

The Mayor's Four Pillars Coalition

March 7, 2011

Vancouver Public Library 9am - 12pm

INTRODUCTION

Zarina Mulla - Drug Policy Planner, City of Vancouver



Zarina Mulla welcomed guests. She acknowledged and expressed gratitude to the Musqueam, Squamish and Tsleil-watuth nations for the use of their lands for this day. Zarina took a few moments to give particular recognition to former colleague Donald MacPherson. Currently in Ottawa, he is working with partners - government, research, academia and community organizations to launch a new organization, the *Canadian Drug Policy Consortium* which will promote sensible

drug policy reform and advocacy for humane and evidence-based drug policy.

In introducing Mayor Robertson, Zarina mentioned him as the fourth mayor in a row who “gets” what sensible drug policy was about, and who understood harm reduction and that just a few months ago, Mayor and Council had endorsed the Vienna Declaration.

SETTING THE CONTEXT

Mayor Gregor Robertson, City of Vancouver



The Mayor thanked everyone in attendance for all the work done in the community for public health. He also welcomed Councillors Anton, Jang and Meggs who were in attendance. Mayor Robertson touched on some of the work at City Hall. He noted that the work the City had been doing on homelessness had many obvious connections with the issue of drug addiction the homeless population faced.

He elaborated on some key principles applied by the City of Vancouver (COV)

- Collaboration and partnership that enabled people to be successful in their work, to advocate strongly, and to value and apply best practices

- Leadership - This as shown by past mayors like Owen and Campbell, as well as leadership from people attending today who partnered with past mayors, and with the medical community. The Mayor recognized Donald McPherson, City's long time Drug Policy Czar who was instrumental in developing Vancouver's innovative policy that the world noticed. He mentioned the new cast of players at the City - former Deputy Minister of Health and current City Manager Dr. Penny Ballem and Councillor Kerry Jang - who emphasized a holistic approach to a complex public health issue. He also recognized Zarina Mulla - for the work she was doing to keep the momentum going on the Four Pillars, just steadily keeping the pressure and ensuring that City staff and Council stuck to those principles and foci. He mentioned two key departments that delivered on the ground led by David McLellan of CoV's Community Services and Chief Constable Jim Chu of the Vancouver Police Department (VPD) who were applying the Four Pillars to their work on the front lines.

He gave a quick overview of the body of work done over the past decade:

Harm Reduction

- Two supervised safe injections sites - Insite and Dr. Peter's Centre.
- The MAP van - supporting street level sex workers.
- Vancouver's endorsement of the Vienna Declaration

Treatment

- There were gains with Insite, Dr. Peter's Centre and other centres like Vancouver Native Health. But there were real challenges for funding. An aggressive expansion on the treatment side was needed

Enforcement

- The Mayor commended work of VPD improving their sensitivity to people on the streets and also going after violent drug dealers, a sensitivity and commitment that may not have existed in past decades
- Creative approaches to bylaw enforcements and ticketing in partnership with VANDU and others
- the Community Court which had positive outcomes but was limited

Prevention

- CoV has worked with some of the Coalition members on developing a Culture of Prevention. This focus on education and prevention must be continued so youth understand the risks and realities. Vancouver School Board (VSB) work was important and CoV was committed to it.

The Mayor referred to the City's Urban Health Initiative as the Four Pillars approach at a whole new level and that Councillor Jang was coordinating the city's efforts on addiction, mental illness and homelessness.

The Mayor talked about wanting to bring the Coalition back together to refocus on next steps, to prevent HIV infections and to build upon the health-based approach to addiction.

He mentioned the ongoing sense of frustration throughout the city in having to see homeless people suffering despite the work being done to address it, as also the lack of timely treatment options and that Council shared the frustration. The City spent an average of \$28 million/yr on reactive costs for addictions, mental illness, a range of emergency services and legal costs. The City would like to turn it around and become proactive through the Urban Health Initiative. The Mayor also shared his frustration with the federal government which saw addiction as a moral or legal issue and not a health issue.

