

# **Review of Alcohol and Drug Services in Vancouver**

**May 1997**

*Sponsored by:  
Vancouver Regional Office, Ministry for Children and Families  
Vancouver/Richmond Health Board*

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# Introduction

The Vancouver Regional Office of the Ministry for Children and Families and the Vancouver/Richmond Health Board have jointly sponsored a review of Alcohol and Drug Services (ADS) in Vancouver.

The purpose of this review is to recommend a program model and organizational structure which will best meet Vancouver's growing service needs, and to make recommendations on resource requirements. The next step will be to implement a phase-in of the restructuring.

Over the last decade, many reviews and assessments of service needs have been conducted. The recommendations put forth have focused on: responding to the growing problem of injection drug use in the urban core; delivering more effective treatment for people with addiction and mental health problems; providing better access to detoxification and treatment services; and placing greater emphasis on effective prevention and health promotion. However, most of these recommendations have yet to be implemented.

A restructured program model and organizational structure are necessary to address the systemic barriers that exist in Alcohol and Drug Services in Vancouver, and to establish a more responsive, community-based system. With this review, MCF and V/RHB hope to pave the way for the implementation of meaningful, effective and necessary changes. Moving forward will take committed will at all levels of the system, and will require the building of broad-based community support along the way.

Note: This review was done in the City of Vancouver, where the Vancouver Regional Office of the Ministry for Children and Families and the Vancouver/Richmond Health Board have joint responsibility for Alcohol and Drug Services. However, the findings will be shared with the Richmond Regional Office of the Ministry of Children and Families, with a view to having a similar review undertaken in the City of Richmond.

# The Context For Change

## Problems and Issues Identified Within the Vancouver System

This review has found that there are a number of issues of concern within Alcohol and Drug Services (ADS) in Vancouver. (Despite these issues, the report acknowledges that there are effective programs within ADS; as such, these are not included in this review.) Basically, the problem lies with the implementation of policy, and the lack of strategic structure. The main problems and issues that need to be addressed are:

### ***Shifting Responsibility***

Over the years the responsibility for ADS has shifted from one ministry to another, most recently from the Ministry of Health to the Ministry for Children and Families. This has significantly hindered ADS's ability to respond effectively to new and emerging issues; and, in some instances, has had a negative impact on staff morale.

### ***Restricted Ability***

While service delivery has been decentralized, much of the planning and accountability has remained at the provincial level. As a result, the regions have been restricted in their ability to respond strategically and with flexibility to local issues.

### ***Inadequate Infrastructure***

The regions have lacked the planning and information infrastructure to strategically manage resources, or to effectively scan and anticipate regional trends and issues. The Regional Management Information System has been inadequate for determining whether resources are used appropriately and effectively, or for helping to create evidence-based treatment and referral plans.

### ***Program and Service Inconsistencies***

Too often issues have been addressed on an ad hoc basis, which has led to a wide variety of differences in programs and fragmentation of service.

### ***Inaccessibility***

Access to service has been a problem for some of the more vulnerable populations.

### ***Insufficient Resources***

Too few resources have been allocated to address new and emerging issues. There has also been a lack of quality community-based services which meet the needs of the individual. In addition, cutbacks and vacancies have seriously eroded program delivery, particularly in prevention services. There has also been a limited ability to evaluate program effectiveness and set priorities.

## **Direction From Past Reviews**

Part of the process of this review has been to study the recommendations of other alcohol and drug reports undertaken in recent years. MCF and V/RHB have taken these recommendations (which often echo one another) into account in developing its own.

