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A New Approach to Address Addictions in BC

Addictions Task Group Report • Kaiser Youth Foundation • March 2001

EXECUTIVE SUMMARY

In December 2000 the Deputy Premier of British Columbia, the Honourable Joy MacPhail, appointed a task group to study and make recommendations on the future of the addiction services system in British Columbia. The task group was asked to examine the issues relating to alcohol, tobacco, other drugs and gambling.

The task group benefited from previous reports on the addiction system in BC and deliberated over many issues within its short timeline. As requested by the Deputy Premier, the group focused its report exclusively on systemic matters. The task group believes the addictions system must change to respond to individuals and communities and must be effective in achieving measurable results for the people of British Columbia. The group believes its recommendations will, if implemented in a timely fashion, provide a decisive springboard for the substantial systemic changes required.

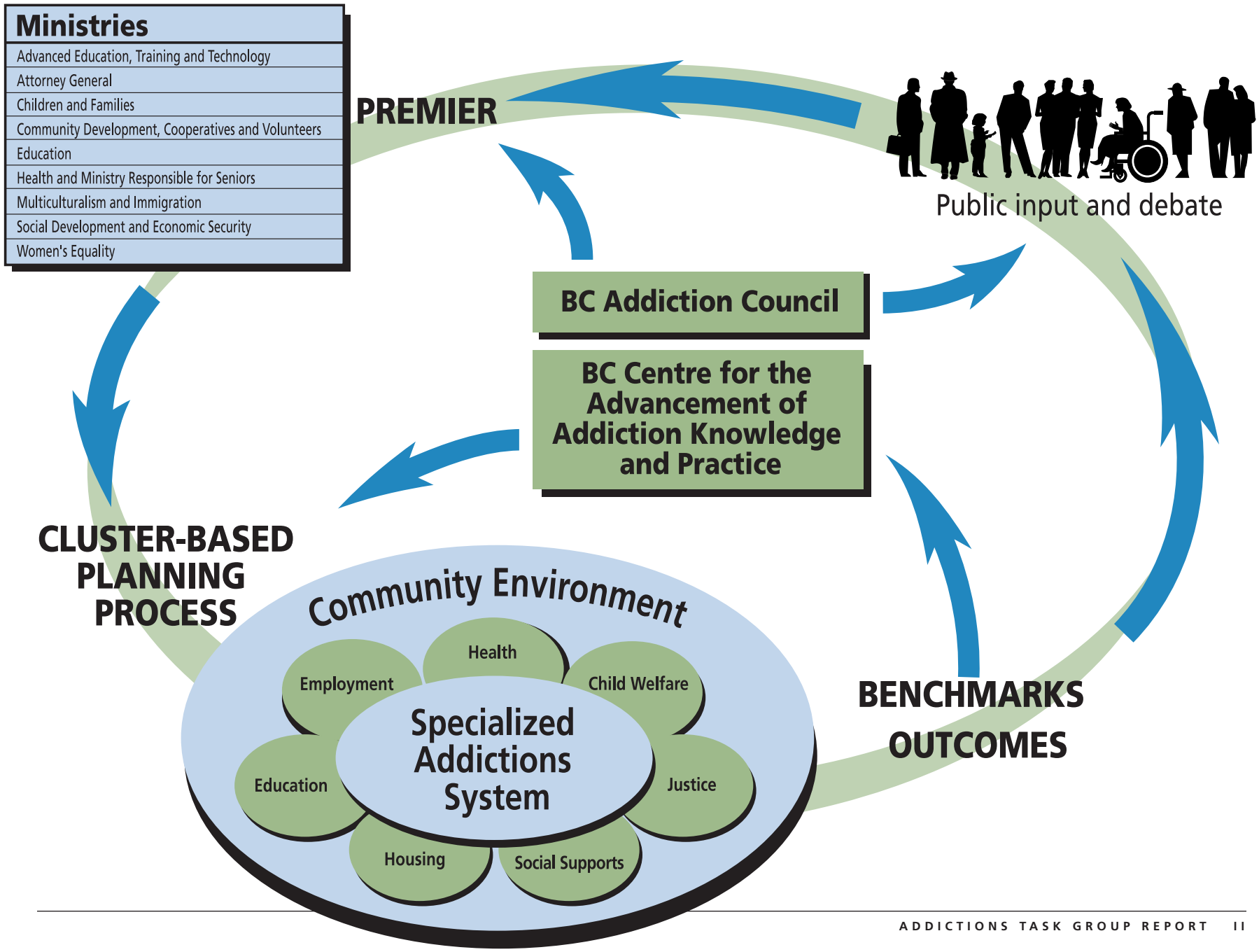
Many people, both in communities and in government, are making substantial effort to prevent and reduce the harm that results from problem substance use and problem gambling. Significant areas of knowledge exist. Some innovative strategies and programs are working, despite structural barriers that have impaired integration and the lack of a comprehensive framework. Unfortunately, there is neither an agreement on outcomes nor the capacity to measure outcomes, which diminishes the effectiveness of current strategies.

The task group proposes a new partnership between government ministries, service providers and communities. This new relationship, designed to make the addictions system more responsive to the needs of individuals and communities, is outlined in the recommendations of this report. The task group recognizes that communities must be involved in planning the services that meet their needs and is proposing mechanisms for this involvement. The system must be committed to achieving the best outcomes and effectively meeting the needs of individuals and communities.The task group proposes a results-driven system and recommends investment in the infrastructure necessary to evaluate outcomes and enhance knowledge and practice.

The issues leading to problem substance use and problem gambling are as complex as the harm that results. The task group believes we can effectively prevent and reduce the harm to individuals and communities by mobilizing and harmonizing a broad range of human service systems.

When implemented, these recommendations will establish the system framework illustrated in Figure 1. The illustration demonstrates the relationship among various components of a comprehensive, collaborative system designed to meet the needs of individuals, families and communities throughout British Columbia.

FIGURE 1


Ministries
Advanced Education, Training and Technology
Attorney General
Children and Families
Community Development, Cooperatives and Volunteers
Education
Health and Ministry Responsible for Seniors
Multiculturalism and Immigration
Social Development and Economic Security
Women's Equality
PREMIER
Public input and debate
BC Addiction Council
BC Centre for the Advancement of Addiction Knowledge and Practice
CLUSTER-BASED PLANNING PROCESS
Community Environment
Health
Employment
Child Welfare
Specialized Addictions System
Education
Justice
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RECOMMENDATIONS

Recommendation 1:

Develop and adopt a comprehensive strategy for preventing and reducing the harm related to problem substance use and problem gambling through a system that is evidence-based, sustainable, accountable and inclusive.

