



## Opening Prayer

Day 1 • Monday June 6, 2005

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**MARY BATTAJA: REVEREND AND NORTHERN TUTCHONE ELDER,  
WHITEHORSE, YUKON**

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(English translation of Northern Tutchone Prayer)

Almighty God, our Creator, you have given us this good land as our heritage. May we prove ourselves, the people, mindful of your generosity and glad to do your will. Bless our land with honest industry, a truthful education and an honourable way of life. Save us from violence, discord and confusion, from pride and arrogance, from every evil course of action. Make us, who came from many nations with many different languages and cultures, a united people.

Defend our liberties and give those, whom we have entrusted with the authority of government, the spirit of wisdom, that there may be justice and peace in our land. When times are prosperous let our hearts be thankful, and in troubled times do not let our trust in you fail.

Let us pray for our neighbours. We commend our neighbourhoods to your care that they may be kept free from social strife and decay. Give us strength, a purpose and concern for others, that we may create here a community of justice and peace where your will may be done. We pray, especially today, for all those who suffer from addictions.

Lord, you minister to all who come to you. Look with compassion upon all, who through addictions, have lost their health and freedom. Restore to them the assurance of your unfailing mercy. Remove the fears that attack them, all who are enslaved by intoxicants. Give them the desire and the free will to be free to live healthier lives.

We pray, especially today, for our youth and our children, for our future generations. Strengthen them in their work of recovery and, for those who care for them, give patient, understanding and persevering love.

We pray and thank you for all who have gathered here at the Yukon Substance Abuse Summit. We pray for wisdom and guidance. Working in unity and spiritually will help us to make a difference to prevent and to reduce substance abuse in the Yukon, our homeland.

Masi. (Thank you.) Amen.



## Opening Remarks

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### THE HONOURABLE JOHN EDZERZA: MINISTER OF JUSTICE & MINISTER OF EDUCATION, GOVERNMENT OF YUKON

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(Applause) Ladies and gentlemen, thank you.

I would like to start by thanking Elder Mary for her prayers because I believe that recovery from addiction begins with a prayer. Honoured guests, ladies and gentlemen, good morning. I would like to welcome you to the Yukon Substance Abuse Summit.

As I look across the room, I see that we have an inspiring group of participants. We have members of Yukon First Nations, representatives of a wide range of community associations, societies and non-government organizations. I also see professionals from the Departments of Education, Health and Social Services, Justice and the Women's Directorate here.

Alcohol and drug addiction has no boundaries. Therefore, there should be no boundaries in combating the serious concerns for all, whether it be political, ethnic background or whatever. This is an issue that crosses and has no boundaries whatsoever. Again, I can't say how strong it is for everyone to put their differences aside and deal with this issue from the heart.

*“ Alcohol and  
drug addiction has  
no boundaries. ”*

Some of our guests have travelled a great distance from outside of the territory to join us and I'd like to extend a special welcome to you. It's no secret that we have a substance abuse problem in our territory. Let me highlight a few facts to support that statement. The Yukon has one of the highest per capita rates of alcohol consumption in the country. As a Yukon citizen, that is something that I surely do not want to brag about.

Large proportions of criminal offences that are committed in the territory have alcohol or drug use as a significant contributing factor in the offending behaviour. The Royal Canadian Mounted Police (RCMP) tells us there is an increase in drug trafficking and, as some of you have heard, there has been a large seizure of drugs recently in the territory by the RCMP. As a matter of fact, I believe six garbage bags full of cannabis were going to hit the streets of the Yukon Territory, whether it was in the city or communities. My hat goes off to the RCMP and their dog Justice for being able to confiscate all of that before it hit the streets. (Applause) Thank you.



Fetal Alcohol Spectrum Disorders (FASD) is an ongoing serious issue. It has been for many years, not only in the territory but across Canada. We are well aware FASD is often associated with criminal behaviour, victimization, family violence and other problems.

Those of you on the frontlines see the immediate effects of substance abuse. You see how easy it is for people to become addicted and how hard it is for them to quit. Believe me, I can speak to this from a personal perspective. I was a chronic alcoholic by the time I was 13 years old. I never knew why I even drank. And, I can tell you today, that one of the most difficult journeys in my life was to try to get rid of that addiction. I am a firm believer that it was through the help of the Creator that I am standing here today. I feel that I am a real survivor.

Others of you see the ripple effects. Your neighbour tells you she's afraid to let her children play in the park because they might find a used drug needle. That's becoming a real reality in the Yukon today, not only in the capital city but also in the communities – and it is a very serious issue.

**“Drug and alcohol abuse can break down the fabric of our communities...”**

We listen to our Elders, who tell us they are worried about our youth; youth who feel disconnected from their First Nation heritage and who are turning to drugs and alcohol. Drug and alcohol abuse can break down the fabric of our communities and as a government we take that very seriously.

So, these are the problems. What can be done to address these issues? We have participated in a number of public meetings and we have taken steps to address some of the issues. I believe our government showed sincerity right from day one when this document was developed with the Departments of Education, the Woman's Directorate, Justice, Health and Social Services, all trying to remove the barriers that prevent the government from being effective in this area. It's called: Working Without Boundaries: Intergovernmental Collaboration Project. We have participated in a number of public meetings, as I had stated, and steps are worth taking to address some of the issues.

There is now a substance abuse counsellor for the Whitehorse Correctional Centre (WCC) to help inmates examine their drug and alcohol use. We also have a mental health counsellor there, which is again, a significant contributing factor in being able to find out what the grassroots issues are for a lot of the individuals that end up in WCC. Our five-step Fetal Alcohol Spectrum Disorders Action Plan has resulted in more professionals trained to assess FASD, as well as new FASD education programs at Yukon College. These are new initiatives that enhance the programs and services that already exist – and like I said, there are no boundaries. We do not intend to sell any other previous government short. Everybody has contributed to working towards trying to combat these issues but there's more work to be done and that's why we're here.



This summit is a starting point. It's a starting point to develop an action plan that will provide a comprehensive, integrated approach to substance abuse. The ideas we gather over the next two days will help develop the action plan. So, we are looking forward, in partnership with you, to developing an effective plan to respond to substance abuse.

I would just like to talk a little from the heart now, from a traditional aboriginal perspective. One of the values we have is to seek understanding. How do we seek understanding of drug and alcohol abuse and addictions? Well, I think one of the ways that I've looked at this is to go into the history. What is the history of the Yukon Territory? What brought a lot of this on? We can go back to the fur traders. Anything I say is not to discredit anyone or any kind of progress in society. It's to make people aware that you need to look at the history to find understanding and to be able to change things in the future. We had the fur traders that came into the territory. What did they bring with them? A lot of things that were good and probably a lot of things that weren't so good.

*“ How do we seek understanding of drug and alcohol abuse and addictions. ”*

Then we go into the mission schools, maybe all done with good intentions, but I can testify today that it destroyed a race of people – First Nations – a lot of people. I have heard First Nations say it. I've heard others say that the First Nations survived the mission schools. Well, I'm a firm believer that we didn't. If we did survive the mission schools we wouldn't be filling the jails today. We wouldn't have all of our children in care. So, no, we didn't survive. We're still striving to survive the mission school.

And then we would have to look at the gold rush of 1898. It was a big thing across the world, a memorable time and era for the Yukon Territory. It might have been a good thing but how did it impact the people in the Yukon Territory? Think about it. Try to do some research on it.

Then we go to the building of the Alaska Highway. What dynamic impacts did that have on society? Check it out. I did a research essay in the college on this very subject. I interviewed six Elders that were here before the highway. They saw the first Cat coming towards their community. Well, if I had ever cried in my life, it was then. The horror stories of the abuse that went on with the First Nation women were horrendous.

