

# ***ACTION NEWS***

**Newsletter of the Canadian Centre on Substance Abuse**

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# ***Municipal Drug Strategy Builds on Grassroots Strength***

The Federation of Canadian Municipalities (FCM) has a plan to develop and implement a model Municipal Drug Strategy based on the knowledge and experience of a wide range of working partners, including CCSA.

The inspiration for the FCM's three-year project came first from Vancouver mayor Philip Owen when he submitted an emergency resolution to the FCM's 1997 annual convention calling for a series of stringent anti-drug actions. Following the Vancouver resolution, the FCM collaborated with the National Crime Prevention Council and Justice Canada to conduct a needs assessment on crime. The survey asked 200 senior elected municipal officials, police departments, First Nations Tribal Councils, and members of the federal-provincial/territorial working group on crime prevention to rate crime and disorder problems. To no one's great surprise, drug offences topped the list.

The seriousness of the drug problem was further underlined in a recent presentation by CCSA. "Substance abuse is responsible for nearly one in four deaths in Canada and there is a 60% chance that someone in a family of four will die from substance abuse," CCSA's Chief Executive Officer Michel Perron told Finance committee. "We know that today youth drug use is back to levels not seen since the 1970s and youth attitudes towards drugs are softening."

## **A municipal response**

The proposed Municipal Drug Strategy is built on four pillars that complement local law enforcement efforts: awareness education, prevention and treatment. It focuses almost exclusively on supporting and mobilizing a municipal response using the traditional authority of municipal jurisdictions to exert a direct influence on drug problems.

The FCM is collaborating with the Health and Enforcement in Partnership Committee (HEP), co-chaired by CCSA and the Canadian Association of Chiefs of Police (CACP). HEP will help FCM to establish collaborative links with its member organizations such as the RCMP, Health Canada and the National Crime Prevention Centre. The FCM believes it is important to establish the same links nationally that will be needed to successfully implement the Strategy at the local level. Chief Barry King, chair of CACP's Drug Awareness Committee, agrees. "The impact of substance abuse in communities can only be addressed in a coalition of partners," he said.

## **Three phases**

The Strategy will unfold in three phases, starting with a definition of guiding principles and an assessment of the needs of municipalities, and culminating in the implementation of the Strategy at the local level. CCSA is helping FCM identify existing prevention programs and tools, and FCM will work with HEP to develop a model. The FCM envisions a bottom-up process emphasizing local action under an umbrella of national coordination. The Municipal Drug Strategy will complement Canada's Drug Strategy (CDS) by placing a much needed focus on local problems and perspectives.

Municipalities are on the front lines in combating drug-related crime. They bear the brunt of mounting costs for policing and enforcement, and their public health systems are strained by the spread of AIDS, hepatitis and other diseases related to injection drug use.

## **Scope for local action**

Municipalities are not simply collections of problems; they are also repositories of innovative problem-solving ideas. Municipalities can support prevention strategies by exerting influence over such areas as public and community health, housing, social services, community safety, recreational services, development, zoning, licensing and bylaws. Even engineering and public works have been used to solve drug-related problems through the installation of lighting on dark streets or the removal of shrubs and bushes.

## **Next steps**

Municipalities have the will to act, but they cannot do it alone. The FCM has called for a renewed commitment to Canada's Drug Strategy to provide prevention programs and treatment services. The FCM also seeks a meaningful investment in recreational facilities and services through its proposed Quality of Life Infrastructure Program. The Municipal Drug Strategy is still in its early stages, but there has already been important progress. The municipal needs assessment has been completed and will provide critical information on the drug abuse problem and on community-based solutions.

Also part of phase one, the FCM's inventory of pro-grams will be a valuable resource for municipalities when it appears in late March or early April.

*For more information, contact Kathy Thompson at 613 241-5221, ext. 246, or [kthompson@fcm.ca](mailto:kthompson@fcm.ca)*

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# *News&events*

## New PEI addictions facility opens March 1

A new provincial addictions centre in Mount Herbert, PEI, was expected to begin offering a variety of services starting March 1. The new facility, 15 minutes' drive east of Charlottetown, has 20 beds for in-patient detoxification services available to men and women, and young people in rare cases. The centre will take on the out-patient detoxification program that has been provided since July 1999 under Queens Addiction Services in Charlottetown.