Recommendation 2:

Endorse a collaborative model in which identified ministries, agencies and communities contribute to the comprehensive strategy in a coordinated way.

Recommendation 3:

Create a statutory body known as the "British Columbia Addiction Council" to advise government on policy relating to problem substance use and problem gambling and to provide leadership on these issues within the province of British Columbia.

Recommendation 4:

Create a "British Columbia Centre for the Advancement of Addiction Knowledge and Practice", incorporated under the Society Act of British Columbia.

Recommendation 5:

Adopt a local/regional cluster-based planning process, supported by the "British Columbia Centre for the Advancement of Addiction Knowledge and Practice" and the "British Columbia Addiction Council" and endorsed by the Provincial Government and its ministries and agencies.

Recommendation 6:

Create an Interim Addiction Council immediately to assist government in implementing the other recommendations in this report.

The issue of language when describing the complex factors related to alcohol, tobacco, other drugs and gambling posed an interesting challenge for the task group. For the purposes of this paper:

problem substance use and problem gambling is use or involvement associated with physical, psychological, economic or social problems or which constitutes a risk to health, security or well-being of individuals, families and communities. Whether or not any particular use or involvement is problematic depends on the individual, the behaviour and the context[1].

addiction is a primary and chronic disorder with genetic, biopsychosocial, spiritual and environmental factors that influence its development and manifestation. Addiction is characterized by loss of control, preoccupation with disabling substances or behaviours and continued use or involvement despite negative consequences.

addictions system describes the entire range of services aimed at preventing or reducing the harm related to problem substance use and problem gambling. Whenever "addictions" is used as an adjective, it should be interpreted in this sense.

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INTRODUCTION

BC citizens are highly concerned about the impact of problem substance use and problem gambling on individuals, families, businesses and communities. The costs are not only financial, but also personal and emotional. Too many people pay with their lives.

People engage in addictive behaviours for diverse reasons and many individuals use substances safely. Yet, problem substance use and problem gambling cause pain, ill health, social disruption and even death. People who become involved in damaging or dangerous addictions come from all parts of our community. The common consequence of sustained problematic substance use or problem gambling is that individuals become marginalized from society.

Some Observations

Tobacco use kills 6,000 BC residents each year and costs the province over $1 billion annually.[2]

From 1991-1998 there were an average of 1,509 alcohol-induced deaths per year in BC (1,145 males and 364 females).[3]

The inappropriate prescription of medications, particularly psychotropics, needlessly exposes many individuals to harmful side effects.[4]

Opiate-related admissions to Vancouver hospitals increased from 682 in 1996/97 to 1,016 in 1997/98, while cocaine-related admissions went from 185 to 328. During this same time period Vancouver had the highest incidence-rate of new cases of HIV in the developed world.[5]

Problem and pathological gambling has significant social and financial costs to individual gamblers, their families and society at large. Problem gambling takes its toll in the form of depression, multiple addictions, stress related physical ailments, family disruption and crime. Ultimately, these problems prove costly to taxpayers as they burden the health care system and tie up the courts.[6]

Costs and Investments

Problem substance use and problem gambling affect every jurisdiction in the world. Repeated studies demonstrate the costs to society. However, because the issues are so complex, policy makers rarely have access to comprehensive information that can explain the impacts of problematic substance use and problem gambling across jurisdictions.

The BC government has demonstrated a commitment to addressing the problems associated with alcohol, tobacco, drugs and gambling. It has made a significant investment over the past five years, increasing funding for specialized programs by almost 20% on a per capita basis. The total investment in targeted treatment and prevention programs is now almost $100 million per year. This equals $24.04 per capita—the highest per capita spending of any jurisdiction in Canada.

A US study released in January 2001 demonstrated that for every $4 spent in treatment and prevention, the average US state spends another $96 dealing with the consequences of problem substance use and problem gambling.[7] These consequences burden our social infrastructure and add to the costs of criminal justice, education, medical, child protection and other systems. If the same financial assumptions are applied to BC, problem substance use and problem gambling cost BC taxpayers more than $2.4 billion per year.[8] This is almost 10% of the provincial budget.

Yet, the cost to the provincial purse is not the whole picture. There are costs to federal and municipal governments and the costs of lost productivity and higher insurance rates. As well, there are the incalculable human costs of pain and suffering, broken families, neglected and abused children, domestic violence, or lives shattered by drunk drivers.

The US study cited above illustrates the impact of problem substance use on human service systems in the community. The task group was unable to find solid data for British Columbia, but those who work within the systems report that the impact of problem substance use and problem gambling is enormous.

Health care spending accounts for approximately 35% of the BC provincial budget. Addictions have a major impact on the "burden of disease". Using the World Health Organization's approach, a current Ministry of Health study shows that tobacco, alcohol and illicit drugs alone account for almost 25% of the burden of disease in British Columbia.[9]

Children and youth are a special concern. Problematic substance use or problem gambling by young people or their family members may result in a substantial range of problems that are educational, social, emotional or physical and many of these problems will have life-long impacts. Substance use by teens is also associated with violence and exposure to high-risk behaviour. Youths who use tobacco, alcohol, or drugs are more likely to engage in risk behaviours such as early sexual activity, involvement in multiple physical fights, carrying of weapons and driving while impaired.[10]

The costs of Fetal Alcohol Syndrome and other alcohol and drug-related developmental disabilities are now being recognized in terms of the costs to the child, the family and the community. As well, the economic impact on support services is becoming apparent.

THE FOUNDATIONAL PRINCIPLES

While it was not appropriate for the task group to define all the details of a comprehensive strategy, the group focused on articulating principles that would provide a foundation for the provincial framework.

A comprehensive approach is essential

The task group believes that in order to deal with the complex problems related to problem substance use and problem gambling, a big-picture perspective is required. A comprehensive approach is much more than a series of specialized services. There are many connected issues and complex relationships between problem substance use, problem gambling and the various determinants of health. A comprehensive approach means that communities must be encouraged and supported to create local environments that nurture personal and social development. Mobilization of the whole health and social infrastructure[11] along with strategically placed specialized services is required.

Stability and leadership are needed

Government and communities require stable, independent and authoritative advice to develop and implement a comprehensive strategy. Leadership provides a strong and informed voice in the public forum. The task group believes that the responsibility for stability and leadership should be vested in a structure independent from government. The broad societal concerns related to addiction issues would be best addressed by an independent statutory body that sustains a long-term commitment to the vision.

