



Drug Policy Program

## Mayor's Four Pillars Coalition Meeting

September 26, 2006



Mayor Sam Sullivan responding to media questions.

More than 100 members of the Mayor's Four Pillars Coalition met for three hours at the Roundhouse Community Centre in Vancouver on September 26, 2006 to hear presentations and engage in networking. At the meeting, coalition members heard from Mayor Sam Sullivan and listened to presentations on several projects related to the Four Pillars Drug Strategy. City Councillor Kim Capri spoke about her work with the Mayor on improving public order in Vancouver. Dr. David Marsh, of the North American Opiate Medication Initiative (NAOMI), Gary Occhipinti, a graduate of the program, and Insp. Scott Thompson of the Vancouver Police Department offered insights into the NAOMI trials. There was also a presentation by the Living in Community Steering Committee, represented by Coordinator Lisa Gibson, Hastings North Business Improvement Association Executive Director Patricia Barnes and Prostitution Alternatives Counselling and Education (PACE) spokesperson Susan Davis. Their presentation was followed by a short description of the November youth prevention summit, "Youth Prevention Network: Get Plugged In," by Julianna Torjek, Ricky Wong and Stephanie Grant.



Mayor Sam Sullivan

### Mayor Sam Sullivan

Chairing his first Mayor's Four Pillars Coalition meeting, Mayor Sam Sullivan opened the meeting by noting that last year, 54 more people died of drug overdoses in Vancouver. Calling for a moment of silence to remember those who have died, he also drew attention to the more than 50 women who

have disappeared from Vancouver's Downtown Eastside. Sullivan then thanked the federal government for "a little bit of a reprieve" on the Supervised Injection Site (SIS), referring to its decision to extend the SIS exemption to the Controlled Drugs and Substances Act to December 31, 2007.

Sullivan plans to meet with federal Health Minister Tony Clement in the next few months, to make a case for progressive policies on dealing with drug addiction. Sullivan acknowledged that the civic government does not have the funding or mandate to tackle the issue directly, but said it can work to become a catalyst to effect change.

In his opening remarks, Sullivan spoke very personally about his own experience in becoming paralyzed, drawing a comparison with a friend who injected heroin. While his friend played with drugs, Sullivan skied recklessly, he said: both were told that if they didn't change their behaviour, they would harm themselves and, possibly, others. His friend, he said, was incarcerated. Sullivan became quadriplegic in a skiing accident. The difference, he said, was that he was got treatment in a medical system. Sullivan said that, for some, it is useful to think of drug addiction as a long-term issue to be managed, rather than a short-term problem to be fixed.



Councillor Kim  
Capri

### **Councillor Kim Capri**

City Councillor Kim Capri spoke of the initiative she is working on, along with Mayor Sullivan, on the issue of public disorder. The goal is to bring forward a new policy initiative to council in November, to address issues such as littering, aggressive panhandling, graffiti and open drug use. Capri said the City of Vancouver is fortunate to have the four pillars approach, to target ways to stop the pain, suffering and death associated with drugs. As an example of the prevention pillar, she referred to a youth prevention pilot program taking place in two Vancouver schools and involving students, parents and teachers.

Capri referred to Mayor Sullivan's survey on the issue of public disorder, posted recently on the Mayor's website. Within 72 hours, she said, there were 1,200 responses, many including thoughtful comments including citizens' thoughts, hopes and dreams for improvements in civic order.



Dr. David Marsh

### **Dr. David Marsh: NAOMI**

Dr. David Marsh, of the North American Opiate Medication Initiative (NAOMI), offered a comprehensive presentation on drug maintenance programs, particularly heroin. The NAOMI trials are focused on those who have been chronically dependent on heroin for at least five years, have attempted treatment at least twice in the past and have not been part of a substitution program for the past six months. Participants receive injectable heroin, injectable dilaudid or oral methadone. They also receive support such as individual or group therapy, job training and housing placement assistance.

Marsh said that longer-term heroin users are more likely to use the drug to avoid withdrawal. But buying the drug on the street leaves the user unsure of the purity of the illegal drug. Marsh showed the difference between a person on methadone maintenance and somebody using heroin: the person on heroin has numerous peaks and valleys in their functional state while the person taking prescribed methadone reaches more of a plateau. With drug maintenance, Marsh explained, the body can become more stable. Heroin maintenance with regularly prescribed, standard doses of heroin offers uses a more predictable functional state. Marsh also pointed out that those using methadone showed dramatically reduced involvement in criminal activity.