A 20-bed rehab program will be offered to Islanders suffering the effects of alcohol and drug abuse, as will an enhanced family and youth service program. In addition, a gambling addiction program is being developed. In-patient services in East Prince and East Kings will be closed only when the new centre is equipped to absorb the clientele from those areas, said Phil Matusiewicz, director of community services with Queens Region Health.

\*\*\*Source: The Guardian\*\*\*

## Baltimore tries treatment on demand

Baltimore has become the second city in the US to offer treatment on demand for heroin and cocaine addiction as an alternative jail. The city will try to provide treatment to anyone who requests it or is required by the court to get it. San Francisco recently set similar goals.

US drug czar Barry McCaffrey recently called the current criminal-justice system a "disaster" and outlined a strategy to provide addicts treatment at every stage, from their initial incarceration to probation. A California study showed that every dollar spent on treatment saved \$7 in public money from hospital costs and incarceration. Other studies have shown that treatment reduces drug use by as much as 60%, and that reductions in crime more than cover the cost of the therapy.

An estimated 50% to 85% of the 1.8 million people in US prisons are there because of a drug-related problem.

\*\*\*Source: National Post\*\*\*

## Teen treatment in NS includes gambling

Choices is a treatment program based in Dartmouth, Nova Scotia for adolescents with drug, alcohol or gambling-related problems. The program, offered by the Central Regional Health Board, provides counselling, support and treatment for 13- to 19-year-olds and their families. Teens requiring long-term treatment can be referred to Choices' eight-week residential program by drug dependency workers anywhere in the province. A daily Monday-to-Friday program allows teenagers to attend part time or full time. Depending on their needs, adolescents can live in the Choices residence for part or all of their treatment.

The day program consists of school, group work, individual counselling, recreation and working with families and other important people in a teen's life. A weekly evening support group is also available. The residential program operates on an activity-based philosophy that includes yoga and meditation, crafts, theatre, swimming or sports.

Program casework supervisor Mary Cripton says success may be measured by teenagers returning to school and graduating, rather than whether they've smoked a joint or improved their relationship with their family.

\*\*\*Source: The Chronicle-Herald\*\*\*

## Research begins on "marijuana patch"

The American Cancer Society is funding a three-year, US\$361,000 research project to determine whether a "marijuana patch", similar to the patches smokers use to quit smoking, could help ease the suffering of cancer patients. The Society believes the marijuana patch could ease the pain, nausea and vomiting that many chemotherapy patients suffer.

\*\*\*Source: The Saskatoon StarPhoenix\*\*\*

## Drinking/driving declines in Quebec . . .

A new study by the Automobile Insurance Board of Quebec reveals that the proportion of Quebec drivers detected with a blood alcohol concentration (BAC) higher than the legal limit of 0.08% dropped by 43.8% between 1991 et 1999. The study says 1.8% of motorists were over the limit in 1999, compared with 3.2% in 1991. The results are consistent with other studies showing a drop in the number of alcohol-related road fatalities in Quebec from 624 in 1987 to 315 a decade later.

The same downward trend has been observed across Canada in the number of impaired driving charges recorded by the Canadian Centre for Justice Statistics. Charges fell for the 15th consecutive year in 1998.

## But what about drugs?

Quebec's Automobile Insurance Board is pondering whether to focus more attention on drugs following a study to determine what proportion of Quebec drivers are under the influence of licit and illicit drugs while on the road. Last spring, the Board set up 147 roadside locations through the province where motorists were asked to provide a urine or saliva sample. The program was voluntary. A total of 2,281 drivers agreed to provide urine samples with the following results:

- cannabis (5.2 %)
- benzodiazepines (3.7 %)
- cocaine (1.1 %)
- opiates (1.1 %)
- barbiturates (0.4 %)
- amphetamines (0.07 %)
- PCP (0.03 %)

Use of cannabis and cocaine was associated with young males driving at night, while prescription drugs were more likely to be used by women driving during the day. Use of drugs such as benzodiazepine and barbiturates increased with age.