Decisions must be based on best evidence

Information is essential to make the addictions system more responsive and effective. The task group laments the lack of good, relevant data. The province will be able to make good decisions based on the best evidence only with much better information gathering, analysis and reporting. Conversely, innovation should be supported after careful analysis and be accompanied by an evaluation of all new strategies.

The system must be accountable

The task group supports the development of a strong and accountable system focused on achieving measurable outcomes against identified and challenging benchmarks. Public accountability is essential and an annual performance "report card" on the health of the system and its achievement of actual results will benefit the entire system. Community involvement and participation are essential to a successful accountability strategy.

Target groups must be involved

It is fundamental that target groups be involved in research, program planning, development, delivery and evaluation. Individuals who use the programs, resources and services must have an opportunity to contribute meaningfully, ensuring services are appropriate, relevant and successful. Involving community representatives in the process will benefit all components of service.

Reducing harm through a cooperative balance

The minimization of harm must always guide the system. This is best accomplished by strong partnerships between the health, human service and enforcement sectors. Demand-reduction programs and policies should be formulated with sensitivity to gender, culture and life-stage. With respect to illicit drugs, supply reduction strategies should target the upper echelon of criminal organizations involved in the domestic and international drug trade.

Prevention is key

Prevention strategies cannot replace treatment and criminal justice interventions, but they can, over the long term, reduce the demand for interventions. Prevention is the most cost-effective intervention and should provide the framework for a comprehensive system that spans a continuum from primary to secondary and tertiary prevention (see Table 1).

Table 1: Levels of Prevention

Level	Description
Primary	The prevention or delay of the onset of substance use or gambling.
Secondary	The prevention of problem use and use progressing to addiction (reducing problems among early users).
Tertiary	Reducing harm amongst problem users and helping them to reduce or discontinue use (this includes treatment responses).

Sufficient resources to address the needs in an efficient way

Resource-starved systems cannot invest strategically and will continue to respond only to crises. The task group endorses an approach that invests consistently and at a sufficient level to strengthen the system by supporting basic functions such as workforce development and research, as well as less crisis-driven components such as protection, prevention and reintegration.

COMPREHENSIVE STRATEGY

RECOMMENDATION 1:

Develop and adopt a comprehensive strategy for preventing and reducing the harm related to problem substance use and problem gambling through a system that is evidence-based, sustainable, accountable and inclusive.

The task group believes the comprehensive strategy needs to focus on prevention. With an awareness of how the determinants of health relate to problem substance use and problem gambling, there must also be a recognition of the risk and protective factors for the individual, family and community.[12] The task group also believes a range of services and interventions must be provided to minimize the harm caused by problem substance use and problem gambling, to support growth and change and to help those who have been marginalized reintegrate into society.

The BC Tobacco Strategy is an example of a multilayered prevention strategy with strong governmental and community commitment. The task group supports the alignment, and where applicable, the integration of tobacco-related protection, prevention, reduction and cessation interventions into the comprehensive approach. It is recognized that some elements of the treatment/response system will not apply to individuals negatively impacted by tobacco. However, everyone, irrespective of the substance used or behaviour involved, will benefit from the comprehensive approach. Given the devastating impact tobacco has on health, it is indefensible not to deal with tobacco while dealing with other addictions. Also, the role played by the tobacco industry is of critical concern to the overall Tobacco Strategy. There are lessons to learn from the success of this strategy and benefits to building even broader alliances.

The task group also supports the continued and enhanced integration of gambling-related services. Again, while only certain aspects of the prevention and response system may apply and specialized interventions will be needed, the interrelated nature of gambling to other addictions demands an integrated prevention and treatment response strategy.

The task group believes the emphasis should be on the harm caused by the use of substances rather than on their legal status. This will help

focus attention on prescription drug abuse and other legal substances that have to date been largely ignored in spite of the potential to cause harm.

The task group does not presume to have developed a fully comprehensive strategy, but offers the following suggestions.[13]

A Prevention Framework

Problem substance use and problem gambling result in many harms for individuals and the community. In order to have healthy communities, attention must be directed to the determinants of health such as employment, social support networks, coping skills, and income levels. We must also do more to prevent problems from developing and to lessen their effects. Awareness of another health determinant—genetic endowment—is important when designing prevention programs. Effective prevention programs must be sustained, broadly focused and appropriately linked to other services. Prevention activities aimed at children and youth remain particular priorities, but prevention should address specific transition points and potential growth across the lifespan.

A framework for prevention is needed to ensure a comprehensive response (see Figure 2). Within the broad continuum of primary, secondary, and tertiary prevention, programs can be universal (delivered to an entire community) or targeted (delivered to individuals or groups with certain characteristics or risk factors).

The scope of the programs can be generic or address specific alcohol, tobacco, drug or gambling issues. The literature demonstrates the importance of considering both risk factors and protective factors associated with various domains such as community, school, family and individual.

A balance of strategies that influence public awareness, support risk reduction, reinforce positive protective factors, foster healthier environments, support community-wide involvement and incorporate supportive public policy and regulations is fundamental to a comprehensive prevention approach.