He mentioned that although the sense of urgency around drug issues was less than in previous years, the next steps were important with events and opportunities such as the new leadership in BC, possible federal election, changes in leadership and direction on drug policy, addiction services and health, and the May 12th ruling on Insite. These were all opportunities to bring drug policy to the forefront again. A clear message was needed.

He concluded by emphasizing the need to ask questions about gaps, how to fill them, to learn from the successes and failures over the years and that solutions should come from the community. The Mayor thanked the presenters for joining him today.

PANEL PRESENTATIONS

Dr. Julio Montaner - Director of BC Centre for Excellence in HIV/AIDS

Treatment as Prevention

Dr. Montaner introduced his talk by giving some history and context for his work around HIV/AIDS. In the 80s and 90s Vancouver had the highest HIV rates. Around 1992, they started to spread combination therapies but weren't getting the best results. In 1994, they were planning the Vancouver AIDS Conference with the title, "One Work, One Hope". The same year they were doing preliminary work on treatment by combinations and gathering preliminary data.



The sense of urgency was so great that everyone embraced the new treatment regime. Within six to twelve months, death from AIDS in BC was down by 85%.

He explained the Highly Active Antiretroviral Therapy (HAART) which shut down the viral replication right from the first day of treatment. It took several months for the virus to clear the system but no new virus was generated.

Dr. Montaner demonstrated evidence of HIV positive pregnant women giving birth to children born with HIV. Thirty to 50% of their children were born with HIV in the first phase of the epidemic. After 1996, when the first treatments were introduced, the data he presented showed fewer children were born HIV positive. In the last five years only two children were born with HIV in BC. There is definitive evidence that treatment IS prevention.

There is data from the Downtown Eastside collected through the Urban Health Research initiative showing that when IV drug users were given treatment, it resulted in protection. Additional province-wide data looking at HIV infection through the predominant means of transmission showed that before 1996 there was a high level of HIV infection. After 1996, there was nearly a 50% reduction in the rate of HIV transmission. This could only be explained as being the result of antiretroviral treatment. Syphilis as marker of high risk sexual behaviour was going up in this same period, so something was stopping HIV transmission that was not able to stop syphilis. This, Dr. Montaner claimed was antiretroviral therapy.

Referring to cost-effectiveness, Dr. Montaner said that before 1996 there were 800 new cases of infection each year which dropped to 400 after this treatment was introduced. If the minimum lifetime therapeutic costs of HIV at \$250,000/person were multiplied by 400, it came to a total to \$100 million. In BC, in 2005, there were 400 people treated for a total of approximately \$50 million. Recognizing this treatment as cost-effective, the province paid the entire costs. The \$50 million investment gave a 2:1 return which Dr. Montaner suggested could pay for housing in the DTES.

Dr. Montaner showed reciprocal effect between 1996 and 1999 of more people in treatment and fewer new diagnoses. As the program expanded, in the second phase there was a decline in HIV infection. In the last three years there has been a 50% decrease in HIV in BC among injection drug users - something not seen elsewhere in country or continent.

He opined that all this positioned us as leaders in the world and at the same time allowed us to do the best for our own community while saving money in long term. To do so it was necessary to embrace the combination prevention - not just treating people, but doing everything else to ensure that those at risk don't cross the path of HIV. This would result in zero new infections and make treatment available for all those who need it.

The head of the UN AIDS program who visited Vancouver last year wrote to other UN agencies calling for zero new infections with treatment for all around the world as a way of controlling HIV. With him, Dr. Montaner presented this notion to the UN Global Assembly where it was endorsed. It was also endorsed as a strategy through the Vienna Declaration. Even the Vatican was listening. BC-CfE had also been working with the Chinese government for the past 15 months sharing data and educating them on the

importance of having comprehensive programs. But the Harper Government and G8 did not consider it a priority. Canada's contribution to the global fight against HIV was only 3rd from the bottom.