Specifically, the following were identified as being critical to the development of a successful ADS program model:

- the **Downtown Eastside (DES) Community** should be actively involved in all aspects of policy development and decision-making
- a **harm reduction approach** should be utilized, focused on reducing the negative consequences of substance abuse
- **access to alcohol and drug services** should be improved through reducing barriers to service (including language and cultural barriers); increasing accountability; broadening the scope and range of service options; and minimizing or eliminating the need to travel outside of the home community
- **distinguish between alcohol and drug detox processes**, and consider a variety of detoxification alternatives — hospital, outpatient, home, intermittent and multi-purpose crisis centre settings

- address the needs of ***special population groups***, including women (especially those with children, those who are pregnant and those who are street-involved); seniors; people with dual-diagnosis; First Nations People; people for whom English is not a first language; family substance abusers; and young substance abusers
- allocate ***sufficient resources to prevention activities***, including prevention and information programs about alcohol and drug issues, programs and services; prioritizing the prevention and reduction of illness resulting from injection drug use; addressing the lack of primary prevention programs; and developing formal and informal programs to address alcohol and drug related issues, such as self esteem and racism
- improve ***coordination and collaboration*** among relevant organizations within the health care system
- develop a commitment to ***inter-departmental coordination*** connecting the Ministries of Health, the Attorney General, Social Services, Municipal Affairs and Housing, and Education, Skills and Training; and coordinate funding from bodies and ministries responsible for research, prevention and service provision with respect to injection drug use and HIV/AIDS
- implement ***drug and alcohol screening tools*** to increase effectiveness and appropriateness of referral and placement in programs and services

## **Moving Ahead**

Improving alcohol and drug services in Vancouver requires more than finding additional resources to implement recommendations for change (although new resources will likely be required). The move to regionalization of health, and children and family services, requires a program delivery model that builds on the strength of an active partnership between MCF and V/RHB, and ensures greater community accountability.

Such a program model will ensure that resources are effectively deployed and outcomes evaluated; that a strategic information system is in place to support priority setting and decision-making; and that the system is held accountable to the community and service users for results and service quality.

Past experience indicates that ad hoc solutions result in service fragmentation. It is time to initiate a regional program model that will address the above-mentioned problems and critical issues. Solutions promoting quality, effectiveness and efficiency include:

- one regional-based management structure that is accountable for ADS in Vancouver
- a continuum of care from health promotion to treatment and support for adults, children and youth, families and older adults
- appropriate integration of services consistent with MCF and V/RHB service networks
- a model of detox and treatment case management, and service utilization assessment
- the development of a coherent harm reduction management approach
- improved access to service for certain special needs populations
- a regional data and information system to support decision-making
- an ability to generate and analyze the data in order to set strategic directions, and to be held more accountable for outcomes

## **A Proposed Program Model**

The overall program model for ADS will be consistent with the principles established by MCF and V/RHB. These principles support public involvement; integrated services; continuum of care; accountability for service outcomes; and evaluation of services.

The new program model will incorporate the following shifts in direction:

### ***Population Health***

Alcohol and drug issues are multi-faceted and complex. As such, they cannot be dealt with in isolation from the social determinants that influence population health — such as income, social status, housing, social support networks, education, employment conditions, physical environments, personal health practices, health services, coping skills and early childhood experiences.

Successfully addressing substance abuse issues requires a comprehensive strategy that incorporates a population health and holistic approach. This means considering the entire range of factors that determine health.

### ***Accepting Non-Abstinence***

Long-standing traditions of abstinence as a model have been successful for many clients. More recently though greater effort has been placed on reducing the harm associated with certain behaviours. This approach is not incompatible with the eventual goal of abstinence. Rather, it recognizes that there are some people who may not be able to cease their use of alcohol or drugs at the present time.

Harm Reduction is defined as "a public health approach dealing with substance-related issues that places first priority on reducing the negative consequences of substance use rather than on eliminating such use or ensuring abstinence. It has emerged as an alternative approach to abstinence oriented alcohol and drug policy and programming, but it is compatible with an eventual goal of abstinence." (Task Force HIV/AIDS & Injection Drug Use: A National Action Plan, Feb. 1997)

### ***Client-Centred Quality Services***

There will be a move toward tailoring alcohol and drug services to better meet the needs of particular clients. These client-centred services will respect cultural and language differences; recognize and be sensitive to the needs of special populations; and accept individual choice. Service outcomes will be improved as quality community-based services are offered under a case management approach.

### ***Community-Based Services***

The diversity of Vancouver's communities will be acknowledged and respected in the provision of alcohol and drug services. Programs and services will be culturally appropriate and responsive to the changing needs of communities, and will ensure appropriate levels of access to services. Broad-based community involvement will be key to shaping the design and delivery of services.

