

Mayor's Four Pillars Coalition Meeting October 3, 2008



Mayor Sam Sullivan welcomed participants to the Mayor's Four Pillars Coalition Meeting at Vancouver's downtown Segal Centre by reflecting on the central role issues related to the four pillars have played during his years as a City of Vancouver mayor and councillor. He noted that the four-pillar approach is effective public policy, as seen around the world.

In introducing the topics to be addressed at the meeting, Sullivan noted the 12 social house sites the City is now developing. He reflected on the money he helped to attract, as mayor, from Ottawa to Vancouver, for mental health and addictions treatment. He reminded the audience of the planned Keremeos site for a youth treatment centre, which must raise a final \$500,000 to complete the \$6 million project.

In referring to Project Civil City, Sullivan acknowledged the work by Civil City Commissioner Geoff Plant, saying that he has worked tirelessly to bring the Civil City message to the provincial and federal governments.

Sullivan also described how, more than 10 years ago, he purchased keynote speaker Bruce Alexander's book, *Peaceful Measures: Canada's Way out of the "War on Drugs"* and noted it revolutionized his thinking about drug problems.

In looking ahead to the Winter Olympics coming to Vancouver in 2010, Sullivan said participants in the four-pillar process must consider what message their city will offer to the world: how the city failed to address the problem, or how it succeeded. "We are making a difference, you are making a difference," Sullivan said. "This is a very historic thing we're doing in this room."



Margot Young, Associate Professor, UBC Faculty of Law

Margot Young addressed the constitutional issues around last May's legal decision that Vancouver's Supervised Injection Site, Insite, should remain open for another year, while the federal government rewrites a key section of the *Controlled Drugs and Substances Act*.

Young explained that the case is fascinating from a scholar's position because Insite's continued existence is influenced by constitutional perspectives as well as political, social, policing and other realms as well. Young outlined how Insite was given an exemption to federal legislation over criminal possession and trafficking of controlled substances. This protected Insite's staff and clients from being charged. It was this temporary exemption that the federal government would possibly not renew.

Young explained that the court, in considering constitutional arguments, first focused on the issue of inter-jurisdictional immunity, meaning that sometimes one level of government must be "immunized" against another level. In this case, both the federal and provincial governments have the authority to make laws affecting Insite's operations: the federal government regarding drug possession and trafficking and the provincial government regarding healthcare services. The court ruled that inter-jurisdictional immunity was not relevant here because there are two equally valid federal and provincial pieces of legislation around the same activity. The court then examined federal paramountcy and found that the federal law is paramount.

The court then examined arguments around the *Canadian Charter's* protection of "life, liberty and security of the person". The court found that the federal law imposed an infringement to the life and security of Insite clients because they have an illness - addiction - which requires a healthcare response. That meant users should not be prevented from accessing those services, in this case at Insite. It also determined that such infringements are not in accordance with the principles of fundamental justice.

The decision extended Insite's exemption from the federal law to June 30, 2009, giving the federal government time to decide what to do, to fix the problem. Meanwhile, the federal government has launched an appeal of the case. Young said it's likely the exemption will be extended, as long as the matter is before the courts.

Young stressed that this particular court ruling specifically concerns Insite. She said it's possible that an accommodation could be reached with

other sites, allowing a practical resolution to the situation that does not necessitate going to court.



Allan Shoom, Vancouver Community Court Coordinator

Allan Shoom described Vancouver's Community Court, which opened only weeks before the meeting, on September 10. He acknowledged Geoff Plant, saying he did an enormous amount of work behind the scenes, to help establish the court.

Research carried out prior to the opening of the court showed that 60 percent of inmates suffer from mental illness and addictions; 70 percent are on social assistance.

The court, located at 211 Gore Avenue in Vancouver's Downtown Eastside, takes a problem-solving approach to criminal justice. It covers the area bordered by Clark Drive to Stanley Park, and Great Northern Way to the water. Shoom said the court is based on a New York model but noted there are also community courts in Australia, England and South Africa, for example. "It's the partnerships that actually make community courts," he said. Shoom said during the last year, he helped to work on coordinating the partnerships with agencies and different aspects of the justice system, to determine how the court would tackle problems. Over the next year, he said, the court will focus on community partnerships. Currently, it works with about 40 staff from social service agencies.