What the Research Tells Us

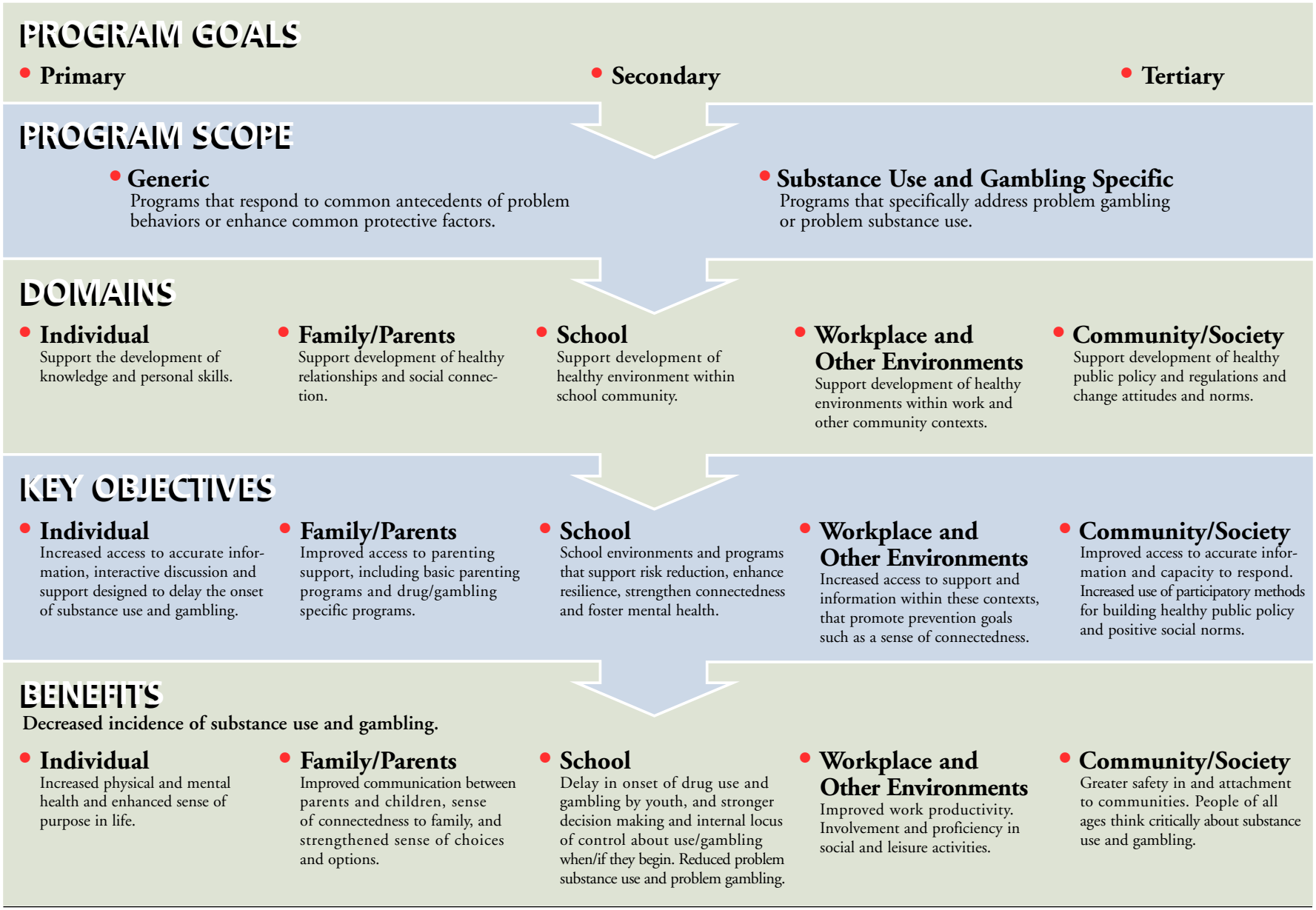
The best opportunity to reduce the burden of addictions is through targeted and effective prevention programs. There is a need to ensure that resources committed for prevention are used effectively. Fortunately, a significant amount of research has been done internationally on the effectiveness of primary prevention programs.[14] Prevention strategies that are multi-faceted and target several risk and protective factors over more than one domain are much more effective than those that are narrowly focused.

Two themes that consistently emerge from the research are connectedness and resilience. Connectedness refers to a sense of belonging and having strong and meaningful connections with family, school, peers, and community. Connectedness has a strong link with wellbeing and the avoidance of risk behaviours. Resilience refers to the quality that makes a person capable of dealing with problems and responding well to a range of life events. For children and youth, the importance of involved, supportive parents cannot be over emphasized. It must be remembered, however, that both resilience and connectedness are just as important for adults and seniors as they are for children and youth.

For any prevention program to be successful, it must be credible and well communicated; it must have realistic, achievable goals; and it must be reinforced over time.

FIGURE 2

A FRAMEWORK FOR PREVENTION



An Intervention Framework

In order to prevent deaths, support engagement in care, maximize treatment effectiveness and benefit from reduced social costs, we need to provide a range of services responsive to the client's current needs, goals and commitment to change. By attending to the individual, we ensure the system is flexible enough to respond to all clients and avoid some of the selectivity that has characterized the system in the past.

In the comprehensive system described by the task group, unique ranges of services are required by different addiction groupings depending on the addiction type and severity. Conceptually, these can be divided into addictions that quickly lead to death and severe health deterioration and those that more slowly cause death through chronic problem substance use.

Injection drug use, dependence on high toxicity alcohol-containing substances and some forms of prescription drug misuse may lead quickly to death. Problem use of these substances is characterized by well-documented high annual overdose and death rates and acute morbidity, frequently requiring emergency medical care and hospitalization. Prime examples of disabling, but less lethal addictions are tobacco use, gambling and dependence on lower toxicity alcohol-containing substances, i.e. beer and wine.

Highly lethal use urgently requires innovative front-line services that bring currently marginalized individuals into greater contact with support and care structures that address their immediate needs. Less lethal involvement requires more attention to a well-planned continuum of services with readily accessible assessment and treatment.

Figure 3 is an example of a comprehensive matrix of addictions services with specific interventions focussed on goals that range from core support (saving lives) to treatment (stabilization and healing) and return to full social involvement (reintegration).

Within the cluster of highly lethal addictive behaviours, the task group has identified front-line, lifesaving services in other jurisdictions such as Europe. Examples are street outreach programs, sobering shelters, needle exchanges, drop-in centres with food support and safe injection facilities for current injection drug users. The primary objective is *keeping drug users alive.* Honouring the goal of saving lives is critical to this level of care and neither discriminatory judgements regarding substance use nor imposition of abstinence or treatment goals are imposed.

Other front-line services are needed to help users *achieve stabilization.* These include pharmaco-maintenance to stabilize use and reduce harm in the short and long-term. The goal of these services is to support the stabilization of substance use, health and where appropriate, to support engagement in care and treatment.

We also need to ensure there are visible and adequate *assessment and treatment options* for clients who seek treatment. Experience in other jurisdictions shows that timely, accessible assessment and treatment are very important as stabilization and early intervention components of a comprehensive system are expanded.

Finally, services must be offered that support the *reintegration* into society of people negatively affected by alcohol, drugs or gambling.