### ***Accountability and Regional Control***

Accountability is key to the delivery of alcohol and drug services. In order to increase accountability, one regional management structure will exist for alcohol and drug services. This system will be created and supported by the Regional Office of the MCF and the V/RHB. Monitoring of trends in the health status of communities, and the use of effective evaluation tools, will be inherent within the system. Community accountability will be enhanced by acknowledging the community involvement process of the V/RHB—namely the Community Health Committees (CHCs) and the Population Health Advisory Committees (PHACs) and similar MCF related advisory groups currently in development.

## **Program Components**

The restructured ADS encompasses a continuum that provides appropriate levels of service for people with low to severe risk behaviours. Services will be geared to individuals with substance use issues and those affected by the substance use of others.

### **1. Development of a community information system on the epidemiology of drug and alcohol use.**

Understanding the nature of alcohol and drug use in Vancouver - and the factors leading to substance abuse - will provide a foundation of information which can substantiate and direct interventions. This will include:

- monitoring illicit drug use and legal consumption of alcohol
- determining trends
- measuring program impact
- supporting public education and awareness of the impact of drug and alcohol use

### **2. General health education, prevention and health promotion for populations experiencing no or low level problems with substance use.**

Education and prevention are key to ensuring that those who are directly or indirectly involved with substance abuse continue to make healthy choices around alcohol and drug use. This will include:

- basing community development on the determinants of health
- establishing information and resources for children, youth, adults and families on healthy choices and lifestyles

### **3. Substance use decision counseling and skill development for youth and adults experiencing low to moderate risk.**

Resources for people who are at low to moderate risk can help prevent future problems and crises. This will include:

- personal risk assessment tools
- counseling
- group support
- information and referral

#### **4. Regionally Consistent Identification/Intake/Referral Mechanism**

A system-wide mechanism will ensure that different parties – be they hospitals or the police – have appropriate and consistent access to ADS.

#### **5. Integrated Case Management Model**

Develop a model of outcome focussed interventions based on stronger collaborations of service providers.

#### **6. Sobering, detoxification and harm reduction programs for people experiencing substantial to severe problems.**

These programs address the needs of those whose lives are seriously affected by substance abuse.

- **Sobering Centre/Low Level Detox**

This involves providing a safe supportive environment for people to recover from acute intoxication (this function typically requires less than 12 hours).

- **Detoxification**

This involves managing the physical aspects of substance withdrawal so that the symptoms of withdrawal are minimized. The length and severity of the withdrawal syndrome is largely dependent on the level and duration of drug use, combination of drugs, overall health status, and the environment for detoxification. Withdrawal from alcohol and sedatives tends to be more severe than withdrawal from opiate drugs or stimulants. Detox can be done socially, non-medically (residential with nursing care) or medically (under the supervision of physician care).

- **Harm Reduction**

A Harm Reduction approach essentially seeks to prevent the harm associated with consumption of alcohol and use of drugs. These strategies can include controlled drinking programs, methadone, needle exchanges for injection drug users, etc.

**7. Preparation for treatment, treatment, and follow-up and support for people experiencing substantial to severe problems.**

The following are integral to addressing serious substance abuse:

- **Preparation for Treatment**

This involves motivating the detoxified individual to seek further treatment or rehabilitation and to participate in education, group sessions, self-help groups, recreation and individual counseling.

- **Treatment**

This involves counseling and/or medical management as required, and may include alternate forms of treatment or therapy.

- **Follow-up and Treatment Support**

This involves post-detox referrals to supportive recovery centres and outpatient services for ongoing treatment and rehabilitation.