Dr. Montaner suggested that there was sufficient knowledge to fix the problems and that the BC-CfE could provide the platform to do that work.

He acknowledged many of their partners including UBC, Vancouver Coastal Health, many of the community organizations represented at the meeting, The Provincial Health Services Authority and The Ministry of Health.

Dr. Thomas Kerr - Co-director of the Addiction and Urban Health Research Initiative at the BC Centre for Excellence in HIV/AIDS

The Urban Health Research Initiative



Dr. Kerr acknowledged his colleague Dr. Evan Wood, the other co-director at the *Urban Health Research Initiative (UHRI)* who couldn't be at the meeting, and also thanked Dr. Montaner for his ongoing support. He recognized as well the rest of his team, and in particular, Dr. Kora DeBeck for her research and for the Knowledge Translations she developed. Dr. Kerr also acknowledged their funders - the US National Institutes of Health, the Canadian Institutes of Health Research

and many partners including Vancouver Coastal Health, and community groups such as VANDU. Thanks were given as well to those who had taken part in their studies.

He talked about the UHRI as a distinct program of research focusing on HIV/AIDS, infectious diseases and addiction as well as other issues under urban health such as homelessness and mental health. The emphasis was on interdisciplinary research and collaboration.

Thomas described various initiatives and elaborated on their flagship study, *The Vancouver Injection Drug Users Study (VIDUS)* which started in 1997 with funding from the US National Institute for Drug Abuse. The study has enrolled 1500 people who inject drugs, a third of whom have died. It surveys this population periodically to track HIV and Hepatitis C infection rates, and also HIV disease progression.

The UHRI has also used their studies to evaluate harm reduction programs like the needle exchange. The evaluation led to policy changes which were associated with a dramatic decrease in HIV infection.

The cohort structure was also used to evaluate Insite. They found that regular contact with Insite by a drug user was one of the strongest predictors of entry into treatment.

There have been over 40 studies published from the evaluation of Insite. Dr. Kerr provided a summary of the findings:

- Reductions of public disorder
- Reductions in syringe sharing
- Successful management of over 1000 overdoses
- Increased use of detox programs and addiction treatment
- Reductions in drug market related violence
- Increase in condom use
- Helpful in preventing overdose deaths according to modelling exercise

In an evaluation off whether Insite was having any negative impacts on the community, they found

- No adverse changes in community drug use patterns
- No increases in initiation into drug related crime among high risk youth and others who may be at risk of starting
- No increase in drug-related crime

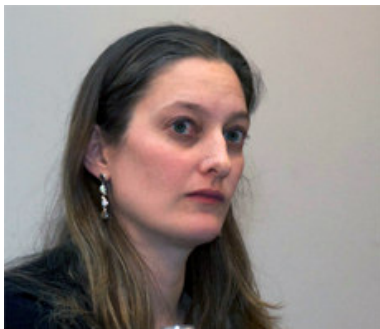
Studies by three external evaluators also showed Insite to be cost effective.

Dr. Kerr raised the question whether harm reduction was really working in Vancouver - especially in light of the continued open drug-use problem? He acknowledged that there many challenges still remained, but a consideration of the most difficult outcomes targeted by harm reductions show improvements especially the dramatic decline in overdose deaths.

He concluded that there was still a long way to go to ensure drug policy was based on evidence not ideology. The Vienna Declaration had over 17,000 endorsements and support from the former UN Secretary General. The Declaration has become the official policy in Vancouver, Victoria and Toronto. Dr. Kerr also referred to Bill S-10 which will result in a huge number of people being incarcerated. Although evidence showed that this approach was ineffective in reducing drug use and also not sustainable, the federal government was still trying to initiate it. Over 500 organizations had signed the letter to have this legislation withdrawn.

