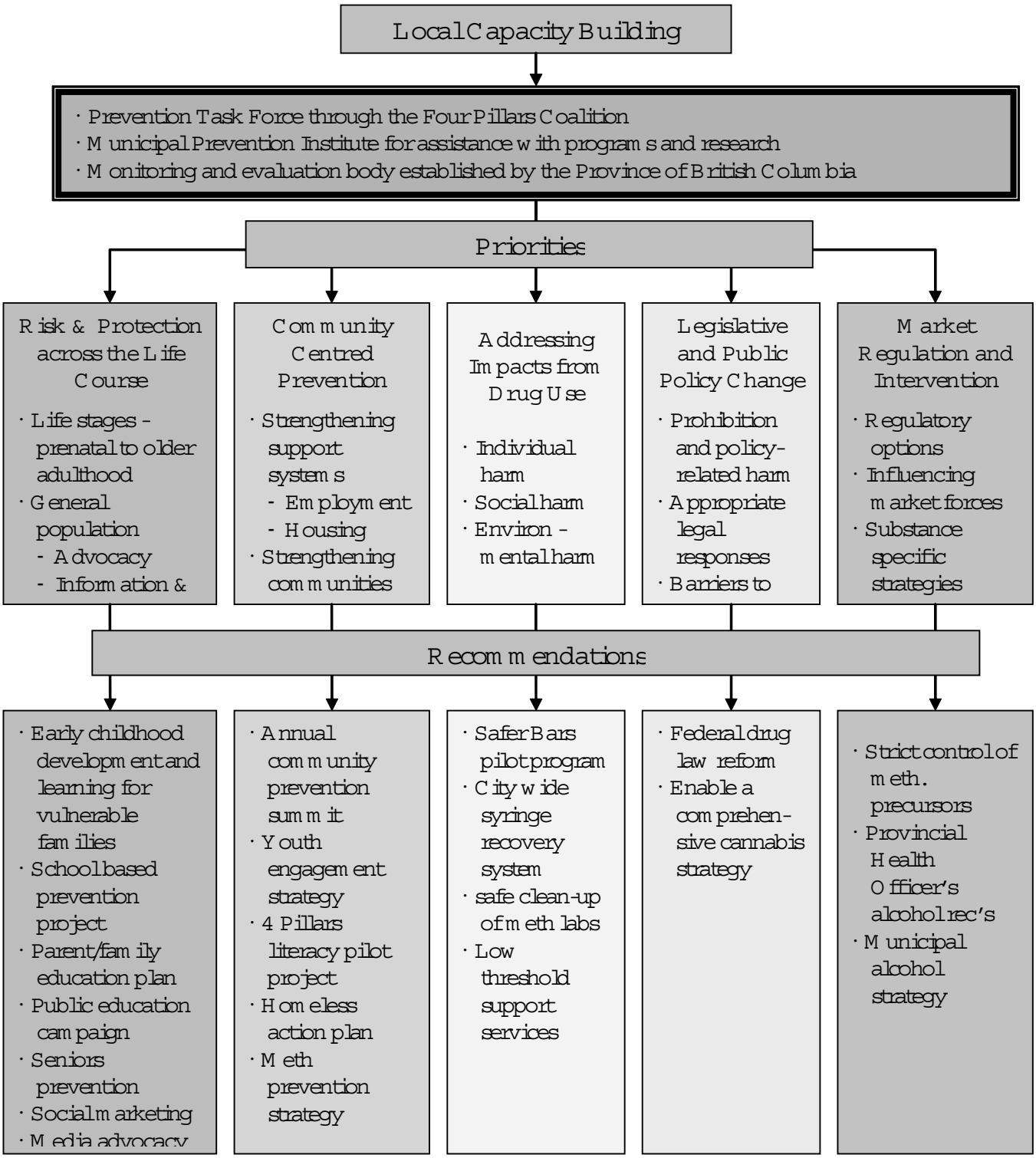
22. Recommendation: **That the Provincial Government implement the recommendations in the report, *Public Health Approach to Alcohol Policy: A Report of the Provincial Health Officer, (May 2002)* as part of a comprehensive response to the increased availability of alcohol products in BC.**

23. 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.**

24. 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.**

City of Vancouver

A Plan to Prevent Harm from Psychoactive Substance Use: Prevention Priorities and Recommendations



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. Meeting with residents, city staff and politicians heard the call for a more focused, coordinated and sustained approach to prevention to stop the serious problems 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, 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 prohibition based on cultural norms and values other than the law, suggesting a moral or social as opposed to legal rationale for prohibition.

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

> **"We need to recognize that it's not deviant or pathological for humans to desire to alter their consciousness with psychoactive substances. They've been doing it since pre-history . . . and it can be in a religious context, it can be in a social context, or it can be in the context of symptom management"**
> **(Perry Kendall, Provincial Health Officer, BC, November 2003).**

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 of many psychoactive substances, and the results of a series of community dialogues during the spring and summer of 2004.

Five priority areas for action are the focus. Prevention initiatives are considered within the current legal frameworks available to local governments for all drugs. An alternative legal and regulatory framework for currently illegal drugs is proposed 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 regulatory framework would also encourage the creation of strong social norms regarding non-use and safer substance use.

The first priority area, *Prevention Across the Life Course*, is based on the belief that prevention must be considered across all ages and at all stages of human development. Gender and culture are recognized, but not fully explored, as important factors that influence the risk of developing problems with drug use, the nature and extent of related harm and the experience of policies and programs. More work in this area will occur during this plan's consultation phase.

The second priority area, *Community Centred Prevention*, considers the importance of building capacity at the community level that can support prevention efforts over time.

The priority area of *Addressing Impacts from Drug Use* expands on the conventional understanding of harm reduction, which addresses harm to the individual drug user, to include responses that consider the health and safety of the broader community as well.

Legislative and Policy Changes outlines how the current system of prohibition produces a range of harm that flows from our current legislation and policies on psychoactive substances. This policy related harm restricts local

government efforts to address harm at the community level while providing organized criminal elements with "free market" opportunities to engage in the illegal drug business.