Shoom said the community court holds clients more accountable. It gets them into court rapidly, to resolve their cases. With the cooperation of the police, the person could appear in court on the same day as, or the day following, the crime. Most cases are dealt with within five days. He said that clients who come to the community court and take responsibility for their actions can have a sentence and a plan in place within the same day.

In response to a question about the city's capacity to place clients in housing, provide treatment or offer them community work, Shoom said the court would likely have to go through one year, and then assess. He said the court is likely to handle 15 new cases per day.



Heather Hay, Vancouver Coastal Health

Heather Hay described the new Burnaby Centre for Mental Health and Addictions which will eventually serve 100 medically stable clients. She said that the centre was created in recognition of a new client population: those with mental illness and addictions living in inner-cities. (She noted there is an over-representation of Aboriginals in this group.) Hay said this population needed an integrated approach because many tend to cycle through emergency shelters, hospitals, jail and the street. As well, they're often banned from treatment services and housing, because of behaviours stemming from their mental health problems and addictions. Most also have complex healthcare needs.

The centre opened 30 beds in July; a further 70 beds will open by the end of this year. Hay anticipated that the average length of stay will be nine months.

Hay said that the Centre focuses on the strengths clients can bring to the community. The centre includes an integrated care team, comprised of psychiatrists, doctors, nurses, social workers, art and music therapists, occupational and physical therapists, withdrawal management, complementary therapies, financial workers and addiction counselors.

Clients must display significant problems in their mental health, substance use, physical health and behaviour. They must show an inability to engage with or benefit from traditional mental health and addiction programs. If they require treatment in an acute care medical or psychiatric setting, they are not accepted as clients at the centre.

In reviewing the cases of the first 28 clients, Hay noted all were voluntary, all were facing mental illness and addiction and 87 percent were homeless. There are currently about 200 people on the wait list. Hay noted that clients usually have more than one mental health concern and most report poly substance use. All have physical health problems.

Hay said the centre works to reintegrate clients into the community by leading them through four phases. In the first stage, staff conduct a client assessment and start initial treatment. In the second phase, clients go through post-detox management, psycho-education and enter an introduction to therapy and early identification of strengths. In the third phase, clients start their active treatment of mental health issues, undergo advanced addiction management and do their strength-based planning. The final phase includes rehabilitation and reintegration, where clients complete personal care and

community engagement plans. It will be key to connect clients to housing (outside of the DTES), vocational training or work or volunteer work, and community-based treatment.

Hay said it is anticipated that about 10 percent of clients who complete the four phases should be able to function independently or relatively self sufficiently; 40 percent will need a low to moderate level of support to function independently; 25 percent will need low to moderate level of support to function independently; and 25 percent will require moderate to very high level of support to function.



Armin Amrolia, Senior Development Manager, BC Housing and Rob Whitlock, Senior Housing Planner, City of Vancouver

Armin Amrolia of BC Housing outlined the agency's recent work in new housing to break the typical cycle of homelessness. In October 2007, the Province announced \$25 million in increased funding towards this goal. The response included the extension of emergency shelters to remain open (day and night), the expansion of homeless outreach programs, the availability of rent supplements for the homeless and the development of supportive housing.

The Provincial Homelessness Initiative (PHI) creates strategic partnerships to provide health and support services. It includes the expedited development of 14 city-owned sites. Amrolia explained that the province is funding the pre-development costs, to expedite the projects which include 1,419 units of long-term supportive housing. It has entered into a partnership with the City of Vancouver, Vancouver Coastal Health, and other ministries and agencies. She said the developments are targeted towards a range of vulnerable populations; all the buildings will have on-site supports and will be managed by experienced, non-profit housing providers.

Rob Whitlock of the City of Vancouver's Housing Department said there had been a lot of activity in housing issues in the past few years. In addition to policy work, he said the City had taken the lead in the acquisition of sites. In 2007, the City and the province, agreed to work in a partnership to develop 12 sites over the next three years. Whitlock then went through each of the sites, outlining where each was in the approvals process and what remained to be done. Next steps include the completion of leases, the finalization of designs and construction costs, a final project commitment from BC Housing, a

finalization of construction contracts and then the project can proceed with construction.

In response to a question, Amrolia noted that the ideal would be to include as many self-contained units as possible. She said the goal is to create housing with supports for individuals.