So, that's part of seeking understanding of why we are in the state that we are today. A bit of thought that I would like everyone to give attention to is approximately 150 to 200 years of abuse, with no really serious intervention to speak of. What should one expect our territory's state to be in? What state should we expect it to be in?

Being one that has been through many years of sexual, physical, emotional and mental abuse, I can testify today that with no intervention, you just die, whether it's in jail or



you're killed from doing something stupid. When you have a broken spirit, there is no life – and that's where a lot of our addicts are at today. They really don't care. They're finished. In their mind, they are finished.

But when we all come together and we care for people, we can give them hope and we can change things. I could talk on this for days but I'm going to move on. I wanted to add that so, as people have discussions around this issue, you do seek understanding. I'll tell you today, I can predict we're not going to find a solution in two days – but I can

***“ When we all come together and we care for people, we can give them hope and we can change things. ”***

tell you one thing for sure that I would love to see everyone in this room and in this territory do. Let it be known to the drug dealers right across Canada, the Yukon is no safe haven for you. You are going to get resistance in this territory. (Applause)

In closing, I would like to say that drug and alcohol abuse affects the quality of life for every

citizen and every community in the territory. Everyone here today has an important contribution to make when we look for answers to the problem. There is no magic solution. It takes dedication, it takes sincerity and it takes people who really do care about what they're seeing and how they feel about the children.

Children are dear to my heart because they're vulnerable – and this is, in my opinion, what drug dealers look for – the vulnerable people. They need to raise those children to be their clients. Solutions will only come when everyone works together with a wide and common vision. That vision is to build healing and safe communities for all Yukoners. We have the expertise in this room to come up with effective ways of responding to substance abuse.

I know that throughout society Master's Degrees are important but what is equally important to a First Nations person is that our Traditional Healers start to get recognition. I can tell you today, it was not a person with a Master's Degree that turned me around. It was a Traditional Healer who made me understand that to have the spiritual side developed in me, I did not have to go to church, but I was able to find something that I could believe in.

So, I look forward to hearing your ideas over the next two days. I want to thank you for your dedication and for coming together to build a healthier Yukon. I sincerely mean that. I just hope that all of us working together can really, sincerely, make a definite, positive impact on this serious issue.

Thank you very much. Masi Cho.



## Opening Remarks

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### THE HONOURABLE PETER JENKINS: MINISTER OF HEALTH AND SOCIAL SERVICES, GOVERNMENT OF YUKON

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Good morning ladies and gentlemen. (Applause) Thank you very much.

Minister John Edzerza spoke very eloquently about the problem we're faced with here in the Yukon. It's probably the largest problem the Yukon is faced with, and that is substance abuse. When you can go downtown and buy virtually any type of drug, not just in downtown Whitehorse but also in the rural communities – you can buy virtually any type of drug faster, quicker and less expensively than you can buy a six-pack of beer (and that is readily available also), we know we have a serious problem.

John and I have spoken at length about this issue and we both recognized that neither one of us have all the answers or indeed, any of the answers. I know in the Department of Health and Social Services, we're the acute care provider. When assistance is needed, we're there. John and I, after lengthy discussions, recognized that there is a need for a collaborative effort to join all of the departments together, from the Women's Directorate, Department of Education, Department of Justice and the Department of Health and Social Services to move forward, to seek your advice and your input as to what we can do, because none of us have the answer alone – if indeed there is an answer.

***“ ...the costs that are being incurred are not sustainable. ”***

We do know there are just over than 30,000 Yukoners here. I'm acutely aware of what we're spending on some of the programs and NGO's to deal with the after-effects of substance abuse – and, ladies and gentlemen, let me assure you, it is significant – but it's not about money. It's about people. It's about families. It's about lifestyle. It's about providing opportunity for our future generations, for our children. Every one of you here today is here because of the skill set you bring to the table. I'm sure that after this two-day summit, we'll be further advanced as to what we can accomplish together.

The acute care side and the costs that are being incurred are not sustainable. When you look at some of the facilities, when you look at some of the initiatives, we are chipping away. We're chipping away. Let me leave you with what I consider to be the biggest problem the Yukon is faced with today, that is, substance abuse: how to deal with it, how to address it and how to move forward.





As a government, we are not going to hide from it.

On that note, I would like to thank the officials in my Department of Health and Social Services for their wonderful briefing notes and speaking notes this morning that said a lot of nice things but, after listening to John, I knew we had to deal with this in a different manner – straight from the heart – straight up and meet the challenges face to face.

Ladies and gentlemen, you are charged with a lot of responsibility here these next two days. I want to thank you on behalf of the Government of the Yukon for your active participation and, what I'm hoping will be, some solution-oriented undertakings coming forward from this summit. May your deliberations be fruitful and may we all build a better Yukon.

***“ As a government,  
we are not going to  
hide from it. ”***

Thank you very much.



## HEALTHY INDIVIDUALS AND SAFE COMMUNITIES

### CREATING VIBRANT COMMUNITIES

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SHERRI TORJMAN: VICE PRESIDENT, CALEDON INSTITUTE OF SOCIAL POLICY,  
OTTAWA, ONTARIO

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(Applause) Thank you so much for the invitation to be here.

This is just beautiful country and everybody has been so warm and wonderful. It's really nice to be here at your summit on substance abuse, especially to be talking about the communities because, I feel that often times when you talk about difficult problems, complex problems like substance abuse, for example, often the response is to try to identify the people who are having the difficulty, rather than work with those people and provide appropriate treatment. And, certainly, that is essential. We know that that's crucial. There are people who are saying: Can you help me in some way?

Over the next two days you're going to be hearing about a number of interventions that people have been trying in order to help individuals and families who are having difficulties, but equally important are the communities around these people. I've been asked to talk about how we can build communities that actually create support for people and that may help prevent some of the difficult problems or issues that we see.

I'm going to be sharing with you some of the work that is going on across the country, and indeed, throughout the world, in terms of an approach being used in communities called Comprehensive Community Initiatives. I'll talk to you about the process that's being used. I'll give you some examples of what's going on in Canada that are really exciting, with respect to Comprehensive Community Initiatives. Before I do that, what I would like to do is to tell you about Sandra and David because I think the work of Sandra and David are very, very important lessons in this whole concept of: How do we build healthy communities together?

***“ How do  
we build healthy  
communities  
together? ”***

Sandra was a school principal in a small manufacturing town. Everything was going quite well for her and her job until one day she heard that she was being transferred to another school. The school where she was being transferred to did not have a very good reputation. Kids were not doing well at school. It was a relatively poor community with lots of substance abuse, lots of crime. There were few services and supports.





Nobody wanted to work there – and here was Sandra with her note saying: You’re going to this school. She said, “When I heard about it, I thought two things. The first was, ‘Oh no, this is the school from hell’ and secondly, ‘Why me?’” So she thought, “I’m going to have to go and figure it out.”

She went to the school and decided she was going to spend some time just getting to know people, getting to understand the nature of the problem and getting to understand

**“She realized that she alone could not resolve or address these problems.”**

the complexities of what she was really trying to deal with. They were complex problems. When kids are not doing well at school, it’s not just the problems of those kids. More often than not they have issues in terms of family violence or poverty or problems that they are experiencing more generally in their lives. She went to see what was going on and to look at what she could do. She then had the most important epiphany or revelation of all. When she looked at the complex problems that she had to address she realized that she

alone could not resolve or address these problems. This was something with such a depth and range of complexity that she alone could not deal with it.

So she said, “I’m going to have to go out and try to find the people who can help support in addressing the issues that I’m seeing in this school.” The first thing she decided to do was to go across the street to a little strip mall. Many kids were hanging out at the strip mall. She said to the owners of those stores, “Can you come and get to know the kids?” She said, “Many of them felt, well, you know, ‘We know these kids more than we would like.’” But they did. They decided to come to the school. She said, “Why don’t you come when they have a choir concert or when they receive their diploma? Just be there.” Do you know what became really interesting? It was difficult for the kids to go and hang out at the mall or even take things from the shelves when first of all, the owners knew your name, and second, when the owner had taken his or her time to be in your classroom, to listen to you and to get to know you. That was an interesting turn around she found.