The Board plans to compare its findings with blood and tissue samples taken from all drivers killed in road accidents in Quebec since April 1, 1999. The tests are expected to show which drugs present the greatest risk. The Board will also examine accident reports to determine the extent to which drug use by drivers leads to fatalities.

The Board will present its findings at the 16th International Conference on Alcohol, Drugs and Road Safety to be held in Montreal, August 4 -9, 2002.

## Vancouver adopts five-year drug plan

Vancouver city council has approved a five-year agreement aimed at tackling the drug problem in the Downtown Eastside. Known as the Vancouver Agreement, it is similar to a model being used in Winnipeg. Edmonton, Regina and Toronto are contemplating similar agreements. The model brings three orders of government and their resources together to work on the drug problem. The biggest push in the community now is to use the resources of the Vancouver Agreement to develop a drug strategy.

Councillors have heard presentations from representatives of several European cities that have developed comprehensive plans, including treatment facilities, safe-injection sites, prescription heroin, increased enforcement, public education, housing, and job training. Some councillors and Mayor Philip Owen spoke approvingly about the European plans, but others fear that Vancouver could become a mecca for drug users.

\*\*\*Source: Vancouver Sun\*\*\*

## Confiscation may be a legal precedent

A court in Granby, Quebec has ordered the confiscation of a 100-acre farm in the Gaspesie region of the province where two young Granby residents have admitted to growing marijuana. Crown prosecutor Serge Champoux said he believed it was the first time in Canada that the courts have seized a farm used to cultivate marijuana. In January, 1998, the RCMP dismantled a hydroponic growing operation on the property belonging to a Montreal man whose son is believed to have known the two accused. The judge rejected the man's argument that he knew nothing of the activities on his property. Pending an appeal, the farm will be sold at public auction.

\*\*\*Source: La Presse\*\*\*

## CCSA hosts Colombians

CCSA is playing a small but significant role in efforts by Canada to intensify its involvement in hemispheric activities, including international efforts to control drug use and trafficking. In January, CCSA's new Chief Executive Officer Michel Perron travelled to Bogotá with Foreign Affairs Minister Lloyd Axworthy, and other Canadian officials, to begin a bilateral information exchange with Colombian specialists in substance abuse prevention and treatment. The exchange continued in February with a two-week visit to Canada by six Colombian representatives of government and non-governmental prevention agencies.

The bilateral exchange program will conclude with a visit to Colombia by Canadian experts in prevention programming, and a workshop on estimating the socio-economic costs of substance abuse by CCSA research associate Eric Single.

The visit of the Colombians to Canada, coordinated by the Alcohol and other Drugs Division of Health Canada and funded by Foreign Affairs, included stops at CCSA, as well as at the Centre for Addiction and Mental Health in Toronto, and the Alberta Alcohol and Drug Abuse Commission in Edmonton.

While in Ottawa, the Colombian delegation met with federal stakeholders at a round-table session, and bilaterally with representatives of the RCMP and Correctional Services of Canada. The CCSA hosted the delegation at several events, including an informal round table with CCSA staff and associates, and an all day meeting of national site representatives for the Canadian Community Epidemiology Network on Drug Use (CCENDU).

The Colombians also attended a meeting of the Health and Enforcement in Partnership (HEP) Steering Committee, hosted by CCSA, and Dr. Single met with the Colombians to discuss epidemiological data collection. The Colombian delegation also spent a day with representatives of CCSA's Clearinghouse who discussed database management and the use of the Internet.

As well, Clearinghouse Manager Jill Austin described the potential role that Colombia could play in the development of the Virtual Clearinghouse on Alcohol, Tobacco and Other Drugs.

The bilateral exchange is part of a larger Canadian effort that will include hosting the Organization of American States (OAS) General Assembly this summer in Windsor Ontario, and the 3rd Summit of the Americas in Quebec City in May 2001. At the 2nd Summit in Santiago, Chile, in 1998, leaders tasked the Inter-American Drug Abuse Control Commission (CICAD) with the development of a multilateral anti-drug evaluation mechanism (MEM). The development of the MEM, which was led by Canada and will soon get under-way, is one of the objectives that will be reviewed by leaders in 2001.