Regulated Markets and Market Intervention, the final priority area, considers interventions in markets for legal and currently illegal substances. It proposes that present regulations for legal substances be re-examined and that new regulatory frameworks be created for currently illegal substances based on public health principles that take into account the relative toxicity of individual substances and their potential to cause harm.

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 and areas for action 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 level changes. All recommendations have been chosen to support the development of a sustainable prevention infrastructure for Vancouver while tackling immediate community prevention priorities.

Community Dialogue

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 of interest took part, representing different life stages, sexual orientations, ethnicities, vulnerable populations and service providers (See Appendix I for list of communities). Each community held two dialogues, conducted with up to 20 participants and 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 questions 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 of 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 synopsis of recurrent themes from the community dialogues is presented below.

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 sports, arts and through 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 (other youth).

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.

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. A revival of native languages and revitalization of cultural roots were suggested as ways to restore community balance. This needed to happen, it was felt, before problematic substance use issues could be confronted.

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 social exclusion, 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, especially in the Downtown Eastside, 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.

Other themes (treatment, employment, housing, information and regulation): Treatment, employment and affordable housing came up in the dialogues as particular concerns. Many felt treatment services were lacking or insufficient. Concerns were expressed about the lack of attention to mental health issues and early detection. 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.

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. Dialogue participants asked for culturally and linguistically relevant information.

Some dialogue participants felt that cannabis prohibition was ineffective and that prohibition itself actually added to the problem. Effective regulation of marijuana 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 apply mostly to all communities, with the exception of age-specific recommendations. The intent is through the next public consultation process to consult with communities on whether more specific targeting of programs is desirable. More consultation is clearly needed, in particular with Aboriginal communities, to coordinate this municipal prevention plan with work underway through government and non-profit agencies. Areas where gender-specific recommendations may be needed will also be identified in this next round.

Levels of Psychoactive Substance Use

Substance use exacts considerable costs, financial, health and other, to 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 was responsible for the highest costs to the Canadian system, followed by alcohol and illegal drugs, according to a study using 1992 data (Single et al, 1998). Tobacco cost the system almost seven times as much as illegal drugs. 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).

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 7 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 is 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. 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).

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). The same study also found that Vancouver students don't use as many substances as students in other parts of the province. Vancouver students are less likely to drink alcohol than youth in other areas of BC: forty-four 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.

Greater Vancouver youth attending school are more likely to be non-smokers compared to students in other parts of the province. The 24 per cent of students in Vancouver who said they had ever used marijuana was again lower than the 37 per cent province-wide. And in Vancouver the proportion of students using all other illegal drugs is lower than their counterparts around the province: 2 per cent had tried amphetamines in 2003 compared to 4 per cent in the province overall, for example.

Vancouver, and the province as a whole, has seen a significant decline in students who smoke cigarettes. The number of youth attending school who say they are current smokers has gone down in Vancouver from 12 per cent in 1998 to 6 per cent in 2003 (McCreary, 2004).

Many of these declining 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 lifetime treatment cost per person of $150,000, 4700 IDUs in the DTES, with an HIV prevalence of 31 per cent) (Kuyper, et al. 2004).

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 3 in 2000 (note: just because methamphetamine is present, 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).

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 risks of using crystal methamphetamine and ecstasy in the previous year (Lampinen et al., in press).

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 one per cent or less (CCSA, 2005).

The pervasive and increasing use of cannabis represents another important trend. The use of illegal drugs is now, in fact, 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 marijuana was similar. Boys, however, are more likely to be heavy users, with 18 per cent of boys who had ever used marijuana having used it 20 or more times in the past month compared to 8 per cent of girls (McCreary Centre Society, 2004).

There is also a wide range of alcohol use. About 7 per cent of Canadians are defined as heavy frequent drinkers (more than once a week, five drinks or more) (CCSA, 2004). Males, those between 18 to 24, and singles are more likely to report heavy drinking than their counterparts.

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

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.

Problems related to the use of psychoactive substances are significant within most societies. For example in relation to alcohol, which is associated with 4 per cent of all deaths worldwide, a recent WHO report states: "Public health problems associated with alcohol consumption have reached alarming proportions and alcohol has become one of the most important risks to health globally." (World Health Assembly)

Using U.S. cost estimates, we could project that almost 10 per cent of BC's provincial budget is spent dealing with problem substance use and problem gambling. The cost takes 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 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 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 Drug 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 saves $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.

While there has been much talk about the effectiveness of prevention, some would argue that it has been the least implemented of the four pillars.

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 contexts of population health, health promotion and reducing harm to community and individuals.

Substance Use

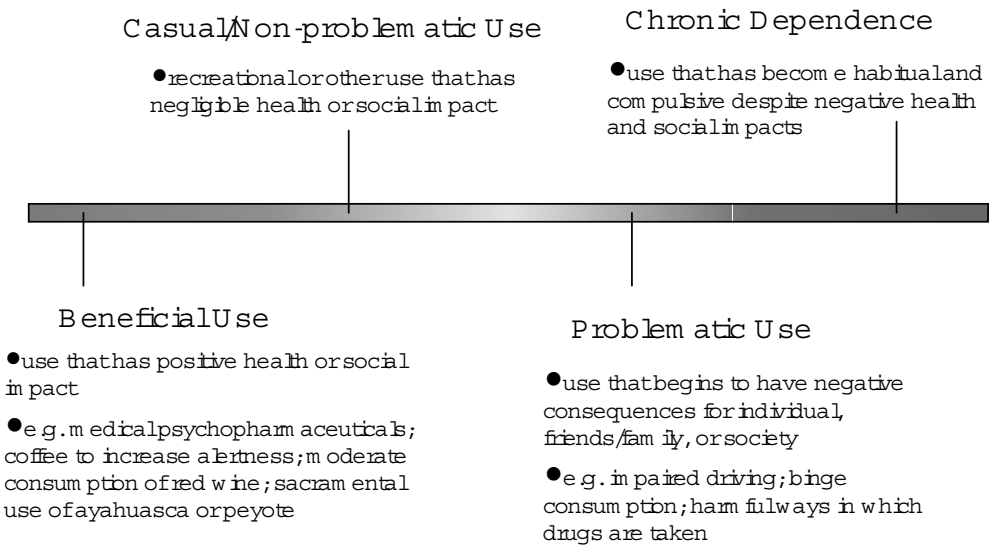
Substance use occurs along a spectrum from beneficial, to non-problematic or casual use, through to problematic or harmful use (See Table One). Problematic substance use includes episodic or binge use that can have acute, negative health consequences and chronic use that can lead to dependence and related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

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.