Then, she got a little bit bolder and she went down the street to the Kiwanis Club. She said to them, “It would be really nice if you could help us out a little bit because we don’t have a gym in our school. There’s no place for the kids to run around. That’s really important because there’s a lot of work now, a lot of literature, which I’m sure many of you are familiar with, about the value of recreation and of culture and of trying to give kids opportunities for learning. We have no place for the kids to do gym or to run around or be healthy. Can you help in any way?”

This was important. Many of you may be aware that there’s so much information coming out now about the value of recreation in terms of not only physical health but social health and leadership, volunteering later in life and just general life skills. So they



said, “Okay. When we’re not using that room, you can use it for recreation.” Then they got to know some of the people who were spending time in that Kiwanis Club. Sandra said to them, “If you have time during the day, can you come to the school and teach the kids some instruments and music? Can you read with them? Can you give some extra time for math, for those who need additional help?” And they did that.

Then she said she got really bold and went further than across the street and down the block. She went across town to General Motors because General Motors was the major employer in that little community. And she said, “We have a problem.” They said, “We do?” and she said, “Yes, we have a problem because these kids are not doing very well. Many of them will be your workers later in life and some of them have parents who work for you. The fact that we have kids who are not doing very well is really a concern for all of us.” So they said, “Okay. Yes we do. We have a problem. How much do you want?” And she said, “I don’t want anything. I don’t want any money.” I’m sure, at that point, they thought she had a problem.

They had never heard of this. They said, “Well, what do you want?” And she said, “You know, what I would like is your commitment to our children. I’d like your interest. I’d like you to come to the school and have some of your workers talk to our children and tell them why it’s important to stay in school. Tell them why they need to learn math and science and how it may apply in their lives. Invite them into the company to see what’s going on where their parents are working and where they may work in the future,” and, on and on. Sandra invited police officers into the school and they did reading circles – you know, these big, burly police officers.

***“That we have kids who are not doing very well is really a concern for all of us.”***

This school scored in the top category. She really turned it around. It became a place where people wanted to go. It became a model school, but actually, *they* turned it around. It was Sandra who got the people to come in and to work together, to give their commitment to these kids who were experiencing difficulties and complex problems, which you really need a range of solutions in order to address them.

Let me tell you about David because his experience is somewhat similar, but he did something a little bit different that I think is equally important. David was a manager of a mall. You know, it’s funny how all these lessons from social policy come from people who are not involved in the field at all but who have such important things to teach us. So, David was a mall manager. His mall was in the catchment area of six schools. What was happening was that a lot of kids were hanging out in his mall. Now, that wouldn’t have been such a problem if not for the fact that they were hanging out there when they should have been in school. They were there during the day. There was increasing theft, violence, roughing up of customers, until one day – the ultimate – there was a murder committed in the mall.



***“ There are 12 agencies in the community which should be looking after these kids...”***

Now, in the words of David – you will have to hear him say this – he said, “Believe me, a murder is not good for business.” So he said, “At that point, what was I to do? Either I could turn this into a fortress and have security cameras and guards and metal detectors at the doors. Not many people from the community would want to go. Or I could do something completely different.” His realization was very similar to Sandra’s. He thought, “This may be my problem because it’s on my doorstep but I can’t deal with this alone. The fact that the kids are here should be of concern to the six

principals of those schools; the fact we have the police in often should be of concern to them and the juvenile justice system; and, the fact that there are 12 agencies in the community, which should be looking after these kids, is also their responsibility.” So, what he did was bring together all those people in a room, you know, those people whom he felt really should be working to resolve this problem, and they worked together over several months. They worked for a long period until they really felt that they had something that they could do together to resolve these issues with the violence, and the substance abuse, and the difficulties they were seeing in the mall.

What did they finally decide to do? They realized the kids were coming there so they were going to support that. They weren’t going to turn them away. They were going to build this into something positive. They created a drop-in centre on the second floor of the mall. They started to make coffee available and put posters on the walls where the kids could get information if they were having difficulties. They set up a few sport teams because there were enough of them to have their own sports teams, and they also set up a drama program because a number of the kids were interested in drama. Several of the mall merchants began to offer the kids co-op work placements because they got to know them. They literally turned that mall around to be a model place. Of course, then the media found out about it and they started having stories written about the Dufferin Mall in newspapers, in community papers, in journals and on TV.

What happened at that point was that everybody became interested in what had been done at the Dufferin Mall. And to hear David describe it – this is very funny – he said, “I had people coming from Russia. I had people coming from Australia. And they all were coming to see the ‘Dufferin Miracle’ because that was what the media was writing about: the ‘Dufferin Miracle’.” He said, “If any of them went away and set up a drop-in centre in a mall, I would be very disappointed, unless it was the right thing for that community to do. The essence of the Dufferin Miracle was the fact that we brought together all the people who have a role to play. We brought them together to figure this out and we devised

***“ We brought together all the people who have a role to play...to devise a solution that is appropriate to us. ”***



a solution that is appropriate to us. It could be different in every other community. It wasn't the drop-in centre that made the difference. It was our decision-making process that we sustained, that we kept going over a period of time, and we worked on it together until we found something that was comfortable for us. That's the essence of the 'Dufferin Miracle'."

That's really the essence of this new form of community building that's being developed in Canada and throughout the world. It's called: Comprehensive Community Initiatives. What David did was, fundamentally, at the foundation of Comprehensive Community Initiatives. Let me just describe to you, briefly, what this is and how it really took hold.

Actually, the whole movement toward Comprehensive Community Initiatives grew out of the inner cities in the United States where they were seeing some very difficult problems with high rates of poverty, homelessness, family violence, substance abuse and crime.

They realized that the way they had been structured to address these problems was not really very effective because you would have the health people coming in here, the justice people from here, the housing people from here, the social service people from here. They were all coming in and doing their own thing, doing their own interventions, often with the same people, with the same family, within the same neighbourhood, very rarely knowing each other or knowing what the other one was doing.

Sometimes, even something positive from one department can create problems for people in another department. For example, sometimes, if you have a little bit of work it may make you ineligible for welfare. Unless you know what's going on all together and you coordinate your interventions, sometimes you can even be creating problems in communities.

So they developed an approach called: Comprehensive Community Initiatives. It was supported at first by a private foundation. We became interested in it in Canada because we were seeing some really complex, difficult problems. We've tried to apply it in a major national project around poverty reduction, again – a very complex issue.

What are some of the fundamentals of Comprehensive Community Initiatives? Well, first of all, they're *comprehensive*. I know that sounds fairly obvious but I just wanted to say it. What does that mean – *comprehensive*? You know, it's not possible to do everything. We would all like to, I know. The issue about being comprehensive is that you understand the links among the problems that you're seeing and you're trying, in some way, to address this. The Ministers of Health and Justice talked about the horizontal work that's going on in the Yukon, which is fantastic – a very, very important first start.

***“Sometimes, even something positive from one department can create problems for people in another department.”***



These community initiatives are *comprehensive*, intended to support or complement some of the work that the government is doing. These community initiatives are not intended to replace government. I think that's a very clear message, that while communities can do a lot, while people like Sandra and David can do so much in communities, it's not intended to replace what governments can do. It's an important complement to government work and we have to be clear about that.