### CSC opens addictions research facility in PEI

Correctional Service of Canada (CSC) has established an Addictions Research Division to study the link between substance abuse and criminal behaviour. A dedicated research facility, located in Montague, PEI, is set to open in temporary quarters in May. The facility will move to a new building in spring 2001. The Division will employ 20 full-time individuals in research functions.

In addition to independent research undertaken by CSC, the Division will develop partnerships with other federal, provincial and territorial agencies, non-governmental organizations, and university-based researchers. The Division will also work with international researchers studying addictions in correctional settings.

For more information, contact Brian Grant, Interim Director, Addictions Research Division at 613 943-8871.



Medical marijuana makes news here and in the U.S.

In 1996, California voters passed Proposition 215, which allows doctors to recommend use of marijuana for medical treatment. Since then, the proportion of California residents who reported using marijuana in the past month has remained unchanged at about 6%, according to data from the National Household Survey on Drug Abuse. As well, perceptions about the risk of smoking marijuana and its availability have remained relatively stable since 1996. Comparable results were found in Arizona, whose residents passed a similar proposition in 1996.

Meanwhile, Health Canada is moving ahead with plans for clinical trials and long-term research on the therapeutic value of marijuana. The trials will involve 250 patients in a double-blind randomized design that will test the effects of the drug against a placebo. In a case that links developments in Canada and California, a US woman living in BC is fighting extradition back to Los Angeles to face charges related to cultivation and possession of marijuana. The woman, Renee Boje, was allegedly handling 4,000 marijuana plants for a cancer sufferer, Todd McCormick, who had two doctors' prescriptions for medicinal marijuana. Boje's Canadian lawyer, John Conroy, says the US government is ignoring the California law. Boje fled to Canada to avoid a possible mandatory minimum sentence of 10 years to life. The case has become a cause celebre in California where McCormick is being supported by backers of medical marijuana, including actor Woody Harrelson.

Sources: Center for Substance Abuse Research, University of Maryland; Addictions Foundation of Manitoba; Toronto Star.

## **MEETINGS, ETC.**

**April 6-8** - 12th annual EASNA conference: EAP at the Crossroads, Vancouver. Contact: [info@pacific-conference.com](mailto:info@pacific-conference.com)

**April 9-13** - 11th International Conference on the Reduction of Drug Related Harm, Jersey, Channel Islands, UK. Tel: +44 151 2274423; Fax: +44 151 2364829; <http://www.jersey2000.co.j>.

**April 14-15** - ASAM's 31st Annual Medical Scientific Conference, Addiction Medicine Enters the Millennium, Chicago, Ill. Contact: American Society of Addiction Medicine, (301) 656-3920; <http://www.asam.org>

**April 26-29** - North American Syringe Exchange Conference (NASEC) X, Portland, Ore. Tel: (253) 272-4857; fax: (253) 272-8415.

**April 29-May 1** - Building Bridges: Creating an Integrated Approach to Women's Health, Victoria, BC. Tel: (250) 952-2237; fax: (250) 952-2799; e-mail: [anne.speer@moh.hnet.bc.ca](mailto:anne.speer@moh.hnet.bc.ca).

**May 3-6** - SALIS: Substance Abuse Librarians and Information Specialists, AOD in Y2K and Beyond: Back to the Future of Alcohol and Other Drugs, New York. <http://salis.org>; e-mail: [salis@arg.org](mailto:salis@arg.org)

**May 10-12** - Assistance 2000: Effective Solutions at Work , Alberta's Employee Assistance Program (EAP) conference, Slave Lake, Alta. Tel: (780) 420-7670.

**May 11-13** -2000 Manitoba: Prairie Province Conference on Fetal Alcohol Syndrome, Winnipeg, Man. Tel: (204) 945-2266; fax: (204) 948-2585; e-mail: [childrenfirst@cys.gov.mb.ca](mailto:childrenfirst@cys.gov.mb.ca).

**May 15-18** - Pacific Institute on Addiction Studies, University of British Columbia. Contact: Judi Lalonde, tel: 604 874-3466; fax 604 874-0903;e-mail: [info@ad-prev.com](mailto:info@ad-prev.com) ; [www.ad-prev.com](http://www.ad-prev.com)

**May 22-26**- 15th International Conference on Alcohol, Drugs, and Traffic Safety, T 2000, Stockholm. Tel: +4686980490; fax:+4687918584;<http://www.ICADTS2000.com>.