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.

Table One: Spectrum of Psychoactive Substance Use



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.

One way to view substance use is according to a benefit and harm breakdown. 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:

Benefits

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

Harm

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

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" (2004). 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 areas depending on the need. One type of prevention tries to reduce risks and prevent new cases, another is directed towards the early stages of a condition in order to limit harm, and yet another 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 are 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. Focus is on changing individual substance use behaviour, as well as the social, economic and legal contexts within 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).

Prevention also takes place within the contexts of public health and human rights. For example, the violation of human rights can lead to harmful substance use and such use can, in turn, limit the extent to which an individual's rights are upheld (Gruskin et al., 2001). By acknowledging the dynamic and mutually reinforcing relationship between public health and human rights, prevention efforts can better address vulnerability, risk and the broad determinants of health (WHO, 2004).

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 (Drug Info No 1: June 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 terms "risk" and "protective factors" are often used to explain this. Risk factors predispose an individual to future problems and protective factors lessen those risks. 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, 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 you fall 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. Focus is both on the health of the general population and population sub-groups, such as Aboriginal people. The social, economic, and environmental factors and conditions over which individuals have only limited control and which influence health are known as the determinants of health. These go beyond simple lifestyle choices to influence individual and collective behaviour.

The determinants of health fall into four categories: individual capacities and skills, social environments, living and working conditions and access to services. While there is no definitive list of determinants, the Public Health Agency of Canada includes: income and 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.

At another level, health promotion emphasizes the importance of increasing individual and community control over factors that affect health (BC Ministry of Health Services, 2004). It enables people to engage in and sustain safer and healthier lifestyles. Health promotion creates supportive environments that make the healthy choice the easy choice. Societal change is needed with the public active in decision making processes. 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. When referring to harm in this plan we include the 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, as well as unsafe modes of administration, patterns and contexts of substance use.

Regulated Market

A regulated market is a legal market for legal 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. Legal structures 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 the legal framework 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. "No drug is made safer left in the hands of organized criminals and unregulated dealers." (Kushlick, 2005).

A regulated market is a legal market for legal 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. Legal structures also determine which regulatory tools can be used to influence markets.

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, level 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 Two) Regulated markets are therefore a potentially effective, some would argue the most effective, measure for reducing drug-related harm. (See Prevention Priority #5 for Regulated Market discussion)

Table Two: A Comparison of Unregulated and Regulated Markets with respect to Market Elements

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

A Vision for Prevention

A Five Year Vision

A five year vision for this strategy is as follows:

> 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 sub stance use and mitigate any unintended consequences.
4. Living, working and social environments promote non-use and safer substance use, reduce harm from sub stance use and mitigate any unintended consequences.
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.
- Neighbourhoods and communities are secure, vibrant 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;
· Ensure people are treated with fairness, equality, and impartiality (Beauchamp TL 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, rather than on the smaller proportion of high risk users (Loxley et at., 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 in mind gender, culture and social disadvantage.

Another prevention challenge is to gain the commitment from governments to a long term and sustainable 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 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 oversees the 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 institutional and community partners that deliver prevention and public health and safety programs to their citizens.

This plan proposes that municipalities receiving gaming revenues contribute 10 per cent of those revenues 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 for 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
- Three representative from community based organizations

A second infrastructure requirement is the creation of a monitoring unit that tracks the use of psychoactive substances, collects data on the sales of legal substances and illegal drugs, and quantifies 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. 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. This plan

recommends that the Provincial Government create a unit that would monitor the sale and use of psychoactive substances in BC, as well as related individual and community harm. This unit would 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.

1. Recommendation: **That the City of Vancouver advocate that municipalities that receive funds from local gaming operations commit 10 per cent of these funds towards the creation of a Municipal Prevention Institute that focuses on assisting municipalities and their community partners to develop programs and conduct research on problem substance use and problem gambling in partnership with the Provincial and Federal governments, addiction research organizations and the community.**

Other Recommendations for Strengthening Municipal Prevention Infrastructure:

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 Strategy.**

3. Recommendation: **That the Provincial Government establish a monitoring body that monitors the sale and use of psychoactive substances in British Columbia and related health, social and environmental harm, identifies early trends of drug use, provides information to the public on purity of illicit drugs and related dangers and provides timely information to policy makers that will assist in evaluating current drug policies, regulatory mechanisms and health and enforcement interventions.**

Five Strategic Prevention Priorities

The following five strategic prevention priorities 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 interventions, addressing impacts from drug use, legislative and public policy change, and regulated markets. They also address the prevention infrastructure needs outlined above.

Each priority provides an overview, key issues which summarize what the research evidence and community have to say, examples of model practices and recommended 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 which 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, especially for children and youth, and safer use options as a primary way of preventing harm from substance use. 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, is key 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.

Recommended Areas of Action

1. Pregnancy and Fetal Development

Pregnancy is a vulnerable time for both a mother and the developing fetus. Exposure to alcohol during pregnancy can have significant negative impacts on the fetus. The seriousness of the impact of alcohol use during pregnancy 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 impaired lung development and functioning, low birth weight and other neurological damage. Research indicates that use of various 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.
- Leadership and coordination of FASD initiatives at the community, regional, provincial and national levels (British Columbia Ministry of Children and Families, 2004).

2. 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.
- Parent education and support for parents within drug treatment settings.

4. Recommendation: **That Vancouver Coastal Health, the Province of British Columbia and Health Canada, as part of an overall prevention strategy, make a priority support for early childhood development and learning initiatives for vulnerable families with newborn babies and children who are making the transition to primary school and 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, eighteen months of high quality child care and a parenting program for 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.

3. Adolescence (12 – 18 years)

"We need more community programs at night so people have something to do. Once the sun goes down, they try to grab you off the street to give you alcohol or drugs and get you – we need some alternatives."

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.

Adolescence is also the time when many young people come into direct contact with tobacco, alcohol, cannabis and 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).