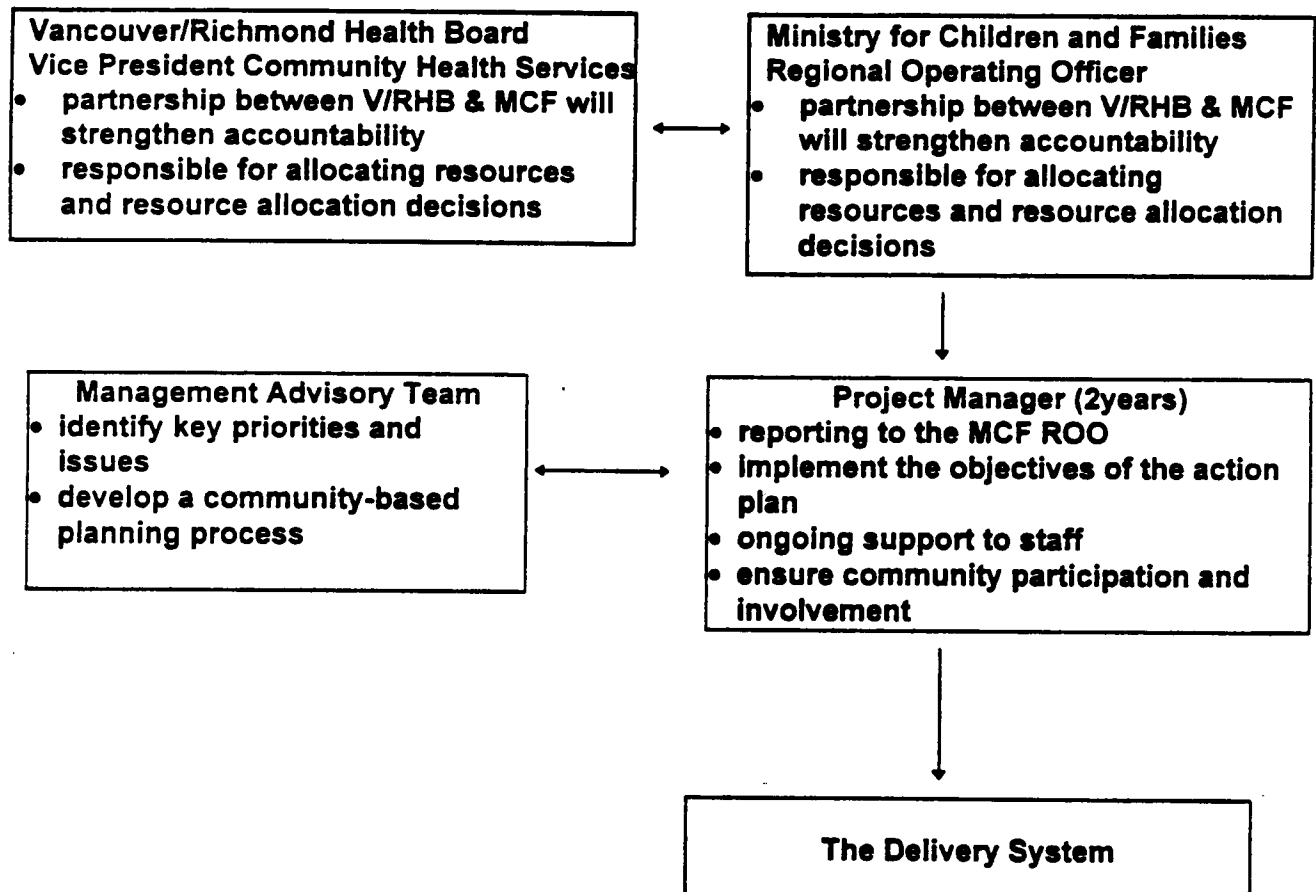
**8. Client Advisory Committee**

Client Advisory Committees already exist in some clinics and have been shown to be valuable. The goal is to ensure that Client Advisory Committees are a component of the overall program and relate to the appropriate Community Health and Population Health Advisory Committees.

## The Management Structure

In order to ensure a profile of ADS in the regionalization process, and to provide direction and support, restructuring will follow the Vancouver Regional Operational Plan of MCF and the Operational Framework for Community Health Services of V/RHB.

The following management structure is proposed. It may be a time-limited body which can be evaluated within two years.