**May 25-28** - National Conference on Women and HIV/AIDS. Contact: Management Team, National Conference on Women and HIV/AIDS, c/o Canadian AIDS Society, 900-130 Albert St., Ottawa, ON K1P 5G4; fax: (613) 563-4998; e-mail: [tasha@cdnaids.ca](mailto:tasha@cdnaids.ca).

**May 28-30** -First Canadian Conference on Literacy and Health, Ottawa. Tel.: 613 725-3769; fax: 613 725-9826; e-mail: [conferences@cpha.ca](mailto:conferences@cpha.ca); [www.nlhp.cpha.ca](http://www.nlhp.cpha.ca)

**June 11-14** - Alcohol and Crime: Research and Practice for Prevention, Washington, DC. Contact: NCPC at [snesbitt@ncpc.org](mailto:snesbitt@ncpc.org) or 202-261-4165; fax: 202-785-2134.

**June 14-18** - Beyond 2000: Healthy Tomorrows for Children and Youth, Ottawa. For information, <http://www.cps.ca/beyond2000>, or contact Beyond 2000, c/o Canadian Pediatric Society, 100-2204 Walkley Rd., Ottawa, ON K1G 4G8; (613) 526-9397, ext. 228; fax: (613) 526-3332; e-mail [beyond2000@cps.ca](mailto:beyond2000@cps.ca).

**June 16-17** - Treating the Addicted Family: Recovery from the Trauma of Addictive Disease. Regina, Sask. Contact: Ron Thurlow, tel: (306) 766-7944; fax: (306) 766-7909

**July 23-28** - XXVII International Congress on Psychology, Stockholm. Contact: Stockholm Convention Bureau, Box 6911, S-102 Stockholm, Sweden; fax 46 8 34 84 41; e-mail: [icp2000@stocon.se](mailto:icp2000@stocon.se)

**Sept. 3-7** - Demand Reduction in Practice, 43rd ICAA International Institute on the Prevention and Treatment of Dependencies, Bahrain. Contact: ICAA, <http://www.icaa.ch>; fax +41 21 3209817

**Sept. 22-24** - Addictions 2000, Prevention of Substance Use Problems: Directions for the Next Millennium, Cape Cod, Mass. Contact: Amy Richardson, Conference Secretariat, Elsevier Science, The Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB UK; +44 (0) 1865 843643; fax: +44 (0) 1865 843958; e-mail: [a.richardson@elsevier.co.uk](mailto:a.richardson@elsevier.co.uk); <http://www.elsevier.com/locate/addictions2000>

**Oct. 19** - FAS Symposium - Community Responses, Whitby, Ont. Contact: Marion Cook, Durham Region FAS/E Task Force, tel: (905) 697-9064.

**Oct. 21-25** - 3rd National Harm Reduction Conference: Communities Respond to Drug Related Harm: AIDS, Hepatitis, Prison, Overdose and Beyond. Miami, Fla. E-mail: [hrcconf@harmreduction.org](mailto:hrcconf@harmreduction.org) or call Suzie at 212-213-6376, ext. 31.

**Oct. 22-25** - National Conference On Addiction & Criminal Behavior, St. Louis, Mo. Contact: John Earls, Vice-President GWC, Inc., tel: 800-851-5406; fax: 618-337-7880; e-mail: [JohnEarls@att.net](mailto:JohnEarls@att.net); <http://www.gwcinc.com>

**Nov. 7-9** - Hope 2000: International Drug Conference, Taj Intercontentinen-tal Hotel, Mumbai, India. Contact: [yusufmerchant@sanskritindia.com](mailto:yusufmerchant@sanskritindia.com) or [merchantyusuf@hotmail.com](mailto:merchantyusuf@hotmail.com)

**July 15-21, 2001** - XVIIth World Conference on Health Promotion and Health Education, Health: An Investment for a Just Society, Paris. Contact CFES, [mlaperque.cfes@imaginet.fr](mailto:mlaperque.cfes@imaginet.fr)

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