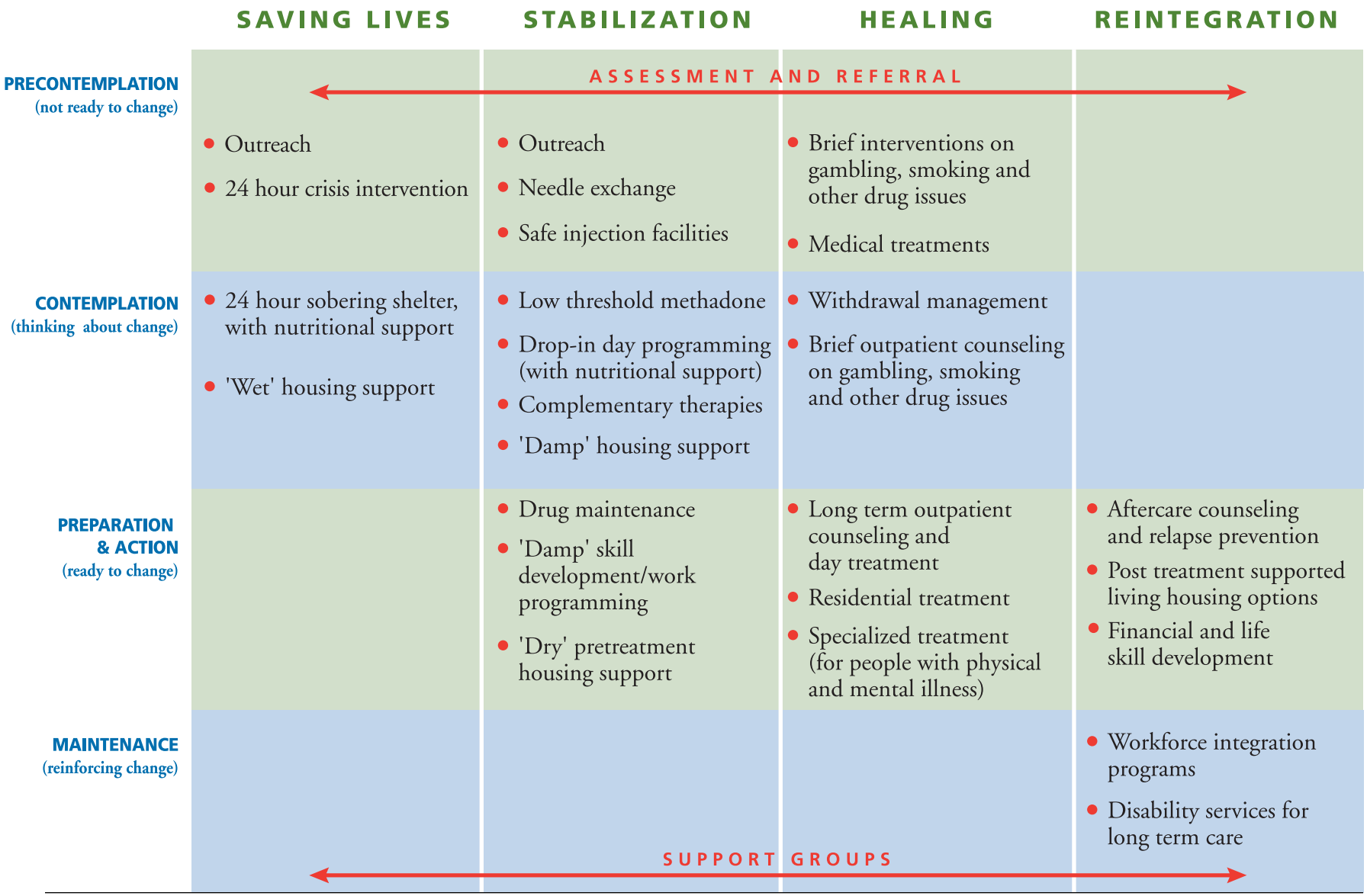
Within all areas of treatment and prevention, attention toward vulnerable populations who are associated with significant risk factors or who would benefit from targeted interventions is critical. Where these populations exist, the development of appropriate, specialized services must be considered. The task group knows the limited resources available in BC to address concurrent disorders and the resulting cost incurred to send individuals to programs outside of the province.

The unique cultural and historical situation of Aboriginal peoples also points to the need for specialized programs that reflect their cultural values and can speak to their historically-rooted issues. Other examples of vulnerable populations for strategic programs would include low-income women, pregnant women, those in correctional facilities, parents of children in care, children of substance-abusing parents, and alcohol- and drug-involved drivers.

FIGURE 3

A COMPREHENSIVE INTERVENTION MATRIX

(each individual will access only those services which are appropriate to their needs)



What the Research Tells Us

Decades of research have established a variety of addiction treatment methods that are as successful as treatment for most other similar chronic conditions. These treatments include both behavioural therapy and medication. Recovery from dependence can be a lengthy process and frequently requires multiple and/or prolonged treatment episodes. Lapses during the course of treatment are common and do not indicate that treatment is ineffective. In fact, it is critical that lessons from lapses be identified and integrated into the treatment process. For treatment to be most effective, it must be readily available, tailored to the individual needs of the client and part of a comprehensive plan that addresses associated medical, psychological, vocational, legal and other social needs.

Treatment saves tax dollars. Oregon, with its detailed system of measuring, estimates its return on every dollar spent on treatment services to be $5.62 in savings to the state, primarily in the areas of corrections, health and welfare spending. The State of California provided treatment to approximately 150,000 former inmates at a cost of $209 million. They found that this group was much less likely to return to prison and the savings to the state were about $1.5 billion. A national US survey on treatment demonstrated a 21% overall drop in illicit drug use and a decrease of between 23% and 38% in crime. The reduction in crime alone produces economic benefits that far outweigh the cost of treatment.[15]

A Rutgers University study demonstrated that addictions treatment significantly reduces overall health care utilization by alcoholics, drug addicts and even their family members. When patients receive treatment, their use of health care falls dramatically, immediately, and converges over time to near the utilization of the normal population. Cost savings may pay for addiction treatment within two or three years. The utilization of health care services by family members, after their alcoholic relative received appropriate treatment, fell by 50%.[16]

A RAND Corporation study that focused on the costs associated with lost productivity and crime demonstrated the cost-effectiveness of treatment. Comparing the relative cost-benefits of treatment, enforcement, interdiction and source country control, the study showed that for heavy users of cocaine, each dollar spent on treatment interventions would result in a savings of $7.46 while the supply-control programs resulted in a savings of only $0.15 to $0.52.[17]

Evolution of the System

The task group recognizes that the suggested range of services goes beyond what is currently available. Far too little is being done in the area of primary prevention except with respect to tobacco. New services need to be developed, many current components of the system need enhancement, resources may need redirection and new resources found. This does not suggest the services we currently provide are inappropriate. Instead, the task group suggests that care be taken to evolve new programs that enhance rather than replace current components of the system. Care should be taken to ensure that new investments are directed to sustainable programs that can be expected to have a significant impact.

COLLABORATIVE MODEL

RECOMMENDATION 2:

Endorse a collaborative model in which identified ministries, agencies and communities contribute to the comprehensive strategy in a coordinated way.