Marsh drew a comparison to alcohol dependence. He explained that while alcoholics who are abstinent for five years or more are overwhelmingly likely to remain alcohol free, those dependent on heroin have a much higher likelihood of relapse. That means a user would likely require heroin maintenance for the rest of his life, to maintain function. Marsh acknowledged that the cost of heroin maintenance is high, but explained that the decreased use of emergency health facilities, lower participation in criminal activity and related drop in court and law enforcement costs resulted in overall societal savings. Participants in the NAOMI trials, for example, had spent, on average, \$2,430 on drugs in the past 30 days.

The results of the trial will be released in 2008.



Gary Occhipinti

## Gary Occhipinti

A graduate of the NAOMI trials, Gary Occhipinti, offered his impressions as a participant in the program. Occhipinti, who has a law degree from the University of Arizona, said that entering the program lifted a huge weight off his shoulders; the need to get enough money to buy drugs every day. He said that he also appreciated being treated as a human being in the trials adding, this is not a problem that will be solved by throwing people like him into jail. Criminalization, he said, will never stop heroin use.



Scott Thompson

## Scott Thompson

Scott Thompson, the Vancouver Police Department's (VPD) Drug Policy Coordinator, said the VPD is supportive of the NAOMI trials. He cited research from Switzerland showing maintenance programs can lead to crime-rate reductions. He acknowledged that trials, such as NAOMI, will always be controversial, but added that good decisions related to drug policy need to be based more on evidence than ideology.

Thompson explained that the VPD's drug policy (posted at [www.vpd.ca](http://www.vpd.ca)) was recently approved by the police board. Thompson explained that the VPD's mission, as related to drug policy, is to reduce crime, fear of crime and street disorder while protecting the vulnerable and preserving and protecting life. The policy supports a four pillars approach and says the VPD will participate in the Four Pillar initiatives that support the VPD's public safety mission. Thompson said the VPD views prevention as the most important of the four pillars, but said there is concern that a lack of resources dedicated to this pillar does not allow for large-scale prevention programs. Success in this pillar, he said, would reduce needs in the other three.

Thompson said that the VPD will continue to target street and middle-level drug traffickers and producers. He added that a person's behaviour or the context of the substance use (including liquor) will be a primary factor in determining whether to lay a charge. He added that enforcement will be specifically directed at parks and school grounds, because children should not be placed at risk by the negative behaviours associated with substance abuse.

Thompson said the policy supports a broad range of harm reduction measures, as long as they are legal. He said the VPD supports the Supervised Injection Site research project and needle exchanges. It also supports accessible and immediate treatment for substance abuse on demand, for both adults and youth.



### Question-and-answer session

In response to a question asking if he felt “set up” by the availability of quality heroin during his participation in the NAOMI trial and the subsequent removal of that opportunity when his 15 months elapsed, Occhipinti responded that he knew what he faced when he entered the trial. Occhipinti said he weaned himself almost completely off the drug during the last few months of the trial. He said that, unfortunately, a detox bed was not available when he left NAOMI.

A member of the coalition asked Dr. David Marsh why NAOMI participants had to live in the Downtown Eastside. Marsh explained that participants had to live within a mile of the NAOMI site, so that they would be able to visit it three times a day for their treatment.

In response to a question about a possible stimulant trial, Marsh said that in Vancouver, Montreal, Toronto and throughout North America, there is higher stimulant and heroin use. Those in heroin maintenance tend to decrease their use of stimulants. He said stimulant users who enter treatment usually go through counseling or psychotherapeutic interventions. He said studies of stimulant maintenance have tended to include small sample sizes; there have been studies in Texas and the UK.

A coalition member asked Marsh about Swedish examples, considering that the federal government has expressed interest in that country’s drug strategy. Marsh explained that the Swedish approach is tied closely to its extensive network of social services. He added that in Sweden, the balance between individual and societal rights favours societal rights, while the reverse is true in Canada.

In response to a question about incarceration as a response to drug addiction, Councillor Kim Capri said the attorney general had announced that Vancouver will have a community court within one year. She said she did not know if the model would handle youth cases. A coalition member explained that the community court would offer wrap-around services with an integrated team including nursing staff and case workers and would link people to housing and treatment services, for example.

Just before the break, Mayor Sullivan announced that he was planning to visit a number of cities in Europe, in early 2007, to look at innovative ways they are tackling issues associated with drugs and public order. He said it would be helpful for the citizens of Vancouver to know what works elsewhere.