Dr. Kate Shannon - Director of the Gender & Sexual Health Initiative at the BC-CfE

Gender and Sexual Health Initiative



Dr. Shannon gave an overview of the programs she was working with through the BC-CfE.

- AESHA - An Evaluation of adult Sex Workers' Health Access - a cohort of women and transgendered sex workers in Vancouver
- AESHA II - a cohort of vulnerable youth 14-24
- Rainier Hotel longitudinal evaluation - housing and drug treatment program in Vancouver
- International Collaborations - comparative work in India, Uganda US/Mexico.

The work was supported through outreach as well as collaborations with community. They completed 6-monthly annual interview questionnaires as well as ongoing HIV testing. Integrated GIS mapping was used to look at some of the individual and neighbourhood risk environments and how that shaped health outcomes. There was also an ethnographic research program that crossed the various cohorts and ongoing knowledge translation and exchange activities and broader policy analysis.

Dr. Shannon elucidated upon the demographics of 400 women sex workers interviewed over the last year:

- huge representation of aboriginal women in visible street sex work population
- In indoor marginalized spaces eg. massage parlours - over-representation of migrant and new immigrant workers (Chinese, Thai and East Indian)
- median age was 30 with a significant number of youth under 24
- variation across Vancouver: 38% in DTES/Strathcona, 37% Kingsway; 21% Burnaby, 13% Hastings Sunrise; 10% West End
- HIV was concentrated among street-based workers; there was overlap with drug use and homelessness; 22% HIV prevalence among street-based sex workers; about half were on treatment
- High rates of drug use - 38% injection drugs

Role of Homelessness:

- 88% reported lifetime homelessness. The median age for sleeping on the street was 17 years
- Over 18 months of follow-up, 44% met WHO definition of absolute homelessness
- Youth and daily crack cocaine users were significantly more likely to report homelessness
- Homelessness was associated with higher reported sexual violence by non-client partners as well as clients not willing to use condoms

A follow up study comparing youth sex workers with adult women showed a higher representation of aboriginal youth.

Dr. Shannon gave examples of studies with evidence pointing to the failure of the criminalization and enforcement approach rather than a public health approach in protecting sex workers from violence and HIV and that it was actually exacerbating harms.

This evidence was important in discussions about the potential increasing of criminalization. There were also broader policy discussions taking place internationally. In 2009, the UN Secretary-General Ban Ki-moon made a public statement to remove criminal sanctions targeting sex work as a way to improve HIV prevention for sex workers.

Dr. Shannon emphasized upon the need to ensure there was dialogue within the medical community around some of the hypocrisy of the Canadian legislation and the impact of it on health and safety of sex workers as well as continuing the discussion with many of the experts.

Dr. Shannon gave thanks to community advisory board, CIHR and Coastal Health.

DIALOGUE



1. Question: *Dr. Penny Ballem, City Manager, City of Vancouver*

Comments: the data presented was stirring and important in planning for next steps. It was important to keep an eye on the outcomes. We were lucky to have a City Council and Mayor who were very committed to advancing this work and City staff who were close enough to the BC Centre for Excellence to access evidence based knowledge to inform and advice Council. There was a huge opportunity to take the next steps with the BCCfE. Dr Ballem asked BCCfE about their role in expanding the public's understanding of the issue.

Responses

Thomas Kerr - Although there was some real progress in terms of informing policy makers and much of the community, there were some major frustrations that the public was so focused on visual problems they overlooked the remarkable health gains. Public in BC was more informed. e.g. on the issue of Insite - there was a poll which showed higher support here because the public was better informed. Clearly some good work had been done, but more needed to be done. But Dr. Kerr expressed his surprise that people still believed in forced treatment and mass incarceration. There was a need to get into communities and schools to talk about solutions.

Julio Montaner -. Collaboration was necessary to ensure that these messages went out to all levels of the public, those who were motivated, those who were informed and those who were not. Also, it was important to recruit people from other sectors e.g. churches, businesses, community associations. It was necessary to reach outside of traditional knowledge translation areas.