The task group proposes a new partnership between government ministries, service providers and communities in the delivery of addiction-related services.

The task group believes that the services needed to prevent and reduce the harm associated with substance use and gambling can best be delivered through a multifaceted service delivery system rather than by a single, specialized system. Since the problems related to problem substance use and problem gambling cross many institutional and sectoral barriers, the only effective response is one involving many systems working collaboratively.[18]

The task group proposes a model where various systems play a part in delivering the overall strategy. This requires recognition that the specialized addictions system cannot do it all and should be used more strategically. It also requires a shift from the idea that government has a custodial relationship with community to a system where communities are supported and empowered to meet their unique challenges.

Failure to address the need for a multi-layered strategy has contributed to debates on "where to place" addiction services within the government structure. The task group believes that we need to broaden the lens, to see how specialized protection, prevention, harm reduction and treatment services can be situated within the broad continuum of all services that people require. To meet the challenges of addiction, we must deal with system-wide issues.

Therefore, the task group proposes that the problems associated with alcohol, tobacco, drugs and gambling be addressed via a multi-layered strategy represented in Figure 4.

Figure 4

Multi-Layered Service Model

The role of the community

At the broadest level, the response to the problems related to alcohol, tobacco and other drug use and gambling must be woven into the very fabric of the community.

Healthy individuals within healthy communities should be the goal. To prevent and delay problem use and problem gambling, communities need support to provide healthy, nurturing environments within families, school and work settings, spiritual communities and various support networks. Communities need to be supported with effective public policy and a range of initiatives that address the social and economic factors that contribute to health. The first avenue for problem resolution should be within the natural, local structures that are already part of an individual's life.

The role of the broad service system

People whose lives have been negatively affected by problem substance use and problem gambling have differing and multiple needs for protection, prevention, harm reduction and treatment services. It is time to recognize and more actively support the role that the broad health and social infrastructure plays in responding to these needs.

Other social, justice and health service systems play a significant role in the delivery of the services that address the goals of *saving lives, stabilization, engagement* and *reintegration.* The many services within the comprehensive strategy that address these goals can be provided by financial aid workers, community health nurses, home care workers, street outreach personnel, child protection workers, probation officers and a whole range of others working within the health and social infrastructure.

The work involved in "brief intervention" illustrates how the health and social infrastructure needs to be involved in a comprehensive response. Current examples include the BC Doctors' Stop Smoking Program, and the Aboriginal Tobacco Strategy. These could be expanded to include other professions such as dentists and pharmacists as well as other problem substance use or problem gambling.[19]

Overall, taking a collaborative approach means that individuals accessing any number of primary health services or social programs can receive help with their issues relating to problem substance use and problem gambling as well. Other examples are housing programs for people with HIV, mental illness and violence-related issues that include harm reduction or assessment for problem substance use, or parenting programs that incorporate elements to prevent or reduce the harm caused by problem substance use or problem gambling. A substantial effort will be required to reframe thinking in many areas and ensure people are assessed for their needed services and interventions.

With coordinated policy development and strategic planning, each component of the health and social infrastructure will have identified roles that complement the roles taken on by other service providers. At regional and local levels, full participation in community development and service planning efforts will lead to more collaborative and comprehensive services.

This collaborative service delivery model designed to prevent and reduce the harm associated with problem substance use and problem gambling depends on the cooperative support of several provincial ministries. It will require some new ways of relating to each other and delivering service. This will involve a commitment to common goals

and the development of new community-based planning approaches as well as a commitment to results-driven systems of accountability. These issues are addressed in the following sections. The task group has identified the following ministries as key participants in a collaborative service model for alcohol, tobacco, drugs and gambling:

Ministry of Advanced Education, Training and Technology
Ministry of Attorney General
Ministry for Children and Families
Ministry of Community Development, Cooperatives and Volunteers
Ministry of Education
Ministry of Health and Ministry Responsible for Seniors
Ministry of Multiculturalism and Immigration
Ministry of Social Development and Economic Security
Ministry for Women's Equality

The role of the Specialized Addictions System

The task group recognizes that the specialized addiction service system faces several challenges. The system continues to face growing demands. It must be flexible in its response to community needs and offer a broader range of services that are accessible to people with a variety of goals. Specialized services for those with concurrent disorders and other challenging conditions must be a priority.

In order to meet these challenges, specialized addiction services must be utilized more strategically. Effective use of that system's expertise can be best achieved through providing specialized consultation and backup to the broader service system rather than being the primary provider of all addiction services in the province. The specialized system will work together with other services as part of an integrated system. A current example is that of Regional Tobacco Reduction Coordinators working closely with school districts, health care providers and other community services to develop and implement tobacco reduction strategies. Other examples are school-based prevention workers cooperating with ICBC around joint strategies or addiction specialists working with home care workers in a joint project targeted to recently-widowed seniors. For others parts of the system, it may mean providing specialized addiction treatment programs, being part of a multi-disciplinary team, or providing assessment and consultation within the child protection system. The possibilities are endless.

Availability and Access

The system must be re-designed to ensure that people can move easily from one part of the system to another. Those who need specialized services should access them through multiple gateways within the health and social infrastructure. For example, those in specialized services such as detox or residential treatment will need to access support and reintegration services immediately upon discharge. Another example might be a teen consulting with a school-based prevention worker and needing access to mental health services. Protocols need to be developed and implemented across the full range of systems to ensure ease-of-client transfers, tracking of client data and appropriateness of response.

The whole addictions system must focus on responding to need through health and social services normally available in communities. The specialized system must equip mainstream services for timely and appropriate response at the local level. This approach will improve geographic access to needed services.

Likewise, specialized addictions prevention services will contribute to the goal of healthy individuals within healthy communities by working with others who are promoting the same goal to achieve the most comprehensive, coordinated and effective approach throughout the province.

Objectives need to be systematically planned and targeted to ensure access and availability for specifically identified groups (e.g. women, aboriginal peoples, people with concurrent disorders, children and youth living in families where there is problem substance use or problem gambling).

COORDINATION AND LEADERSHIP AT THE PROVINCIAL LEVEL

RECOMMENDATION 3:

Create a statutory body known as the "British Columbia Addiction Council" to advise government on policy relating to problem substance use and problem gambling and to provide leadership on these issues within the province of British Columbia.

The task group believes that an effective response to the vast harm linked with problem substance use and problem gambling requires the development of shared goals and focused resources across levels of government, non-governmental organizations and communities. Furthermore, the task group believes that the most effective way to coordinate multi-sectoral services is to develop a results-driven system where all partners agree to a set of targeted outcomes and these are tracked against established benchmarks.