A strong sense of belonging and meaningful relations within the family (and in other settings such as school, peers and community) has increasingly emerged through research 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 impact factors associated with early use, an effective prevention plan should consider parent education as one of its strategies.

"Parents need to be educated so they can educate their kids" **Community Dialogue Participant**

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).

> *"When I got on my healing journey and found a detox it was a result of a grandchild coming into my life. I didn't want the grandchild to follow the same path. And that is what got me clean and sober - and I wanted to break that chain."*

5. Recommendation: **That the City of Vancouver partner with Vancouver Coastal Health, addiction prevention organisations, health education agencies and parenting organisations 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.**

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:

- School policy – develop consistent and evidence-based policy for alcohol and drug related incidents.
- Student education – ensure consistent, age and culturally appropriate education on drug and alcohol issues that reflects the lived experience of students and includes an education plan for K-12.
- Professional education – increase the capacity of those working with school-aged children so they can effectively include substance use education and prevent/intervene in substance use situations. Parent/family education – increase parental knowledge and skills to intervene in and to prevent substance using situations.
- Intervention – ensure a range of services for those students using substances who require more intensive support.

The report 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 comprehensive manner that is enhanced by other actions at the community level that reinforce these activities. These include social marketing, community mobilisation 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.**

4. 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 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, because of low self-esteem and for weight loss.

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 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 are 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 criminalised context, it has been difficult to mount credible and evidence-based educational programs about potential health related harm from use.

5. Adulthood (30 - 64 years)

"There should be programs about alcohol and drug prevention for newcomers who have to go through a process by trying to adapt to a new life, and they do not know the language and they are far from their homes and often depressed."

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 tend to be better publicized than for many illegal drugs and research on the harmful effects of alcohol and tobacco is often spread through a range of 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 substances 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).

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).

6. 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, but women may be at greater risk of becoming 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:

"In old age even modest use of alcohol can have a significant impact on health and well 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 strongly 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.

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 strategy that specifically focuses on seniors and problematic substance use, including the use of pharmaceuticals.**

7. General Population - All Age Groups

Social Marketing

Mass media-based social marketing is aimed at preventing the harm from substance use at the population level. Campaigns have the best 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 1970's, 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. 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 danger 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 patronising and imply an easy solution; and
- Messages that are moralistic, judgmental or use fear tactics.

8. Recommendation: **That the Provincial Government fund the development of social marketing and mass media marketing campaigns for tobacco, alcohol and cannabis 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.**

Media Advocacy

Media advocacy is a companion strategy to social marketing. It highlights a particular public health issue using mass media. Advocacy in general 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 strategy 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.**

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 awareness days or weeks.

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.

> ***"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 cause of harmful 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.

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

The discrimination was pervasive 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 discrimination and 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".***

"Whatever treatment centre addicts come out of, because of a lack of follow-up, they fall back. They are alienated, have no work, and nowhere to go. Drugs take the pain away."

Most community dialogue participants felt the media could play an important role in providing information, increasing risk perceptions and addressing stigma. Some participants mentioned the need to better inform people about prevention programs and services available in Vancouver and a desire to hold more discussions similar to the City's prevention dialogue sessions.

Participants also 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'."**

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.**

Prevention Priority #2: Community Centred Prevention

"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."

"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 Participants**

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 community is increasingly regarded as a promising and cost-effective strategy for the prevention of harmful substance use. 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 and housing and strengthening community capacity through information sharing, networks, coalitions and engagement. Community capacity building, community engagement, population health and health promotion approaches to prevention direct this priority.

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. On the other hand, there is also evidence that shows a positive relationship between employment and income and the extent of substance use. At the population level, per capita consumption of alcohol, for example, is closely associated with higher economic status. One study showed that employed young people have higher levels of alcohol consumption than their unemployed counterparts (Spooner, 2001). As well, the Canadian Addiction Survey found that the rate of exceeding the low-risk drinking guidelines in higher among those with the highest incomes (CCSA, 2005). While socio-economic status does not necessarily predict involvement in potentially harmful patterns of drug use, low socio-economic status may increase the risk of experiencing drug use related harm (Loxley et al, 2004).

Overall, the evidence suggests that policymakers and service providers need to plan and implement a wide range of interventions that involve both universal prevention strategies for the general population at lower risk and targeted strategies for people at greater risk of harmful substance use.

Recommended Areas of Action

1. Strengthening Support

Employment
Employment is a protective factor that promotes resilience, or the ability to resist harmful behaviours, for vulnerable populations at risk for harmful substance use due to social disadvantage or developmental factors.

In Vancouver, programs and services which 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.

Employment assistance and training programs need to be targeted to people who are at risk of harmful substance use to help them obtain employment. 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 effect as there are few role models for employment in the neighbourhood. 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 in to substance use and/or criminal behaviours (Spooner, 2001).

"I'd like to live in a clean building where people don't knock all night and offer me drugs."

Effective collaborations among drug treatment centres, community youth employment groups and municipalities are demonstrated through the *Working On* program in Australia described below.

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 to provide 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, as well as on the job support and case management through-out 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 Document

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In Vancouver, the Vancouver Agreement, an urban renewal strategy signed between the Federal, Provincial and City governments 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 Human Resources.

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.

The VAES program and many other support programs 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 who have lost supports because of strict requirements. Recognizing this gap and inspired by the three models above, the City of Vancouver proposes a two-phased pilot project in consultation with the Vancouver Agreement and the Equal Employment Opportunity Program. This pilot project would be targeted towards recovering drug users ready to explore their potential for job readiness. The target group would be reached through existing VAES networks. In phase I, clients would undergo a Four Pillars Literacy Training Project which would include topics such as work ethic and job related life skills. This training would be designed in

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consultation with, and delivered through, the Hastings Institute. Phase II would involve one-to-one support with information sessions, work suitability, workplace visits, work preparation and placements through a Vancouver Agreement case coordinator. The case coordinator would explore the availability of suitable jobs and engage employers.

11. Recommendation: **That the City of Vancouver support the creation of the Four Pillars Literacy Pilot Project to be delivered through the Hastings Institute and that the Vancouver Agreement partners support the creation of a case coordination position focusing primarily on individuals in recovery from substance dependence who are working towards gaining employment.**

Housing

Substance use is often both the cause and the result of homelessness. 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.