Patricia Barnes

### **Patricia Barnes; Living in Community**

Hastings North Business Improvement Association Executive Director Patricia Barnes kicked off the presentation on the Living in Community project. Barnes explained that about three years ago, she started receiving calls from business owners upset to see very young women involved in the sex trade working in the nearby light industrial area. Barnes said she also heard from several neighbourhood houses interested in examining the issue of sex work, because they had seen the cycle of neighbourhoods pushing the women from one area to another.

The neighbourhood houses, business groups, some sex worker organizations, police, Vancouver Coastal Health and the Vancouver Aboriginal Council sought and received funding from the Vancouver Agreement to establish a project to improve the health and safety of all in the community, including businesses, sex workers and residents. The coalition formed a steering committee and then hired a coordinator, who developed a draft action plan and set up neighbourhood dialogues about the issue.



Daniele Hurley

### **Daniele Hurley**

Daniele Hurley introduced the Community Initiative for Health and Safety (CIHS), which is focused on improving the health and safety of all who are impacted by street-level sex work. The CIHS is involved in the development of a tool kit, which will contain health-related materials of use to sex workers and to residents and businesses. The kit, which is expected to be ready by January, will be available widely, throughout the city.



Lisa Gibson

### **Lisa Gibson**

The coordinator of Living in Community gave some background to the project, which was started in July of 2005. She acknowledged that the issue of sex work is contentious but said, however, that the diverse group that tackled the issue found many common themes: the desire for safety and health, a shared understanding of the stigma associated with the work, the necessity for legal reform and the need for mutual respect.

Gibson said the group believes that for change to occur broadly, there must first be local and individual changes. The steering committee members agreed that there must be community development at the very local community level. There must be prevention and education, interventions, exiting strategies for those wanting to leave sex work and legal responses.

Gibson said the draft action plan has 24 recommendations, including some calling for community teams to be involved in dealing with the impacts of sex work, safe zones for sex workers, prevention programs for youth, innovative treatment options for sex workers with addictions and daily outreach to street-based sex workers. There should also be monitoring of, and support for, the Parliamentary Subcommittee on Solicitation Laws.

LIC's intention in holding 10 neighbourhood dialogues is to get feedback on the action plan and elicit ideas from neighbourhoods. Following the consultations, LIC will revise the action plan, according to the neighbourhood feedback. Gibson urged those present to attend a neighbourhood dialogue, let people know about the dialogues, fill out the online survey and visit the website at [www.livingincommunity.ca](http://www.livingincommunity.ca).



Susan Davis

### **Susan Davis**

As a member of the LIC steering committee, Davis represents Prostitution Alternatives Counselling and Education (PACE) Society. She said

she felt that Vancouver's citizens can do much to improve the safety of sex workers and community members.



### **Question-and-answer session**

In response to a question regarding sex workers' clients, and why their problem rarely receives attention, Davis said she felt that sex was natural and that she considered many of her clients friends. She said measures such as sending them to a school to teach them not to purchase sex was doomed to failure. Davis said that the licensing procedure should be changed, so that sex workers can more easily work in safer situations. She said she is involved with a coalition looking at a cooperative massage parlour model.

Responding to a question about facilities specifically geared to sex workers, Davis said that there is a long wait for detox and that sex workers aren't going to go into a shelter where they're in bed next to a customer or drug dealer. They need sex-worker specific treatment and detox where they feel safe.



Julianna Torjek

### **Julianna Torjek: Youth Drug Prevention Network**

Julianna Torjek, Ricky Wong and Stephanie Grant announced that there would be a youth prevention summit, "Youth Drug Prevention Network: Get Plugged In," on November 17 and 18. The event will include the screening of films made by youth on drug prevention themes and will provide educational and networking opportunities for youth.

Other photos from the event:



(Left) City of Vancouver Drug Policy Program Coordinator Donald MacPherson and former Vancouver Mayor Philip Owen.

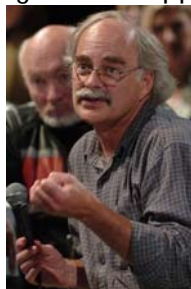


The meeting was held at the Roundhouse Community Centre with more than 100 Four Pillars Coalition members in attendance.

They listened intently to presentations.



Participants were given the opportunity to ask questions.



During breaks, participants engaged in networking and responding to media requests for interviews.