The proposed "British Columbia Addiction Council", representative of British Columbia's population and geographic diversity, would consult with and provide advice to all key stakeholders, leading to agreement on outcome targets and policy harmonization.

Role of Council

The task group recommends that the Council undertake the following:

• Recommend to the Premier a set of measurable goals for British Columbia's progress in implementing a strategy together with indicators to determine if goals are being met.

• Assist the Government of British Columbia, other levels of government, communities and the private sector to develop policy, set goals, and implement strategies relating to problem substance use and problem gambling by providing strategic advice and technical assistance.

• Facilitate and lead informed community discussion on issues relating to problem substance use and problem gambling with focus on reducing misunderstanding and increasing support for policies based on evidence.

• Recommend priorities for research and evaluation and ensure research results inform public discussion.

• Support the development of shared strategies across the social infrastructure.

• Report to government and the public once a year concerning progress using identified indicators.

The Council's role in relation to government should be that of an expert 'critical friend' that can assist in implementing government policy while also advising on the weakness of current arrangements. The Council should report to the Premier on overall strategy, goals and indicators and then directly advise key ministries on implementation.

It is not the task group's intention for the Council to undertake service delivery of any kind. This would confuse its role and lead to potential conflict of interest.

Membership of Council

The task group recommends the Council be chaired by a person who is not a member or employee of government, consist of approximately 20 persons appointed by the Premier and be representative of the cultural, economic, social and geographic diversity of British Columbia. The task group believes that members should be community leaders drawn from a wide range of sectors including: business, the health and social infrastructure, and the consumer community who are known innovators trusted by colleagues and peers and who have credibility and visibility within their communities. The Council should also include senior representatives from provincial government ministries participating in the collaborative model. The task group recognizes the need for Council to have access to relevant bodies of knowledge but does not make a recommendation as to whether these should be represented within the membership of the Council or available through technical support mechanisms. The membership model should ensure the Council has access to expertise in the issues involved. Given the complexity surrounding the problematic use of substances and gambling, the challenge is not to prejudice the work of the Council by having a membership that represents some, but not all, of the knowledge areas. If technical expertise is to be represented within the Council membership, individuals who have a broad-based understanding of the issues should be selected.

In order to ensure a measure of stability, the task group recommends that the term of office for each member be three years with one third of the Council retiring each year. Members could be reappointed for a second term.

Secretariat

The task group believes a secretariat should be established to provide clerical, technical and management personnel to serve as the Council's staff.

Timing

While the Council as described in this section will likely not be fully operational for about 18 months, an Interim Addiction Council as proposed in the final section of this report can immediately undertake some of the functions of the Council listed above.

RECOMMENDATION 4:

Create a "British Columbia Centre for the Advancement of Addiction Knowledge and Practice", incorporated under the Society Act of British Columbia.

The lack of readily available data for British Columbia on issues relating to problem substance use and problem gambling was obvious to the task group. This lack of data means decision-makers rarely have accurate, timely and comprehensive information to help them with decision-making. A provincial resource is required to focus current and potential research and evaluation, and provide the service providers and decision-makers with information to guide best practice, strategic planning and policy development. Work in BC can be complemented by work elsewhere in Canada as well as internationally.

Role of the Centre

The Centre will, through its activities, promote the development of knowledge and understanding of addictions issues and approaches.

The activities of the Centre are underpinned by the understanding that addictions programs must be based on well-researched and documented evidence (or in the absence of evidence, compelling reason), must be accountable to the public and the community, and must demonstrate measurable outcomes. Effective public policy must be built on a foundation of sound evidence about contributing factors to addiction issues. As well, information about the potential and actual impacts of policies, programs and services is needed.

Policy and Program Advice

The task group recommends the Centre also be charged with the responsibility of providing policy and program advice based on the knowledge and information gathered through conducting its other activities. The task group recommends the Centre enter into dialogue around policy and program issues with:

• The Provincial Government, particularly in response to new and emerging issues and trends relating to gambling, tobacco, alcohol and drugs;

• The British Columbia Addiction Council, particularly to support development, monitoring and evaluation of British Columbia's addictions strategy;

• Other public bodies contributing to an effective response to addictions issues in British Columbia;

• Community networks, both in support of cluster-based planning initiatives, and in support of monitoring and evaluating results at a regional or community level; and,

• The providers of addiction-related services, particularly in the area of best practices, and innovative approaches to protection, prevention, treatment and harm reduction programming and services.

Activities

In order to provide good policy and program advice, the task group believes the Centre needs to engage in the following activities:

• Conduct research that supports the achievement of goals developed by the British Columbia Addiction Council and government;

• Support the development of effective responses in both the specialized addictions system and other human service systems including the piloting and evaluation of innovative programs or interventions;

• Undertake evaluation that assists in monitoring progress towards goals on a provincial and regional basis;

• Develop specific data collection and analysis capacity related to addictions;

• Monitor and analyze trends and emerging issues in the addictions area;

• Support the work of regional planning networks;

• Provide a high level of responsiveness to the specialized addictions field and the broader human service field

• Encourage the development of best practices;

• Provide training and professional development activities, aimed at both specialized addictions service providers and the broader human service field;

• Conduct broad public policy analysis;

• Provide clinical and other services directly, or in partnership with other organizations;

• Develop ethical and legal expertise regarding the delivery of services related to the use of psychoactive substances or addictive behaviors;

• Provide high-level guidance to quality improvement efforts such as program accreditation and personnel credentialing practices;

• Develop expertise in financial and economic analysis relating to substance use and gambling and the strategies for preventing or dealing with associated problems;

• Disseminate and exchange results, findings and lessons learned;

• Develop formal partnerships with universities and training institutes as well as other provincial, national and international bodies that focus on problem substance use or problem gambling;

• Support the integration of research on addictions into other research being done by others working on population health and health and social policy.

Structure and Geography

The task group recommends the Centre be structured to promote connection and responsiveness to rural and urban communities, while fostering an environment that promotes innovation, critical thinking and best practices.

The task group recommends that:

• The hub of the Centre be relatively small and be linked using the best available technology to other satellite centers in academic or treatment institutions throughout the province;

• The Centre's activities be supported through memoranda of understanding with existing academic institutions, treatment and training centres, and other public and private bodies;

• The Centre develops a strong regional presence.