"Once they get cleaned up they have to come back down here 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 homelessness 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).

"My son has been clean for 18 months, and is now doing okay. He has been in treatment and then came out without any support. In 2002 he was caught trying to jump off the Burrard Street Bridge. Then he went into treatment, but they could not handle him. There were many arguments with the staff at the hospital and then finally they discovered that he was schizophrenic."

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 subsidised units over the next 10 years. Subsidised 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).

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.**

2. Community Capacity and Engagement

At the very core of a community centred prevention strategy is the community itself. A community's assets, including knowledge, skills and resources that already exist, 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, (KDO), 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, 2004's Western Summit on Methamphetamine drew together multiple stakeholders and a consensus document detailing areas for action will be released this spring.

13. Recommendation: **That the City of Vancouver, Vancouver Coastal Health, CARBC, Methamphetamine Response Committee (MARC), the Provincial government and community partners continue to build upon current efforts to address issues related to methamphetamine (MA) use and include 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.**

A missing element in Vancouver's prevention landscape has been a network for prevention service providers. Currently, the City's Drug Policy Program is carrying out a project to map drug prevention activities in Vancouver, which will be incorporated in the final prevention plan. The goal of the mapping project is to strengthen awareness of current prevention activities in Vancouver and to build prevention coordination and momentum through discussions of critical issues among diverse prevention organizations. This will pave the way for the growth of a prevention service providers' network.

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 through 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.

Community centred prevention works by targeting at-risk groups. The Vancouver Gay Men's Harm Reduction Initiative delivers information via its web site, www.buzzcode.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.

"We need to understand why people drink. It comes from low self esteem. I grew up with a father who was an alcoholic. I hated the taste, the smell, but I loved the feeling. On the outside, it looks like I should not have been that person who would go down that road, but I did. I had such as strong feeling of hopelessness and the drinking takes that away."

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

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.

14. 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.**

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. Young people also need to be engaged in improved recreational/educational opportunities.

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. 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, especially addiction services on demand, promotion of healthy lifestyles, and free access to community centre fitness programs.
- **Housing** – Homelessness was seen as unacceptable, 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 emphasised.
- **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 emphasised. 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 sceptical 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.

- **Recreation and Culture** – Improved access to recreation and actively celebrating our diverse cultures were seen as ways to strengthen community.

"There are so many recreation centres but they all close early and they're expensive . . . . The centre or program needs to be in your neighbourhood. A lot of parents and adults think that when there is a group of kids gathering, it's a bad thing. They do not understand . . ." said one youth dialogue participant.

Another suggested: ***"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."***

This plan's recommendation for increasing youth engagement focuses on developing and implementing a youth component for the City's prevention plan.

15. Recommendation: **That adequate resources be allocated to a youth position to work with the City of Vancouver, Vancouver Coastal Health, community youth organizations and other levels of government to engage youth in the development and implementation of a city-wide youth component of the City's prevention plan.**

Prevention Priority #3: Addressing the Impacts from Drug Use

"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

Overview

This prevention priority focuses on addressing the impacts from problematic and dependent substance use on the community and the individual. It is based on the need to keep the community and the user as safe and healthy as possible within the context of active substance use, while respecting individual autonomy and informed choice.

Key Issues

When most people think of harm reduction, they think of strategies to prevent harm to the drug using individual (e.g. reducing overdose deaths, the spread of diseases such as HIV and Hepatitis C etc). We expand on this conventional understanding by also addressing the impacts of harm from substance use to the broader community.

Individual harm to the user results from the toxicity of drugs, complications from unknown purity or harmful drug interactions from poly-drug use (using more than one substance at the same time). Harm also arises from other factors such as how a drug is taken (smoked, snorted, injected, ingested, etc.), the amount of drug taken and the frequency.

Contexts of use refer to physical environments where substance use occurs such as the home, school, street, workplace, entertainment venues, and correctional facilities. Context also refers to the reasons why people use substances, the meaning they attach to substance use and the cultural settings of use. Settings in which drugs are taken can influence how the user perceives risk (Duff, 2003).

The harm from substance use and the enforcement of current drug policies affect child and family development, mental health, individual well being, public safety and order, social and economic health of communities, and the environment. Environmental harm occurs during the production and manufacture of substances (e.g. toxicity of methamphetamine labs and cannabis grow operations), and when drugs are taken in public places through discarded syringes and other injecting equipment.

Recommended Areas of Action

Alcohol

Drinking to the point of intoxication is a major contributor to short term harm from alcohol. There is strong evidence that the following interventions work to reduce the levels of harm to those who are already intoxicated in the context of driving and licensed drinking venues.

Driving related interventions include random breath alcohol testing and designated driver schemes. Random breath testing (RBT) has been shown to reduce motor vehicle crashes, fatalities and injuries. A Cochrane Collaboration review (2000) determined that public perception of being caught may be a key factor in the success of RBT campaigns. In Australia's internationally recognized RBT program all stopped drivers are tested. Community perception of being caught is high and there is high intensity of program implementation (Loxley et al., 2004).

> "I think society in general is in denial of drug and alcohol problems. I went to a party in Surrey . . . and everyone that was at the party was drinking. I couldn't believe how much alcohol was around. . . . There is so much damage that can be caused. Every one of those people is in denial."

Evidence for the effectiveness of designated driver schemes is mixed. While a US review concluded that such schemes are not particularly effective in producing behaviour change, Australian researchers found that designated driver interventions achieve the basic aim of persuading young drivers to select non drinking drivers before they begin consuming alcohol. This is

supported by international literature which found that, between 1986 and 1996, the prevalence of designated drivers rose from five per cent to 25 per cent as measured by roadside surveys (Loxley et al., 2004).

In the context of licensed venues, self regulation of venues without traditional law enforcement has been shown to be ineffective (Stockwell, 2001). Where restrictions on practices such as discounting and serving underage or intoxicated patrons 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).

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;
- Neighbours who feel the safety of residents is jeopardized.

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." (Centre for Addiction and Mental Health, unpublished).