Second, they're *long-term*. They recognize that the issues that they're addressing don't take place or can't be resolved in a year. Often times government programs work in a

single year, and we've learned that poverty does not start on April 1 and end on March 31, fiscal year. These complex problems have usually taken a lifetime to develop, sometimes, several centuries. Your Justice Minister Edzerza talked about 200 to 250 years. We're dealing with some very difficult issues. One of the things that we're trying to do in our own work is convince funders that they have to do multi-year funding. They have to be committed over longer periods of time. They've moved into two and three and four-year funding arrangements. That's better, though it's still not long enough. The States are getting into ten-year commitments and have moved beyond the one-year narrow framework.

**“What are some of the fundamentals of Comprehensive Community Initiatives? Well, first of all, they're comprehensive.”**

Comprehensive communities are *multisectoral*. That is, more than multi-organizational. That's an important distinction because often times we bring people together, which is really important but they're all in the same field. They're all doing similar kinds of things and they're talking the same language. What we really have to do is move beyond our own sector and try to get into something very different – involve business and bring in social service people, bring in government people, and also, bring in the people who are affected by the problem in some way. These are called *targets* of the intervention and they should be included in the work that we're doing in poverty reduction.

We have people living in poverty at every single table. Some of them have their own support groups and some have extra assistance so they can participate. This is not what we're doing *to* these people. It's not something that we're *imposing* on them. It's something that we're trying to work on *with* them. That's the only way that it can be relevant: when you reach out and make these processes inclusive.

**“Second, they're long term.”**

So, you're looking across sectors and, even in your own horizontal-working government, it's still working with government. One of the things that have been really effective about some of the Comprehensive Community Initiatives is that they brought





together the business people, the welfare people and the recreation people. They've created solutions that they never would have done had they not been in the same room together. I've been part of some of those initiatives where, for example, our mayor convened a big group called: Partners for Jobs. The major business people, major high tech owners, were working with the welfare department to do specialized training and bring people into some of the major high tech firms. That never would have happened had not those people been working together in the same room.

And finally, these comprehensive initiatives look for *results*. Obviously, everybody is looking for results. There's no question. I can go on about evaluation if there are any questions about that. But, they're also looking for a community to do things in a different way – try to move out of those boxes in which we all have been placed and to try to come up with some solutions that move above and beyond those boxes. So, they're *multisectoral*. They are *long-term*. They're *comprehensive*. They're *inclusive*. They're looking for different *results* and different ways of doing things.

**“ ...they brought together the business people, the welfare people and the recreation people. ”**

Just let me tell you, very briefly, about one program that's going on across the country, then I'll stop and respond to any questions you may have. I'm going to use this example because our organization, the Caledon Institute, has been involved in this work so I know it well. I do know that it's one of the most well developed Comprehensive Community Initiatives that's taking place across the country, primarily because of the work of our partner organization: the Tamarack Institute. That's a national institute on community building. The McConnell Family Foundation in Montreal provided a lot of the funding. For some of our work, we've invited up the people from the states who started up the Comprehensive Community Initiatives. We've used them as mentors to help. What was so interesting, at the last meeting we had, one of the key leaders in the United States said to us, "You know what? We are now ready to learn from you, because together you have moved this model to a different level that we hadn't even tried or even heard of." So, we're quite excited. Our results will be coming in soon. I can only talk though about the process that we've been using.

We got interested in the comprehensive community model because we were looking at ways to reduce poverty. That's a very complex problem. As you know, there are many pathways into poverty. There's not one solution. There's not one organization or one sector alone that really effectively can address that problem. We now have fifteen communities across the country that are joined together in a learning partnership. They are learning from each other. How are you reducing poverty? What are you doing?' They meet regularly. They meet in person and they meet on a monthly basis by teleconference. It's hosted. It's structured. It's not just to say: "Hi, how are you?" It's a very structured session in which they're all sharing together.





The first important thing is that they give each other support. This is hard, complicated work. Don't let anybody tell you otherwise. This is really, really tough. When you're trying to get out there and be a pioneer, like these communities are, you need some help and support in how to do this.

*“More importantly,  
we have to  
“friend raise.”*

Of those 15 communities, there are six that are Trail Builders. Those six Trail Builder communities get extensive funding from the McConnell Family Foundation. It's about \$100,000 a year over a period of four years. Now, the trick is that they have to match that funding in cash. Over time, slowly, they build it up a little bit, but they have to match it.

Why did the funders put such an onerous and heavy burden in place? We thought, “This is crazy. Nobody is going to want to participate in this.” The funders said, “Unless we can show that there is support and commitment in the community, we shouldn't be there. We shouldn't be imposing this. We have to find that there is commitment on the ground. We have to fundraise. More importantly, we have to “friend raise”. We have to bring people in to really be committed in order to sustain this.”

I think one of the most important aspects of the model is that our colleagues at Tamarack provide coaching and support to these Trail Builders. They're helping them identify local leaders. They're helping them identify and write a Comprehensive Community Plan. They're helping them implement it. They're helping them with evaluation. They're assisting them with their fundraising.

What David did sounds so easy. Just call the people together and they'll come and they'll sit around the table. It's not. Typically, people don't speak the same language. They've never worked together in the past. They have to figure out their own respective agenda's and how to meet their own needs and targets. It takes a long time and a lot of support to keep the interest going. The fact that these six Trail Builders are receiving support is extremely important. They share and they work together through this national project.

I'll just give you an example of why the sharing is important. One community was setting up a program for welfare recipients and it was in a business in food production in the Niagara region. What better place to build up business in food production, in canning, in meat pies and a whole set of things? They went through so much in getting the licenses, getting the health approval, just figuring out how to do this. They talked about it and the other community said, “You know what? We've been with you for an hour and you've just saved us six months of work. Thank you so much.” So, part of it is mutual support. Part of it is the learning that takes place so that you are continually raising the bar. You're helping each other through the networks that you are creating and you're supporting the learning.



At Caledon, our role in this whole process is policy development. We do policy work related to the project. We write research papers that will help support the work. I've brought some of them with me. They're all on our website. There's one called: Comprehensive Community Initiatives. There is another one called: Who Does What In Comprehensive Community Initiatives? There is a third one called: The Social Role of Local Government. There are some on culture and recreation and there are links to well-being. We try to provide the support.

We also look for the policy barriers and the problems. You know, the example I talked to you about regarding the welfare rules, that if somebody goes out and gets a little bit of work, right away they can be penalized and their welfare gets reduced dollar for dollar? I'm sure you've heard of some of those particular problems. They stand in the way of making anything better happen. We wrote a report called: The Don't Make Sense Welfare Rules. And, we also wrote a report called: Dumb and Dumber Government Rules. Anybody interested? You'll find it on our website. It's been very well read because there were many of them. What we're trying to do is to find those barriers that keep people in place.

Finally, what we've been doing is a dialogue, a policy dialogue, involving ten federal departments. They've met over an 18-month period, once a month, to talk about community work – a sustained conversation that's really important. What I've described to you is a very complex national initiative. You know, there's a pan-Canadian learning going on here: the six Trail Builders doing in-depth work around their comprehensive plans, the discussion at the national level, and we've joined up with the communities.

You don't have to do that kind of complex initiative. We developed this just to test the model. We're trying to see if it really does work. We've given it all the supports possible: the learning, the research, the policy work, the coaching support, because we want to make it happen. In your own communities, in your own areas, you don't have to have an exhaustive, extensive approach like that.

Think about Sandra and think about David and what they were able to do in their own small area, in their school, in their mall, just by bringing the people together. Their lessons in this area are so important. The responsibility lies with us all. If we could bring people together who have a role to play then we can all figure it out. We all have the solutions right here in this room. They're all here. What we've been missing is the safe and supportive place to come together on an ongoing basis to figure out those solutions – to bring all our expertise, our networks, our resources and our thinking together on a sustained basis to create that miracle for our communities.

Thank you very much.