*A partnership between MCF and V/RHB will strengthen accountability for service outcomes in Vancouver. It will also allow for greater efficiencies through a collaborative planning framework for resource allocation and management decisions, administrative support services and contract management. Final decisions on resource allocation will rest with MCF and V/RHB.*

**A *Project Manager*** will be responsible for implementing the objectives of the plan, and will be accountable through MCF Regional Operating Officer, to the MCF Vancouver Regional Operating Agency and the V/RHB and the Management Advisory Team. The Project Manager will provide ongoing support to staff during the restructuring period, and ensure community involvement and participation. Service providers, acute care facilities, community agencies and community groups will liaise with the Project Manager and network managers. Reporting relationships will be developed as operational plans for regionalization are determined.

**A *Management Advisory Team*** will recommend overall priorities, build better intersectoral collaboration, and ensure relevant and accessible community programs. A process will be established by MCF and V/RHB to appoint members to the team. As broad-based input is extremely valuable in dealing with the complexity of alcohol and drug issues, the team may include representatives from:

- Ministry for Children and Families
  - Vancouver/Richmond Health Board
  - City of Vancouver/Social Planning
  - City of Vancouver/Police
  - Downtown EastSide
  - other community agencies
  - hospitals
  - schools
  - RCMP
  - coroner
  - others as identified by the appointment process
- \* Efforts will be made to ensure that the Management Advisory Team is actively communicating and liaising with the V/RHB's committees – Health Planning, Education and Research (HPERC), Community Health Committees (CHCs) and Population Health Advisory Committees (PHACs) – as appropriate and MCF advisory committees.

The Management Advisory Team will be responsible for recommending direction and advising on the implementation of the recommendations from the Alcohol and Drug Review. The team will identify key priorities and issues; develop a planning process for local communities and at a regional level; maintain the appropriate interdepartmental and inter-ministry linkages; and monitor and evaluate overall program effectiveness.

## **Developing an Action Plan**

The initial steps in the development of the action plan will involve:

- establishing terms of reference for the Management Advisory Team
- appointing a Project Manager
- appointing the Management Advisory Team
- confirming budgets

The action plan itself will include the following steps:

### **1) *Work to integrate the current School-Based Prevention Services and School Health Services.***

### **2) *Streamline detox and treatment services.***

Actions include:

- establishing consistent staffing patterns
- delineating sobering, detox, preparation for treatment and treatment functions
- initiating a referral tracking system
- improving coordination between providers through the development of one client record
- shifting sobering functions to community settings
- establishing sobering and detox programs geared for youth and women

### **3) *Restructure existing Alcohol and Drug Services to Outpatient Clinics.***

Actions include:

- allowing community networks and centres to embark on early intervention for low to moderate risk youth, adults and families

- providing referral and support for those individuals leaving detox and seeking treatment options
- providing counseling for those seeking treatment, and integrated case management functions as required

**4) Review residentially-based treatment and support services.**

Actions include:

- gradually shifting to outreach and non-residential models where appropriate
- rationalizing client profiles and utilization patterns
- seeking transitional and longer term housing and support through active negotiation with housing and social service authorities

**5) Establish a community information bank on the epidemiology of drug and alcohol use.**

Actions include:

- monitoring illicit drug use and legal consumption of alcohol in Vancouver in order to determine trends and measure program impact
- produce an annual report

**6) Implement an injection drug use harm reduction strategy.**

Actions include:

- developing and implementing a cocaine detox and treatment program
- integrating community health care with needle exchange
- extend services beyond the DES
- increasing access to health services for HIV positive injection drug users
- creating a Community Methadone Advisory Committee to provide continuity and to improve linkages among methadone subscribers, users, and other community support services

**7) Development of appropriate medical services for people facing severe withdrawal syndrome and multiple diagnosis.**

Actions include:

- ensuring the implementation of a plan to support addicted people while in hospital

## **Conclusion**

Numerous reports in recent years have underscored the need for an improved model in the delivery of Alcohol and Drug Services in Vancouver. These recommendations have been considered by MCF and V/RHB in building this proposed model.

The strength of this model is that it ensures high visibility and public accountability for restructuring programs and services. It emphasizes ongoing community involvement in shaping the direction and priorities of Alcohol and Drug Services. Building on the inherent principles of regionalization, this model allows for a "made in Vancouver" solution to substance abuse — a problem of pandemic proportion.

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