For a detailed discussion of regulatory and enforcement approaches to alcohol-related harm reduction in licensed premises please see Prevention Priority #5.

16. Recommendation: **That the City of Vancouver partner with the Centre for Addictions Research of BC, the Vancouver Police Department and Bar Watch to implement a Safer Bars Pilot Program in Vancouver bars and clubs.**

Tobacco

The broad consensus is that there is no safe level of tobacco use. The most effective harm reduction programs involve regulations to reduce second-hand smoke for the non-smoker. These regulations restrict smoking in public places to protect the non-smoker from the effects of environmental tobacco smoke. There is no evidence, however, that these regulations reduce the overall smoking prevalence. Public support for such regulatory approaches appears to be high, even among smokers. Putting these regulations into place is simple, effective and inexpensive (Loxley et al., 2004). Alternative nicotine delivery systems, such as snuff and nicotine nasal sprays, are being promoted in some jurisdictions such as Sweden and would benefit from further research.

Illegal Drugs

Harmful illegal drug use often occurs within an environment that creates a high risk for health related harm. Injection drug users are at particular risk for a variety of harm from injection practices including transmission of

blood borne viruses, vein damage, skin infections at the site of injection, and overdoses (non-fatal and fatal). Chronic crack smokers are at risk of developing lung problems, sores on the lips and mouth, and contracting communicable diseases from using unsterile equipment and sharing crack pipes. People who use drugs such as ecstacy, methamphetamine, ketamine, etc. in dance party settings are at risk of health related harm from chronic use, impurities in the drugs, unknown dosages, dehydration and other factors.

Environmental impacts present another category of harm. Discarded syringes and litter, water bottles and other injection drug use equipment has a negative effect on public spaces. Environmental harm is also 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.

17. 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 clandestine labs in residential areas, including the development of remediation protocols to clean up and remove toxic materials.**

There are a wide range of interventions that have been shown to successfully reduce harm and protect the health of drug users. For example, a South Australian study indicated that comprehensive drug user education and liaison with emergency services can improve management of overdoses and prevent overdose deaths (Loxley et al., 2004). The Vancouver Police Department, 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.

Other successful interventions include needle exchanges, supervised consumption facilities, and access to low threshold treatment, housing, employment and other support services.

Needle Exchange and Syringe Recovery

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 decentralised 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.

18. 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.**

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.

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 harm reduction approach and developed a range of low threshold harm reduction, health and social welfare services. Today, over 65% of active drug users are in some form of drug treatment and that the remainder are in contact with harm reduction programs.

Needle exchanges and the supervised injection site are the most common examples of low threshold harm reduction 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.

19. Recommendation: **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.**

Prevention Priority #4: Legislative and Public Policy Change

Overview

The previous sections focus on risk and protective factors, community centred prevention and addressing impacts from drug use 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 legal frameworks that address how psychoactive substances are treated.

Prohibition is the current legal approach to psychoactive substances, with the exception of tobacco, alcohol and pharmaceutical psychoactive drugs available by prescription. The objective of prohibition is to limit consumption of certain psychoactive substances thought to be extremely harmful 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 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 in any way how these substances impact our communities.

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

Key Issues

Prohibition of Psychoactive Substances

The prohibition of psychoactive substances represents a consensus among many states 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 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 are 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 thirteen years before its repeal the illegal trade led to an escalating criminal culture of corruption and violence, and established organised crime and the mafia in the U.S. (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 is generally increasing, while price continues to decline (U.S. Office of National Drug Control Policy, 2004).

Policy Related Harm of Prohibition

The Transform Drug Policy Foundation (2004) distinguishes between "harm that result from drug misuse and the harm 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 organised 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, maximising 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.
- **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.

Emerging Trends in Drug Policy

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. As pointed out by Dr. Alex Wodak, Director of Alcohol and Drug Service, St Vincent's Hospital, 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).**

Particularly in relation to cannabis, some jurisdictions are either implementing alternative systems for controlling the drug or 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. 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.

In Canada, the control of drugs has been an issue since the LeDain Commission in 1972, which stated that, in regard to cannabis:

> ***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 focussed 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.***

In its proposed cannabis legislation, Bill C-17, tabled on Nov. 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 marijuana plants or fewer and reform punishment in relation to other offences of producing marijuana (Government of Canada, 2004).

This proposed legislation (commonly referred to as 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.

20. 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 under Canadian Law

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)**

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 East Side, 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. The police allow a *de facto* decriminalization 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.

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). According to a monograph on *Legislative Options for Cannabis Use in Australia*, 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.

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, 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.

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 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.

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:

- There will continue to be significant costs related to enforcement of regulations and the carrying out of inspections related to production, sales and use of psychoactive substances.
- Maintaining 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 curtailed and will continue to be a source of harm to individuals and communities
- If moving towards regulation is perceived to be moving to a more liberal approach, societal norms regarding substance use could be affected and use of potentially harmful substances could increase.
- It is difficult to prove that current laws have not had *any* success in preventing harm from substance use.

The move towards creating a new regulatory approach currently illegal drug 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.

21. Recommendation: **That the Federal Government take a leadership role at the national and international levels to initiate reform of current drug laws and move towards creating regulatory frameworks for psychoactive substances that will allow municipalities to better address the harm associated with the trade and use of these substances at the local level.**

Barriers to Change

Changing prohibitionist 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's '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).

There may also be considerable domestic resistance to changing drug legislation. 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 systemically 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 and Market Intervention

Overview

As discussed in Prevention Priority #4, legislation to control psychoactive substances influences the character of drug markets and the behaviour of those that participate in them. Legal structures also determine which regulatory mechanisms are available for market intervention. For example, alcohol and tobacco 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 regulatory options in anticipation of future changes to the legal structures for some 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 efficiency and profitability of 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 harm and contexts of use.

As discussed earlier, the Federal Government is proposing cannabis legislation to decriminalize 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.

Regulatory Options

Alcohol and tobacco are the two 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 any negative 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 and integrated response.

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

- regulation and enforcement of the supply of substances in the form of price controls and 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 or use during pregnancy;

- 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 and tobacco identify measures that can be used to 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. Controls of these activities will be a critical part of any regulatory system for currently illegal substances.

The table on page 51 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.