## **PREVENTION AND EDUCATION**

### **FOUR PILLARS DRUG STRATEGY: PREVENTION, TREATMENT, HARM REDUCTION AND ENFORCEMENT**

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*DONALD MACPHERSON: DRUG POLICY COORDINATOR, CITY OF VANCOUVER,  
VANCOUVER, BRITISH COLUMBIA*

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(Applause) Thank you very much. Just so you know that I am not totally fresh off the boat from Vancouver and I'm not a totally flaky urban person – I used to live here, okay? So, I have a tiny bit of street credit up here. I lived here for two years. I know it wasn't very long. I didn't last long. I went down south but I lasted a couple of winters. I did the requisite trip to Mexico to break up one winter. It was a real honour to get invited to come back here. This is not something I knew anything about when I lived up here. I was more into paddling, hiking, working in mines and that sort of stuff. It was a real honour to get a chance to come back, to see what the scene is here with regards to drug problems and community.

Since I have been here I've just had a very typical Yukon experience. I landed in the rain and got off the plane, hitchhiked a ride downtown with a shuttle bus that doesn't work for my motel – very nice driver, seemed to be taking anyone who wanted to go.

We went for a drive up to the Skagway road yesterday. It was a beautiful, sunny day. We went up to the summit. We were headed down to Skagway – you know, we did all the typical things that happen to Yukoners. I got finger printed. (Laughter). That was just a test. I did. I got fingerprinted yesterday. I tried to enter the United States using my Fitness World Card as ID. (Laughter). So, you can make judgments about my sanity after the presentation. (Laughter).

The real story is that we rented a car, did all the paper work and had a wonderful banter. I asked the person behind the counter all about the drug scene in Whitehorse. We were so interested in the drug scene that she forgot to give me back my licence and I drove off with this rent-a-car. When I got to the U.S. border the woman asked me for ID and I was struggling in my mind: "I don't have my driver's licence. It's got to be back in Whitehorse." I was thinking that and then she said, "Do you have any picture ID?" I should have told her, "Look, I've forgotten it." I should have turned around and said, "Sorry, big mistake," and drove off down the road. She said, "Do you have any picture ID?" So, I pulled out my Fitness World Card and gave it to her. Big mistake!



(Laughter). Well, then I had to deal with Immigration. The Immigration guy read me the 'Riot Act' with full on ten digit fingerprints. I feel like I left part of me up there on the summit somewhere. (Laughter).

The second point I want to make is that I have never successfully done a Power Point Presentation. I have tried many times and it's never been my fault. It has always been some guy over there that screwed it up. (Laughter).

Anyways, now for something completely different – I have learned a lot this morning about the local scene and dare I say: "Gee, it sounds very familiar" – the prevalence numbers, the 'lets all work together', the hints of territorialism, competitiveness, turf-ism, uncooperativeness, this zero tolerance thing that can't be fixed for some reason. I don't know why but someone has got to fix that. To use *zero tolerance* and *inclusion* in the same sentence is problematic. We have the same thing in Vancouver so I'm not being an arrogant urbanite. We have a Zero Tolerance Policy for the Vancouver School Board and they're looking at the same thing you're looking at. Honestly, all of the stuff I've heard here is very similar to what we are doing in Vancouver. We're by no way out of the woods in Vancouver although we are putting our shoulders to the task.

When I was invited to come up here I thought I was supposed to talk about the Four Pillars Drug Strategy, *prevention* being one of the pillars. So, I will try to skew my talk towards prevention because I noticed on the program that I'm only supposed to be talking about prevention. *Harm reduction* is really prevention, *enforcement* can be prevention and *treatment*, in some ways, is prevention. I'm going to talk a bit on the Four Pillars and spend some time on prevention.

We're just getting to a really good discussion of prevention in Vancouver so it's interesting to hear you guys talking about it too. We're just getting to it because, from my perspective at the City, we've been really focused on a very dreadful situation with death, disease, crime and despair in the downtown eastside of Vancouver. I admit that we unapologetically focused a lot on *harm reduction* and *enforcement*, and to some extent *treatment* and *prevention* have taken a back seat – but we're just getting there now. It takes time to do all this stuff, as you know.

**“To use ‘zero tolerance’ and ‘inclusion’ in the same sentence is problematic.”**

So, the Four Pillars Strategy. [Powerpoint] Let me give you a little bit of background about Vancouver. I won't spend a lot of time on it and I'll try and entertain you verbally.

Everyone has been to Vancouver: port of entry and *drug capital* of Canada. It's the entrance point for Columbian drugs from Miramar and other places. We produce our own drugs, cannabis, etc. Methamphetamine is a growing problem. And we have very well established organized crime historically, decades long of organized crime in Canada that control much of the drug trade.



Really, what the Four Pillars is responding to is basically a massive failure in public policy that we experienced. We all lived through a massive public policy failure in Vancouver in the late 80's and all throughout the 90's. I didn't know anything about this

***“Harm reduction is really prevention, enforcement can be prevention and treatment, in some ways, is prevention.”***

stuff. I was a literacy guy working at the community centre at the corner of Main and Hastings. I started in 1987 and there were just people drunk all over the streets of the downtown eastside at that time – just unbelievable! People who have been there – I'm sure many of you have seen that scene years ago – it was a bizarre scene – a lot of alcohol – a major, major problem. It still is probably the worst problem of the downtown eastside but it doesn't get much airplay.

Something happened in the late 90's when we experienced a whole lot of really cheap cocaine flooding into the town – really cheap heroin – really

powerful heroin. We developed an open drug scene. The heroin scene is very quiet, you know, a very low-key sort of scene but the cocaine scene and the crack scene was very busy – a frenetic sort of market place, like Walmart, as you're going into the downtown eastside. All these overdose deaths started happening. We were at the corner trying to run a community centre – a drug and alcohol free community centre – because we were meant to be an oasis in this alcohol and heroin riddled community. So, we tried to run a community centre that was alcohol and drug free, and more and more people were piling up outside the centre that were unable to come in. They were hanging out outside. It was just bizarre – for those of you who have been down there – it was just a total disaster. We were trying to figure out what to do about it. We kept trying to get the police to do something about it. They tried their best but no one else seemed interested. At least the police would show up from time to time.

What really happened was that this small community in the downtown eastside, which is a poor community but a strong, very together community, had a long history with alcohol and heroin. In 1972, the Le Dain Commission Report mentions that 60% of heroin users are in Vancouver. Many of them were in the downtown eastside, different parts of Kitselano and throughout Vancouver. There was lots of low-income housing, private low-income housing, and hotel rooms in poor condition. It was a very vulnerable community with a lot of vulnerable people. How many people have been to the downtown eastside of Vancouver? Holy mackerel! (Laughter). How many people haven't been to the downtown eastside of Vancouver? Not that many.

***“In 1988 there were 17 illicit drug overdose deaths in Vancouver.”***

That's the Carnegie Centre. [Powerpoint] That's the corner of Main and Hastings where I worked for ten years. I gave my soul to the City of Vancouver and worked for the





community. Chinatown is right next door – no transition zones – the heritage district, right in the middle of the city – really quite a proud, old neighbourhood. So, in 1988, there were 17 illicit drug overdose deaths in Vancouver. In 1993 there were 200 illicit drug overdose deaths in Vancouver. That kept going and in 1998 there were 200 illicit drug overdose deaths again. Throughout the 90's there was an average of 150 overdose deaths, primarily heroin but a combination of drugs: heroin, alcohol etc. Illicit drug overdose became the leading cause of deaths for men age 30 to 45.

Other municipalities were experiencing a similar phenomenon so it wasn't just Vancouver. It was British Columbia and to some extent other parts of Canada, but the majority of overdose deaths seemed to be along the west coast in Nanaimo, Prince George, Campbell River. It was a B.C. phenomena. The drugs were just so cheap and so available and then there was just no response. No one did anything about it. All these people were dropping dead on the streets.