Governance

The task group recommends that the Centre be created as an independent society and incorporated under the Society Act of British Columbia. The task group further recommends that the guidelines for membership in this society be similar to those used by the Centre for Addiction and Mental Health in Ontario, with a specific number of representatives selected by organizations identified by the Centre. These organizations would represent the academic community, the specialized addictions community, the consumer and family constituencies and the impacted systems within the health and social infrastructure.

The task group recommends that a board of approximately 16 directors be elected by the membership annually and that the Chief Executive Officer of the Centre be an ex-officio member of the Board of Directors.

COORDINATION AND LEADERSHIP AT THE REGIONAL LEVEL

RECOMMENDATION 5:

Adopt a local/regional cluster-based planning process, supported by the "British Columbia Centre for the Advancement of Addiction Knowledge and Practice" and the "British Columbia Addiction Council" and endorsed by the Provincial Government and its ministries and agencies.

Coordination is designed to reduce the fragmentation, discontinuity, inaccessibility and lack of accountability of specialized services. The result is that clients will be less likely to fall through the gaps in service. A number of particular challenges to coordination have existed including the unsystematic manner in which services have been planned and funded, conflicting ideologies and perspectives, the lack of a common framework or language, and the complex, multi-dimensional nature of problem substance use and problem gambling. There is consensus in the literature that clients are better served when they can access a range of flexible and individualized services spanning the specialized and non-specialized sectors, linked through some form of coordination and case management, and accounting for the needs of special populations.[20] Coordinated planning must also ensure that the comprehensive services evolve to reflect new research and perhaps more importantly, changes within communities.

The task group believes that a partnership between government ministries, service providers and communities has the potential to rebuild trust and lead to creative, effective solutions. This new partnership, which encourages communities to develop appropriate strategies for nurturing personal and social development, has been termed "cluster-based planning". Cluster-based planning is a process where the various partners, both government ministries and community entities, involved in preventing and reducing the harm associated with problem substance use and problem gambling, work together to develop and implement a strategy for a particular community, region or target population.

The Functions

There are three key functions that local or regional cluster-based planning networks can do better than any other. There will be many local variations in style and content within an overall planning and development framework, but cluster-based planning can be expected to:

• Undertake local or regional environmental scans to understand the needs and current capacities in both the health and social infrastructure and specialized services;

• Document and define local and regional benchmarks for issues such as availability, access, appropriateness, as well as population outcome goals, within provincially set targets;

• Establish annual and longer term targets for the strategic use of specialized services as well as new and current health and social service resources.

The Basics

The task group believes that for the cluster-based planning process to work at the local or regional level, certain foundational pieces must be in place:

• Commitment by funders to a results-driven approach and the cluster-based planning process as well as agreement on a desired set of results;

• Capacity to collect and analyze adequate data in order to measure results;

• Support in the form of staff resources to assist with capacity building around this new approach.

The Process

The process proposed by the task group for coordination at the local and regional level is a departure from current practice and is based on the processes used in Ontario and Oregon.[21] Our current inter-ministerial and inter-governmental relationships tend to operate in a hierarchical manner and new processes need to operate on a results-driven, consensus-planning basis. Cluster-based planning, benchmarking and planning for outcomes needs to happen both within a provincial framework and at the community level. The Vancouver Agreement[22] (and the joint planning and leadership emerging from that Agreement) is an example of the kind of local or regional initiative that could typify cluster-based planning.

In each region, appropriate clusters will need to be defined. All of the specialized service providers, and as many of the health and social systems as possible should be involved in developing shared expectations and strategies for problem substance use and problem gambling. These strategies would be evaluated in terms of best practice, then prioritized and funded as resources are available. Ongoing evaluation would lead to recommendations for resource reallocation as appropriate.

The task group does not presume to know which clusters will be required in every context but suggests that the development of appropriate service responses to special population groups may necessitate different constellations in various regions. The task group also cautions against forcing the process too quickly. The ongoing evolution of the system needs to be nurtured and supported.

Recommendation 6:

Create an Interim Addiction Council immediately to assist government in implementing the other recommendations in this report.

THE FIRST STEPS

The task group believes that implementation of the recommendations contained within this report should happen over the next 18 to 24 months. The task group recognizes that there is still much work to do in order to accomplish this implementation in a thoughtful and orderly way. An Interim Addiction Council will be needed to guide this implementation process.

The first steps should be to appoint a Chair for this Interim Addiction Council and hire staff for the Council secretariat. The secretariat will help in developing an implementation plan including timelines for each of the recommendations.

The Interim Addiction Council should include a broad representation of community leaders drawn from the business sector, the health and social infrastructure and the consumer community as well as individuals familiar with the knowledge areas relating to problem substance use and problem gambling.

One of the primary responsibilities of the Interim Addiction Council will be to oversee the establishment of the British Columbia Centre for the Advancement of Addiction Knowledge and Practice as the infrastructure for research and evaluation, the collection and dissemination of knowledge, and the support and development of cluster-based planning and field practice.

The interim Council will also be responsible for recommending an implementation plan and process for each of the recommendations in this report. Some key markers suggested by the task group are:

• A comprehensive strategy for the next 24 months should be developed within six months;

• The Centre should be operational within 12 months;

• The permanent Council should be in place within 18 months;

• Capacity building for cluster-based planning should begin immediately and be operational in all regions within 24 months.

The task group recognizes that there is much to do and that the challenges ahead are great. Yet the process through which the task group has come—bringing together people with diverse perspectives, open and lively discussion, finding new ways to move forward—has been a hope-filled experience. The task group would like to believe that its experience is a microcosm of the processes that lie ahead for us all as we engage in building the comprehensive coordinated system envisioned in this report.

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10. McCreary Centre Society. (1996) Healthy Connections: Listening to BC Youth. Burnaby: McCreary Centre Society.

11. The health and social infrastructure would include programs delivered by provincial ministries such as Attorney General, Children and Families, Community Development, Education, Health, and Women's Equality as well as other provincial agencies like ICBC. It would also include many programs delivered by other levels of government or public agencies such as Health Canada, the RCMP, Correctional Service Canada, regional health authorities, and various municipal and local governments.

12. See Single E. (1996) Substance Abuse and Population Health; and Poulin C. (1996) Substance Abuse and Population Health: A Square Peg in a Round Hole? Both papers were presented at the Workshop on Addiction and Population Health. Edmonton, June 1996.

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22. On July 15 1999, the government of Canada and British Columbia and the City of Vancouver signed a draft version of the Vancouver Agreement. The Agreement lays out a framework and principles for the three levels of government to work together to promote and support sustainable economic, social and community development in Vancouver, with a first focus in the Downtown Eastside.

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