Influencing Market Forces

If senior levels of government change prohibitionist legal frameworks, some substances may remain prohibited. It is therefore also important to explore methods to decrease the efficiency and profitability of illegal markets. It is important to note that fewer options are available for strategies that address illegal substances than those that address legal ones.

Market Infrastructure and Enforcement

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 City, the Vancouver Police Department (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 licenses.

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, June 8, 2004). It is critical that the City and the Vancouver Police Department are able to adequately enforce these by-laws.

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.

The following generic regulations can be tailored to specific substances:

Regulation	Market Actor			
	Wholesaler	**Distributor/ Retailer**	**Consumption Facilities**	**Consumer**
Product Quality Controls	•		•	
Price Controls	•	•	•	
Sales/Purchase Restrictions				
- age of purchaser	•	•	•	•
- sales to intoxicated patrons			•	•
- volume rationing				•
- proof of dependence/need				•
- required training/registration/ licensing of users/purchasers				•
- tracking consumption habits				•
Tax at Point of Sale				•
Product Restrictions				
- availability based on potency/toxicity	•			
- limits on locations for use			•	•
Advertising Restrictions	•	•	•	
Business/Distribution Licenses that:				
- 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		•	•	
Zoning Regulations that:				
- control location of outlets		•	•	
- dictate the type/size of outlets		•	•	
- control outlet density		•	•	
- consider neighbourhood issues		•	•	
On-Premise Controls				
- 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		•	•	

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).

Organized Crime

Economic modeling 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).**

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 the regulation of 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.

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, 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.

A study in the *American Journal of Public Health* comparing San Francisco and Amsterdam, where a regulated marijuana market is completely separate from the hard drug trade, showed that marijuana users in Amsterdam were far less likely than those in San Francisco to use cocaine, opiates, amphetamines or ecstasy (Reinrman, Cohen and Kaal, 2004). Typically, when consumers had access to a regulated market they chose the weaker form of a product (e.g. marijuana 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).

Substance Specific Strategies

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.

Tobacco

Tobacco 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. 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 restauraunts and bars. 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: 1. to stop youth and young adults from starting tobacco use, and 2. 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 targets. 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.

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 licenses for retail outlets and on-site consumption facilities, 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 categories of liquor licensed establishments, that 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 are currently being 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 expects to bring forward an Alcohol Impact Reduction Strategy in late spring of 2005.

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.

22. Recommendation: **That the Provincial Government implement the recommendations in the report, *Public Health Approach to Alcohol Policy: A Report of the Provincial Health Officer, (May 2002)* as part of a comprehensive response to the increased availability of alcohol products in BC.**

23. 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.**

Cannabis

The debate on cannabis has continued in Canada since the LeDain Commission in 1972 with little change in our approach to this issue at the local level. 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 for 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 harm 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).**

Despite these potential 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 legal framework for cannabis that requires 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 decriminalization 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 which 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.

A control regime for market actors involved in the production, sale and consumption of cannabis could include the following regulations:

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

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, commercial 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 to 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, benefits to public health and safety warrant an attempt to make this transition.

Other Illegal Substances

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 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. 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.

The North American Opiate Medication Initiative (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 will try to answer whether heroin maintenance therapy can also help to reduce the use of illegal drugs and drug-related crime. It will take up to two years to complete in three different Canadian 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 precede 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 because of their extreme toxicity and harmful health effects.

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. 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 license 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, 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.

24. 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.**

A Municipal Framework for Prevention

Roles and Responsibilities

The division of responsibilities between levels of government and service delivery agencies such as VCH and the VPD compromises the ability of any single entity to effectively address the harm from substance use. Any comprehensive strategy must therefore combine efforts across sectors and levels of government. This section briefly outlines the roles and responsibilities of the municipal, provincial and federal governments in the context of prevention. Each level of government has specific statutory authority, jurisdiction and resource capacity that can be mobilized to help implement the recommendations in this prevention plan.

Municipal Government – The City of Vancouver

The City of Vancouver has a number of responsibilities for delivering a range of services that improve community and individual well being. Broadly speaking, the City of Vancouver may respond to any given issue in one of the following ways:

- Community infrastructure development
- Policy and program development
- Public education
- Public process and consultation
- Providing political leadership and advocacy with other institutions and bodies
- Developing legislative/regulatory frameworks for business licenses, permits, appropriate and inap propriate behaviours (such as fighting, parking or smoking), etc.
- Enforcement of by-laws.

Infrastructure Development

The City's role in community capacity building may be as a facilitator, funding source, liaison or coordinator. 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 City of Vancouver advocate that municipalities that receive funds from local gaming operations commit 10 per cent of these funds towards the creation of a Municipal Prevention Institute that focuses on assisting municipalities and their community partners to develop programs and conduct research on problem substance use and problem gambling in partnership with the Provincial and Federal Governments, addiction research organizations and the community.

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 Strategy.

3. Recommendation: That the Provincial Government establish a monitoring body that monitors the sale and use of psychoactive substances in British Columbia and related health, social and environmental harm, identifies early trends of drug use, provides information to the public on purity of illicit drugs and related dangers and provides timely information to policy makers that will assist in evaluating current drug policies, regulatory mechanisms and health and enforcement interventions.

Policy and Program Development

The City formulates policy for different issues 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.

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 strategy that specifically focuses on seniors and problematic substance use, including the use of pharmaceuticals.

11. Recommendation: That the City of Vancouver support the creation of the Four Pillars Literacy Pilot Project to be delivered through the Hastings Institute and that the Vancouver Agreement partners support the creation of a case coordination position focusing primarily on individuals in recovery from substance dependence who are working towards gaining employment.

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.

15. Recommendation: That adequate resources be allocated to a youth position to work with the City of Vancouver, Vancouver Coastal Health, community youth organizations and other levels of government to engage youth in the development and implementation of a city-wide youth component of the City's prevention strategy.

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

18. 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.

Public Education

The City often plays a significant role in educating its residents on significant issues. This prevention strategy maintains that an educated public will be more informed participants and supporters of prevention-based initiatives.

This prevention strategy therefore recommends that:

8. Recommendation: That the Provincial Government fund the development of social marketing and mass media marketing campaigns for tobacco, alcohol and cannabis 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.