It's interesting that you're doing this summit. You're trying to get some numbers. I've heard various debates at various tables about what numbers they think are accurate and which ones aren't. It's hard to get really good, accurate data, especially with illegal drugs because people don't like to come forward that easily. Generally, they under-report that sort of information.

People were dying by the hundreds in Vancouver and there was no response. In 1995, there was a Hepatitis A scare at a health food juice bar in Canada Place. One of the staff had Hepatitis A – and that is pretty bad news if you work in a restaurant. The public health system mobilized overnight. There were adds put in papers: "If you have eaten in this restaurant anytime in the last six weeks please come down to Canada Place. We have nurses. We have people standing on-site who will inoculate you. They will test you etc." I was eight blocks from there and people were literally dropping dead on the streets, in washrooms, in hotel rooms – and there was no response. It was unfathomable! There was a sense of disposable people and these people were drug users.

*“There was a sense of disposable people and these people were drug users.”*

That's the spike in OD deaths. [Powerpoint] The next slide just shows you the City of Vancouver. Vancouver is pink and B.C. is blue. So, we mirrored the rest of the province. There was something going on in the drug market in all of British Columbia. It really had a hard impact on the downtown eastside.

The Centre For Excellence and HIV AIDS declared an HIV epidemic among injection drug users. In 1997 there was a Declaration of Public Health Emergency by the local health authorities. That's in 1997. This is in 1993 with 200 people dying in Vancouver. By 1997 there was a health emergency declared – and that was probably because of the HIV epidemic and the work of one activist poet who got himself on the health board





and pounded the table at every meeting and almost forced them into calling a public health emergency.

So, the public health response was no response. This is before the public health emergency. From my perspective, in the community, this is what it felt like. It felt like there was money for enforcement (because we would see teams of extra police officers coming in) but there was no money for extra treatment. Injection drug users were kicked out of treatment for using. They were kicked off welfare for using and they were barred from community services, including our community centre. There was a huge debate in our community centre as to what to do with active drug users – which most of us are, if you include all the other drugs we've excluded from all these systems.

***“ It was an absolute mess and there was a growing sense of public frustration. ”***

The addiction system in Vancouver was in disarray. It was in the process of being transferred from the province to the health authority and it was basically designed for alcohol.

The police took a containment approach, which they didn't admit until recently, but they were trying to keep the problem where it is because it suited the rest of Vancouver just fine to have all the misery going on in the downtown eastside. It meant it wasn't going on in their neighbourhoods. It suited the police just fine too, because they knew that if they tried not to contain it, that it would take a lot more resources.

In the jurisdictional division, there was no leadership. There was an addiction service partly in the provincial government. HIV AIDS services were in the provincial government. Our local health authority didn't have any direct responsibility. It was an absolute mess and there was a growing sense of public frustration.

Here's some background on how we arrived at the Four Pillars Approach. The fellow at the Centre For Excellence and HIV AIDS did a paper called: Deadly Public Policy, which looks at the public policies that contributed to the HIV epidemic concentrating the drug scene in one area. This concentration was very problematic in terms of networks of sharing syringes. There were concentrations of low-income housing in the city – I mean private low-income housing, not social housing. That was a problem we inherited. We didn't put that housing there. It was there since the turn of the century.

Police contained the problem on the orders of their bosses and the politicians were using the containment approach.

Welfare cheques were distributed on one day each month. There was a huge spike in needle use and sharing after welfare cheques as hundreds of thousands of dollars flooded into the neighbourhood with the high number of people on welfare – and the drug market rose to that challenge to distribute drugs.

There was very little healthcare response. The healthcare response was mostly the ambulance – the constant ringing of sirens in the downtown eastside. If anyone has



**“ (we)...  
allowed the  
infrastructure  
of the drug  
market to  
build up. ”**

stayed near there or spent some time there, there are sirens all the time, a little less so now but back then it was very, very prevalent.

The City of Vancouver, which I work for, allowed the infrastructure of the drug market to build up. We went from four second-hand stores to having 44 second-hand stores and pawnshops. We were asleep at the wheel as this massive infrastructure of the drug market

built up and sunk its tentacles into that neighbourhood, which is making it really hard to take apart – and that’s where we are putting some of our effort now.

There are other things I could talk about, like the way the city planners pushed all the sex trade onto the downtown eastside from the west end, so basically, cleaned up the rest of Vancouver. When Expo ’86 came through Vancouver, they cleaned up Granville Street. That’s when the cocaine trade was on Granville Street and the heroin trade was in the downtown eastside. That’s when the cocaine trade came to the downtown eastside so Granville Street could be good for the tourists – and that was the beginning of the end of the downtown eastside – when the cocaine scene was laid over top of the heroin scene, the alcohol scene and the prescription drug scene.

The Four Pillars Drug Strategy Approach – it’s symbolic. This morning we heard a lot about comprehensive – to tell you the truth, if I had it to do over again, I wouldn’t do the Four Pillars. Pillars are static. They’re one, two, three and four. Now, we’re evolving in our understanding of the Four Pillars – and really, harm reduction is prevention. It’s tertiary prevention. Now, we’re trying to explain to people, after getting them to understand harm reduction, that harm reduction is actually part of prevention. So, they’re really confused now.

**“ ...harm  
reduction is  
tertiary  
prevention. ”**

The Four Pillars Drug Strategy was symbolic of a comprehensive approach. It was symbolic of an approach where health and enforcement had to work together.

The enforcement pillar was absolutely critical. We had some criticism of where the enforcement folks were putting their energy, such as chasing users around. We know that the enforcement piece was absolutely critical to the drug trade and to issues like drug houses, one problem premises – the bars were a big problem. It was this notion of having to work together that we’ve heard about today.

**“ ...that was the  
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heroin scene, the  
alcohol scene and  
the prescription  
drug scene. ”**



**“ The Four Pillars Drug Strategy Approach became symbolic. There was something for everyone... ”**

The Four Pillars Drug Strategy Approach became symbolic. It took off like wild fire in Vancouver and people were identifying with it. There was something for everyone. If you didn't like harm reduction, well, you could go work in the prevention pillar or if you wanted more enforcement, you could go and talk to the police.

So, there was something for everyone in the model, and for the public it was easy to understand – and it just took off.

We wanted to include a discussion on evidence-based prevention. Let's look at the evidence: what works and what doesn't. Treatment with a focus on housing – housing is huge in Vancouver. Harm reduction for individuals but also, trying to explain to the community that if you help individuals, then, we are making the community safer and better. It was about reducing harm. It wasn't about enabling people or encouraging drug use or any of that stuff. It was all about reducing harm to both the individuals and the communities.

It took a long time. It was a very controversial discussion to have but we felt it was really important. The coordinating of enforcement that targets the drug trade, that was something that the city enforcement people – like inspections people and the police. They had to work very closely together with the health folks to try to figure out how to deal with the elements of the drug trade, knowing that we weren't going to get rid of it.

So, we started off very much like you're starting off with this. It's a very exciting process. It's very exciting to hear that this is the launching of a process that will take place over the next – I don't know how many months or so – where information will be collected, papers will be drafted, public consultations will be held. I think you've got to do that – and it's a really valuable experience.

Drug users were really critical to our process. They weren't included in the beginning but they certainly made their voices heard and came to the table saying: "What about us? We have a certain expertise too." The Vancouver Network of Drug Users was formed and they played a very critical role in helping to develop a strategy. We had lots of public forums in every part of the city – this whole sense of trying to bring this issue alive across the city. People came out from all walks of life – and someone mentioned it this morning – I think it was one of our initial speakers, Minister Edzerza, that said, "This crosses all sorts of boundaries."