Catharine Hume, Project Coordinator, Mental Health Commission of Canada

Catharine Hume outlined the role of the Mental Health Commission of Canada (MHCC), which is working to develop a national strategy, run an anti-discrimination campaign and establish a knowledge exchange center. Earlier this year, the MHCC announced it would use \$110 million to undertake five demonstration projects in mental health and homelessness in five cities across Canada, including Vancouver.

The principles guiding the work are that people with “lived experience” are central to the project; the projects should help to develop a knowledge-base; the project should build on related work; the research must be ethically sound; the process should support knowledge exchange; the projects should ensure lasting results; there should be long-term improvements in the quality of life of participants; the project should address fragmentation through system integration and it should foster collaborations and partnerships (in Vancouver this would be with the City government, BC Housing, the provincial government, Vancouver Coastal health and the non-profit housing sector).

The project seeks to determine what works best in terms of creating stable housing and better outcomes for people with mental health and housing problems. The first option, for people with high needs, is to provide housing that combines permanent housing and assertive community treatment. The second option, for people with less high needs, combines permanent housing and intensive case management. The third option includes housing and service elements.

This will be a four-year, demonstration project focused on identifying what interventions best achieve housing stability and improved health and well being for those who are homeless and mentally ill. The funding provided will cover research costs, rent subsidies and services and system integration. It will provide housing for adults who are homeless and have a serious mental disorder; this includes people with mental illness who abuse substances.

Hume explained that the study will carry out cost-benefit analysis of the different options. It will try to determine how those with lived experience can

inform service delivery. The study will also try to determine the critical ingredients of the model and what modifications are needed to effectively implement in it different size cities

The entire research project is being overseen by a national research team, while there are local research teams, advisory committees and site coordinators. Hume said the site research team for Vancouver will be established by January. It will then follow a six month implementation plan.



Geoff Plant, Civil City Commissioner

Civil City Commissioner Geoff Plant spoke about the Collaboration for Change. Saying, “It feels to me a bit like we’ve been hearing from spots of light on this spectrum of complex problems,” Plant said the Collaboration aimed to connect those dots of light, to connect the services.

From last January to last summer, the Collaboration was in an active phase with meetings and work involving an Oversight Committee and an Expert Working Group. An April forum included a day-long meeting at the Wosk Centre where invited participants spoke about the need for change.

Plant said there were calls for more specific services and programs; possibly, the system needs to be turned on its head so that the client is at the centre. Plant said there are four critical components to the change needed. There must be political leadership to drive the change; there is a hugely important role for the community in this work; there is a need for early action on projects, which will make a difference in the lives of Vancouver residents; and the process needs to be inclusive. Plant stressed that there must be an emphasis on early, concrete projects that will make a difference.



Bruce Alexander

Bruce Alexander, who just published the book *The Globalisation of Addiction: A Study in Poverty of Spirit*, delivered the keynote address. He started by saying that when historians write about this era in Vancouver, a strong legacy will be the four pillars approach. He noted, however, that while it's the best that can be done at a city level, it will not solve problems related to drugs.

Alexander said that the problem is that the strategies used are not getting at the heart of the issue. He said his new book outlines a re-conceptualization of the problem, to guide people in shifting away from the conventional wisdom that has not lead to a solution to the problem.

Alexander used four *Globe and Mail* columns, written by columnist Margaret Wente last summer, to show how her approach, using conventional wisdom, is misguided. The columns heavily criticized harm reduction but, according to Alexander, left out critical information. Alexander presented information showing that drug deaths, per capita, are lower in countries where the society has successfully harnessed capitalism to protect families and communities. Alexander read a letter he has written to Wente, in response to her columns. ([See attached letter.](#))



Mayor Sam Sullivan

Wrapping up the last Mayor's Four Pillars Coalition meeting he would attend as mayor, Sullivan thanked participants for attending the meeting. He thanked Geoff Plant for his work, particularly behind the scenes, to move the Collaboration's agenda forward. He also thanked Drug Policy Program Coordinator Donald MacPherson for his "subversive" work in drug policy.



Donald MacPherson, Drug Policy Program Coordinator, City of Vancouver

Donald Macpherson thanked Mayor Sullivan for his leadership saying, “We’re all very indebted to your progressive thinking.” He also thanked those present, noting that the range of work being carried out in Vancouver shows that while the problem isn’t solved, there are numerous projects carrying out work in each of the four pillars.