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.

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.

Public and Community Involvement

The City of Vancouver is committed to involving the public in important civic issues through liaison work and bridge building, public consultation and public hearings. In this vein, this prevention strategy recommends that:

14. Recommendation: That the City of Vancouver convenes 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.

This is a crucial role in the development of an integrated response toward prevention between governments, stakeholders, service providers and the research community.

Political Leadership and Advocacy with Other Levels of Government

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. This prevention strategy recommends that:

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

13. That the City of Vancouver, Vancouver Coastal Health, CARBC, Methamphetamine Response Committee (MARC), the Provin-

cial government and community partners continue to build upon current efforts to address issues related to methamphetamine (MA) use and include 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.

17. 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 clandestine labs in residential areas including the development of remediation protocols to clean up and remove toxic materials.

20. 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.

21. Recommendation: That the Federal Government take a leadership role at the national and international levels to initiate reform of current drug laws and move towards creating regulatory frameworks for psychoactive substances that will allow municipalities to better address the harm associated with the trade and use of these substances at the local level.

22. Recommendation: That the Provincial Government implement the recommendations in the report, *Public Health Approach to Alcohol Policy: A Report of the Provincial Health Officer, (May 2002)* as part of a comprehensive response to the increased availability of alcohol products in BC.

24. 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.

Developing Legislative/Regulatory Frameworks

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:

> **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.**

Enforcement of By-laws

By-law enforcement is a significant area of ongoing prevention work. City staff will continue to work closely with the Vancouver Police and community and business organizations to ensure timely and effective enforcement of the City's by-laws.

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:

- 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

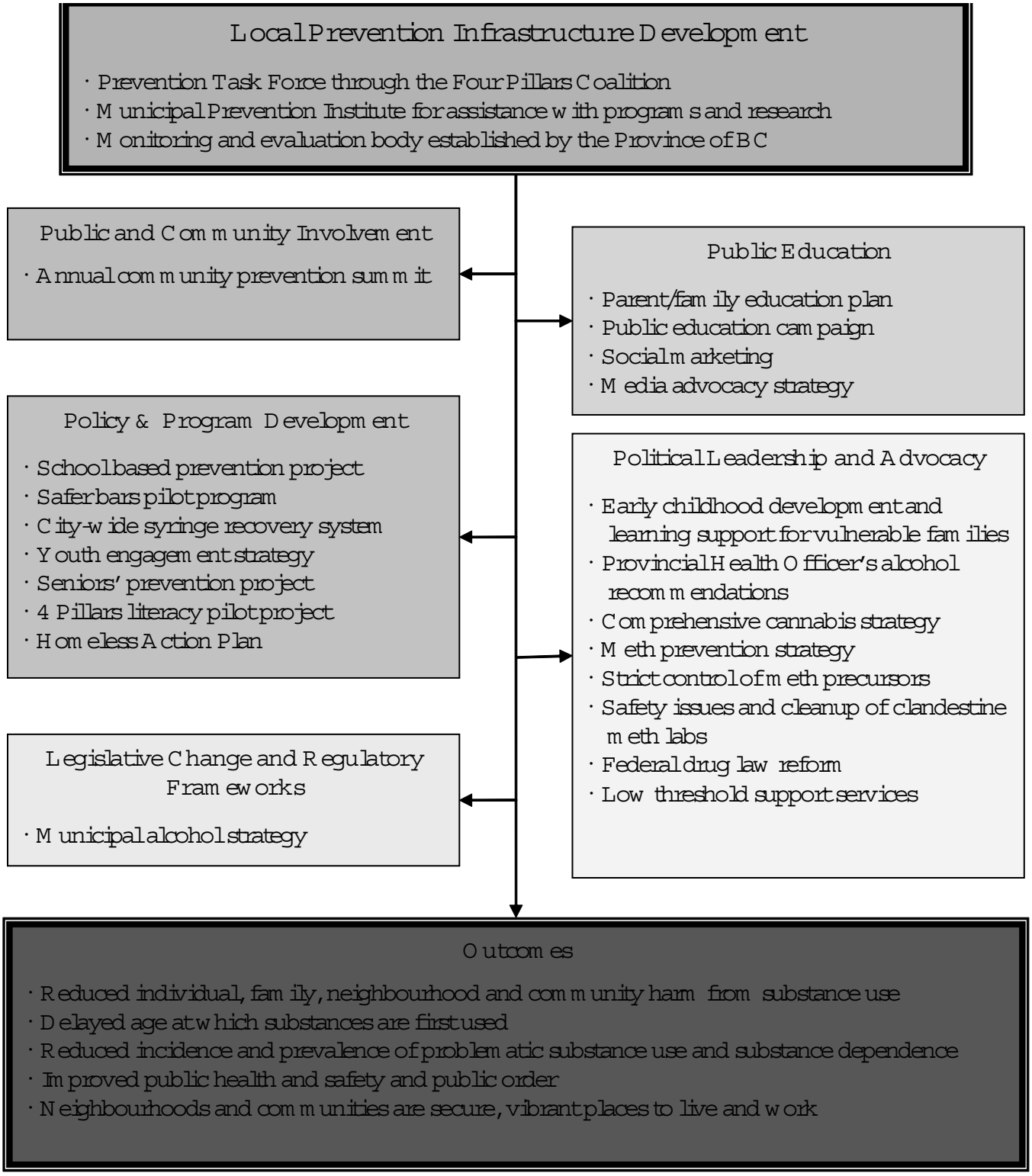
The Federal Government plays two particularly important roles in relation to this prevention plan. First, it sets the broad legislative framework for controlled drugs and substances, which affects the ability of all levels of government to control psychoactive substances. Second, Health Canada plays 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;
- 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.

City of Vancouver

A Plan to Prevent Harm from Psychoactive Substance Use: Recommendations, Municipal Roles and Responsibilities



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 from drug use, 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 Strategy'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 continues to occur in our community, this is not the time for half measures but for bold directions and committed follow through.

This strategy'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 strategy will stimulate discussion and contribute to creating a final plan that will assist us as a community to implement a renewed and vigorous effort to prevent harm from drug use in the city.

Appendix

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
Youth Co

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