**“ It wasn't about enabling people or encouraging drug use or any of that stuff. It was all about reducing harm to both the individuals and the communities. ”**



One of the most moving moments was the development of “From Grief To Action” – a support group of parents from the westside of Vancouver – white middle class folks from Kerrisdale who had children that were addicted, primarily to heroin but some to cocaine and some to methamphetamine and alcohol. They showed up at a public meeting and they said, “Hey, this isn’t just about the downtown eastside. This is about all of us. Some of our kids are in the downtown eastside trying to score some drugs. Some of our kids have died in the downtown eastside.” It was really a coming out for the whole city. Our mayor likened it to: in order to fight addiction, to deal with your problem, you have to acknowledge you have a problem.

Vancouver, in a very public way, was trying to come out in the sense of saying: “Yes, we do have a big problem and it’s not hidden anymore” – because it was hidden before it was accepted. It was tolerated as long as it was in the downtown eastside. There was an ugly sort of complicity going on there. Everyone was involved. It was similar to this process with lots of folks involved: police, treatment providers, users and citizens spoke out. We drafted the paper and we took it around. We met with whomever we could meet and developed the Four Pillars Strategy. We then realized, of course, that we only had one sliver of the problem. We had to link it to other strategies. At the same time, the Vancouver Agreement was being born, which was really the feds, the province and the city sitting down and saying: God, how can we fix this downtown eastside problem? It’s awful. It’s horrible. We need to work together better. We need to coordinate our dollars. We need to do all that work at the government level.

We have developed a housing plan. There’s an economic development strategy, an employment strategy. Jobs are important. Income is important for people who are using or trying to not use; development of low threshold health services that people can easily access; and an enhanced enforcement strategy that really looked more at the infrastructure of the drug trade, rather than the street level dealers, most of whom are users. They still arrest those folks but they’re really trying to look at the step above.

We’ve expanded healthcare services. We created a health contact centre in the middle of the drug scene, right downtown at Main and Hastings. We say, “Come on in folks. You’re a marginalized population. Well, come on in and access the health care system. It’s a universal system. You have every right to it just as much as anyone else does.” We also created a life skills centre in the downtown eastside.

Vancouver Coastal Health Authority is integrating addiction services into primary health care settings. They have five community health clinics all over Vancouver. The idea is you access addiction services like you access any other service. You go in and there are core addiction services in primary health care centres. There’s a needle exchange.

***“ We have developed a housing plan. There’s an economic development strategy, an employment strategy. ”***



There's methadone prescribing. There's home detox support. There's prevention. There's alcohol and drug counselling. It's trying to normalize addiction services instead of having them off in this other two-tiered system, where there are health services over here and then for all you addicts you have to go to this door over here. They're trying to normalize that and some modest expansion of treatments services.

***“ We’ve expanded healthcare services. We created a health contact centre in the middle of the drug scene. We created a life skills centre in the downtown eastside. There’s a needle exchange. There’s methadone prescribing. There’s home detox support. There’s alcohol and drug counselling.”***

Of course, you've probably heard about the supervised injection site. That gets the most news. It's actually quite a small, modest intervention but it's challenging the status quo. I've been to a lot of public meetings in Vancouver and I think there are some bigger issues we have to broach. I don't know if just doing the same thing better is going to work. We have to do new things and we have to do things differently. On a bunch of different levels we have to challenge the status quo – and this field has a lot of baggage. I think we've been kept in the dark for a long time about drug policy, addiction issues and harm reduction issues.

The back allies: this was a usual fixing site in a back ally. [Powerpoint] I just put this picture in to show the before and the after. For me, it's a statement of what we do tolerate as a society. This is where people ended up dying. They ended up injecting in urine-soaked alleyways with feces beside their head as they lay down and were injected by their friends in their throat – that sort of thing.

The injection site is a well-done, very clinical setting but the majority of the users have accepted it – and it's doing as we wanted it to do. It's reaching high-risk people. It's reaching unstable people. A significant number of women are using it. I'm not suggesting Whitehorse needs one, by the way. It's a very inner city, urban type of intervention. The principle of bringing people inside out of the cold, in terms of being a drug user, stands. There have been over 200 overdoses in this site, but no fatalities. Scientifically, can we prove it is saving lives? We don't know, but we think one or two of those people might have died if they hadn't been in the injection site. Now overdose deaths in Vancouver are at 50. That's still high by European numbers. Amsterdam would have 12 and Frankfurt would have 15 to 20 per year at the most. So, we still have very high numbers. We have a lot more to do. There has been some research that showed that there's a protective factor against needle sharing.

***“ It’s reaching high-risk people. It’s reaching unstable people.”***





There was a tremendous focus in the downtown eastside. It was a tremendous focus on harm reduction because – it was like, when your house is on fire, you don't call a meeting. You go and grab a bucket of water and throw it on. That's where we were – in the "throw a bucket of water on the fire" mode for a couple of years as we tried to focus on the people dying on the street. And so now, as I said, 50 is still too high in terms of overdoses. The HIV rate has gone way down. The Hep C rate is very high although I don't know what the new instances of Hep C are.

Now we're shifting our focus to treatment and prevention. For the city it's very hard for us to talk about treatment because Vancouver Coastal Health Authority is a regional health authority. We do talk about it but it's not our sandbox. It's not our turf. They control treatment services, whereas prevention is something we all need to be involved in. We feel we have a role to talk about prevention.

The Vancouver Police Department (VPD) did decide as a corporate decision to try, and to some extent to disperse, the open drug scene, to dismantle the drug scene. It had been there on the corner for 12 years and it had been a big debate in the Vancouver Police Department. They decided they would try to dismantle it and disperse it. They have had some small successes – and all of this as the preamble of prevention, which I am supposed to talk about. After all of this, I'm not an expert in any of this stuff. I just want to make stuff happen that helps people and saves lives – that sort of thing. There are tons of experts around like the people in this room.

We've run up against prevention – and we've been so focused on injection drug use, harm reduction, overdose deaths – and then, our mayor says that we need a prevention strategy. So okay, we'll go do a prevention strategy – and holy mackerel, (Laughter) harm reduction was easy compared to prevention because prevention is so big and people forget about alcohol. They forget that in Vancouver our biggest problem is alcohol, not heroin. More people die from alcohol than illicit drugs. We have lots of cannabis smoking in Vancouver but I would say that alcohol is a much bigger problem. Tobacco is still a big problem. The national numbers, of course, alcohol and tobacco create the most harm. They kill the most people. They cause the most damage and they cause the most violence. Alcohol contributes almost as much to crime as illicit drugs.

***“Holy mackerel, harm reduction was easy compared to prevention because prevention is so big and people forget about alcohol.”***

I've heard some of the rumblings in the room: How do we talk about prevention when we're all hypocrites – because most of us in this room are drug users. We use drugs. We use pharmaceutical products. We use alcohol. We use tobacco. I don't know, maybe there's somebody in this room who isn't a drug user but I'll bet that most of us are. Drug users tend to be those bad drug users: heroin, cocaine, methamphetamine,





ecstasy and the usual illicit drugs. But we know the worst drugs to society are the ones that are *legal*, that are promoted and available in corner stores and tons of bars.

We embarked on this prevention strategy. We hosted an international symposium about a year and a half ago. We tried to get some people in the room from around the world. It wasn't huge: one from the U.S., one from Sweden and a couple from Canada trying to figure out what does *evidence-based* mean? When we talk about evidence-based strategies, what does that mean? The city took it on to lead this process because it's one pillar. We do have a real legitimate leadership role to play. So, we had this symposium.