Thomas Kerr - It was not enough just to talk to people in Vancouver, but also in the Lower Mainland. It was shocking that municipalities like Surrey had no harm-reduction policy, that drug users were still facing one-to-one needle exchange policies.



Kate Shannon - There have been good initiatives that don't get heard about. In terms of sex workers there have been good dialogues locally. A Globe & Mail poll showed there was 70% support of de-criminalization of sex work, which meant the message was being heard.

2. Question: *Anne Livingstone*



One group not involved was the police who had been ticketing. There was poor discussion about other municipalities. What was missing was dialogue having these policies move forward. Surrey had appalling services. The issue with other municipalities - may be fuelling problems in Vancouver.

Responses/Comments

Thomas Kerr - Inspector Scott Thompson, Chief Constable Chu and the RCMP had been meeting for some time. But there was a structural barrier to further dialogue. Logistically it was difficult to get a lot of officers together in one place for this discussion. If there was a role the City could play to foster this discussion this would be useful.

Kate Shannon - The Coalition of Sex workers - discussions were stalled by structural issues. There was a role CoV can also play here.

Susan Davis (Sex worker cooperative)

They were working with Surrey/other municipalities. They had to uphold criminal code. Trying to institute Lower Mainland task force with police (other examples) - which could be duplicated in other municipalities.

Julio Montaner - the effect that local powers can have cannot be underestimated

3. Question: *Maxine Davis*



Would like to move on and embrace the Urban Health Initiative. There was room for urging progress in this framework. Need to resume our impassioned efforts of earlier times to acknowledge how much more there was to do.

3 recommendations:

1. Urban Health Initiative to lead pressure eg. substitution therapies for heroin
2. Demand for Insite more than its capacity, which was a barrier
3. Supportive housing, focusing on people with complex needs - mental illness

Responses/Comments

Thomas Kerr - Maybe there was too much focus on the supervised injection site. Now the outcomes show that it was more than a band aid solution. Regarding substitution treatment - VCH had increased availability of methadone treatment. More can be done, e.g. what they were doing in Toronto. More needs to be done for stimulant addiction for which Vancouver is known

4. Question: *Barry Conroy* - When will we get more detox and recovery beds We have lots of people on the streets who come from other communities/north. They end up staying in our community because we have more services here.

Responses/Comments

Thomas Kerr - There isn't the same growth of other treatment programs as with methadone. There are still many people who can't access treatment - we don't have treatment on demand. The Health Authority had increased programs dramatically but can always do more.

5. Question: *Don Cameron*

Concerned about the focus on methadone - there was often abuse.



Responses/Comments

Julio Montaner - There needed to be appropriate treatment - need to penalize people who were giving wrong prescriptions.

CONCLUSION

Zarina Mulla, Mayor

Zarina gave thanks to the speakers and the audience. She indicated she would post the summary of this meeting, speakers' powerpoint presentations and audio clips on the Fourpillars website and send out a link to the mailing list.



Mayor Robertson acknowledged the extraordinary body of work which was having an impact around world. The theme that prevailed was being able to communicate to people in the city, province and country. It was necessary to have evidence-based solutions to drive policies. Vancouver was benefiting from the exceptional frontline researchers and workers who make it impossible for officials to not take action.

He further added that we were on the right track and that he would be talking with other mayors and there was work to do with the new Premier. The Mayor closed the meeting by saying that there was a re-engaging and a reinvigorating of the work in this area and that whether it was rebranded as Urban Health or not was up for discussion. He expressed his desire to bring the Coalition together once again sometime after the Supreme Court ruling on Insite in May and before the Summer to determine a focus for the future. He would like to see them develop a short list of priorities in drug policy and next steps that will drive city, provincial and federal initiatives.

The Mayor thanked everyone for attending and sharing their perspectives.