***“If friends and family are that powerful then involve them in the program within the school itself.”***

We started a process of developing a strategy. Regional health is working with the school district to develop a prevention strategy in the schools. The conversation we just had here about the Zero Tolerance Policy was the same one that we're having in Vancouver. I don't know much about the Drug Abuse Resistance Education (DARE) Program. I know enough to know that, from my experience, there are benefits to the DARE Program but I think it's limited in terms of prevention. I think that a school-based program needs to include the police but be driven by a whole bunch of other professionals and experts and have peer involvement. I was crying out to

say, "If friends and family are that powerful then involve them in the program within the school itself." Not that the school is going to solve all the problems. I certainly understand the limitations of school-based drug education. In Vancouver, we don't do DARE and actually, we don't have much of an approach. It's really spotty. It's ad hoc. So, that's what we're doing right now. We're developing a comprehensive approach within the schools. The police are at the table along with our health and school folks and our city folks. Of course, we want to do a comprehensive, evidence-based approach.

Dialogue. Someone mentioned dialogue this morning. We believe in dialogue. We have had a lot of public discussion around this issue because it's so complex, so laden with mythologies and misunderstanding – and this penny under the tongue, you know – well, maybe it works. I don't know. There's a lot of bad information out there, like the notion about cannabis. How can you have a reasonable discussion about cannabis with young people within schools when it's illegal and there's a Zero Tolerance Policy? Go figure! You're not going to have it. It's just not going to work. People won't come to the party. No pun intended.

We published: [A Dialogue on the Prevention of Problematic Drug Use](#), which was just a discussion paper that we put out to summarize the conference. It's on our website if you want to look at it. We broached the whole range of issues. You need prevention



strategies that are across the life course. So, much of it is not about drugs and alcohol, it's about quality of life. It's about protecting and supporting vulnerable families, building community – the stuff we heard about this morning – people coming together to address various community issues. It's about capacity building in the community. It includes harm reduction. You have to do tertiary prevention for problematic drug users.

Another thing we want to point out with our drug prevention strategy is that we want you to notice that we're mostly interested in problematic drug use. We're not necessarily interested in drug use that's not problematic. You can have lots of debates as to whether cannabis use is problematic. I know problematic cannabis users and I know non-problematic cannabis users. I know teachers who would love to say to their students: "There's a time and a place, you know, and it ain't at 9:30 in the morning in the schoolyard. It's on Saturday night." They can't say that. If the parents ever heard a teacher saying: "There is a time and a place," you know they would be on the ropes. Stuff like that we have to work out.

*“We're not necessarily interested in drug use that's not problematic.”*

The Regulatory Changes. We have some work on the chapter of regulatory changes, policy changes around alcohol, tobacco and cannabis. To call a spade a spade, our mayor is on record as being for the legalization of cannabis. Our paper will talk about that. We believe that in order to establish good education about a potentially dangerous drug, cannabis, it should be regulated through the legal market. Then we could begin to have those discussions about the appropriate amount of use. What are the actual harms? It's a notion that no drug is made safer by being left in the hands of organized crime and unregulated dealers. What are we doing with cannabis, especially with the prevalence of use? It's getting up there. That's one part of the paper and legislative changes around all drugs.

The Four Pillars Drug Strategy Approach. Again, driving home – and you certainly have it up here with Caring Communities – it's primarily a health issue – for God's sake! It's a health issue that people are really concerned about. Yes, there is a criminal part of it but some of that is our own doing. We have to recognize that. Just a little bit on the other pillars before I finish.

Again, Coordinating Enforcement. We're getting better at it. Finally we've knocked the number of second hand stores from 44 down to 22. One of the police officers mentioned to me the other day that commercial crime in the downtown eastside has been reduced by 57%, which is really good if you're a storeowner. The citywide enforcement team wasn't issued by the Vancouver Police Department so the VPD really took it on. They really only focused on the downtown eastside and the central core. They put a big focus on places that sell stolen goods, such as sky train stations and the open drug market. They also took pride in developing a new program where they stopped responding to routine overdose calls, citing research in Australia that



showed when police don't show up for routine overdose calls, people call more. There's no reason for a police officer to attend a routine overdose call. One police officer in Vancouver spent about two years trying to get this through his system and through the ambulance system. He finally succeeded and it's something that needs to be evaluated. Police will attend if the ambulance folks call them and ask them to but they have stopped responding to routine calls.

Police worked hand in hand with us around the police strategy for the injection site so we have police officers walking people over to the injection site to use if they see them using in the back alley. There is very pragmatic health care and enforcement going on. Enforcement on methamphetamine labs is an issue – although the numbers – I believe there were 40 in B.C. last year – I think there were five in Vancouver. The fear around the methamphetamine labs in Vancouver and in B.C. is that we'll see what happened in Washington, which was going from a few to 1,200 meth labs – or something like that.

A brief word on treatment. This means just increasing new programs, streamlining access, decentralization of core addiction services and increasing methadone patients. The Heroin Prescription Project: It's a very small intervention but it's actually giving heroin to users, hard-core treatment resistant users – actually providing heroin for them. They're having trouble recruiting people for it but they want to try to recruit about 80 people. European evidence is that things get better as other things get better, like

health, housing, social circles – reducing your contact with the criminal market, spending your whole life looking for your next hit of heroin – you're better able to deal with your actual addiction. The NAOMI Study is going to study that in the Canadian context.

***“The essence of Harm Reduction – for me it's about building relationships.”***

The essence of Harm Reduction – for me it's about building relationships. So, you have people who are using, who are problematic, a pain in the ass to work with, who won't quit and won't go to treatment – but building and deepening those relationships and helping people move towards better, healthier choices in their drug use. There continues to be a harm reduction thrust for us to do our work.

Methamphetamine: That is the big fear. Is it here or is it coming? I got mixed messages. There's this fear that it's coming – I'm right on schedule don't worry, as long as I don't get fingerprinted again. (Laughter) That took about half an hour and the U.S. Immigration guy was not very nice to me. He wasn't happy that I tried to get into the United States, post-9/11, with a Fitness World Card. (Laughter). Anyway, I digress.

One of our major challenges for politicians is maintaining community support. People love it when politicians say they're going to do stuff about this complex problem. After two or three years, when you just get started, the public is really frustrated saying: “Well, you're not doing anything.” Well, you know, like someone said, this is a long-term



term thing. We have to look at the whole way we live here folks, to do real good prevention work.

One of our major challenges for the community is maintaining political support. Political support is absolutely *key* in my mind. In my context in Vancouver it was absolutely *key* for this agenda to move forward. We had political support at the city level. We had some support at the provincial level, although very quietly, and we had some at the federal level. Without the political support, this alcohol and drug file would be at the bottom of the heap with the mental health file where politicians like to put these because they are difficult issues that aren't going to be solved overnight.

Significant Funding Challenges. Prevention is a significant investment. If you really want to do it well you want to have the right number of daycare supports and supports for vulnerable families etc. You want to build your protective community system.

Responding to New Patterns of Drug Use. Another challenge is to gain support for experimenting with new ideas. If you're going to challenge the status quo you've got to have enough support, people with the political courage to take you through there.

Evaluation. Evaluation is key, keeping a focus on alcohol. People like to go to the methamphetamine problem. If you look at the whole population in British Columbia, only a very few people, a very tiny percentage are using methamphetamine. A lot of people are screwing up on alcohol.

Some measures may be unpopular, like tightening regulations at bars. I was in the Capitol Hotel having a requisite beer last night and noticed that at 12 a.m. midnight they have a special. At 12 a.m. midnight, when people had been in there for – when does it open – for like 10 hours? They give you cheap drinks at midnight. Between 12 a.m. and 12:30 a.m., highballs and beer are reduced in price. I thought, "That is an odd time." Usually, you sell them early in the day to get the people in and then you raise the prices, you know, that sort of thing. Not at the Capitol. So, stuff like that would be even more problematic up here than down in Vancouver. We have a very strong bar lobby in Vancouver. They want to stay open all night. The police are going crazy trying to beat them back to 3 a.m. We got it back to 3 a.m. now. They were up to 4 a.m. at one point.

Thank you.

***“One of our major challenges for the community is maintaining political support.”***