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Four Pillars News is published for the Mayor's Four Pillars Coalition by the City of Vancouver.

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FOUR PILLARS NEWS

[Harms highlighted in Canadian Addiction Survey](#)

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Harm from one's own use of alcohol: Almost 1 in 10 current drinkers report that they experienced harm from their drinking during the past year. The greatest harm reported (in those age 15 plus) was to physical health (5.4%).

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The project is based on the belief that fostering responsible and aware youth is an effective response to the methamphetamine issue. According to B.C.'s chief coroner Terry Smith, the number of methamphetamine deaths in the province has been climbing

MAYOR'S COLUMN

[A Year to Reflect and Re-activate our commitment](#)

By Mayor Larry Campbell



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[Community takes the lead in West End program](#)

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First new opiate addiction treatment in over 40 years

plans.

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Edited article from CNW Group

Sent: February 11, 2005

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FOCUS ON ... 4 Pillars Coalition

Assessing our work: Coalition to give direction

By Donald MacPherson, Co-ordinator of the Drug Policy Program

We want the input of Four Pillars Coalition members on March 9. A lot has happened since *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver* was adopted by city council in May, 2001 and it's time to discuss where we are at. A Four Pillars Coalition working session is planned for March 9 between 8:00 am and 12:00 pm at Vancouver's Sutton Place Hotel. At this session we will challenge Coalition members to give us a report card on how well we are doing in implementing the City's Four Pillars drug strategy. We would like to have a frank discussion on successes, challenges and gaps in the City's drug strategy and hear your ideas for future directions within the strategy.

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FOUR PILLARS NEWS

Harms Highlighted in Canadian Addiction Survey

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Alcohol: Nearly a quarter of former and current drinkers report that their drinking has caused harm to themselves and to others sometime in their lives.

Harm from one's own use of alcohol: Almost 1 in 10 current drinkers report that they experienced harm from their drinking during the past year. The greatest harm reported (in those age 15 plus) was to physical health (5.4%). Three per cent reported harm to friendships and social life. In descending order, other harms identified include: financial position, home life or marriage, work, studies or employment opportunities, legal problems, difficulty learning and housing problems.

Harm from someone else's use of alcohol: Almost a third of respondents (32.7%) reported having been harmed at least once in the past year because of someone else's drinking. One in ten respondents, 18 years and older, reported that someone's drinking was responsible for family and marriage problems. About 22 per cent reported being insulted or humiliated. In descending order, other harms include: verbal abuse (15.8%), serious arguments or quarrels (15.5%), being pushed (10.8%) and being hit or physically assaulted (3.2%).

Harms related to alcohol use are high in B.C. compared to other provinces. Harm related to friendships, for example, ranges from 9.6 per cent in Quebec to 17.7 per cent in B.C. Reported harm to physical health ranges from 10.5 per cent in Newfoundland to 18 per cent in B.C.

More drinkers in 2004 report harms due to their drinking during their lifetime than did drinkers in earlier surveys (1989 and 1994).


Cannabis: About 1 in 20 Canadians reported a cannabis-related concern. The most common concern is failing to control use (4.8%). Other concerns include: a strong desire to use (4.5%) and friends' concerns about respondent's cannabis use (2.2%). Problems such as unfulfilled obligations and experiencing health, social and legal problems are listed by one per cent or less of respondents.

Among past-year cannabis users, more than one-third (34.1%) reported failing to control their use or a strong desire to use (32%). About 16 per cent reported that friends/relatives expressed concern about respondent's cannabis use, almost seven per cent reported failed expectations and almost five per cent reported having

health, social or legal problems due to their use.

Other illicit drug use: The most commonly reported drug-related harm involves physical health, reported by 10.1 per cent of past-year users of any illicit drug. Other harms reported by past-year users of any drug include: friendship and social life (6%); home and marriage (5.1%); work (5.1%) and financial (6.5%).

About 17.5 per cent of past-year users of illicit drugs reported experiencing one or more of the eight harms.

The overall trend of increasing rates of illicit drug use has not meant significant changes in reported harms among variables that can be compared in the 1994 and 2004 surveys. 

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FOUR PILLARS NEWS

A Year to Reflect and Re-activate our Commitment

By Mayor Larry Campbell

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As I write this, another important component of our strategy is finally hitting the streets following Health Canada approval: the North American Opiate Medications Initiatives, known as the NAOMI project, began recruitment this week. This randomized clinical trial has been a long time coming and will provide an opportunity to scientifically evaluate the outcomes of prescribing heroin to select long-term heroin users. NAOMI will give us much needed answers about whether prescribed heroin can play a role in stabilizing the lives of a small percentage of those addicted to heroin. If the answer is yes, as it was in key Dutch and Swiss studies, I can imagine in the future small but innovative heroin treatment programs becoming part of our city's fabric.

Our staff has been working hard to prepare a strategy to prevent the harms from substance use for our city and a public process to review this strategy is planned. Prevention, as you know, is close to my heart after years as the province's Chief Coroner where I encountered so many deaths attributed to substance use - deaths that may have been prevented had we taken a different, and more comprehensive, approach. Prevention is at the core of creating communities where individuals and families flourish, addiction is viewed as a health issue and appropriate responses are in place for those who develop problems with the use of psychoactive substances.

Thank you very much for supporting the work of the Four Pillars Coalition over the past few years and I look forward to your participation in reviewing the Four Pillars drug strategy. 🌈

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FOUR PILLARS NEWS

Methamphetamine project relies on peers

In response to what some have called a crisis, an innovative pilot peer education project focused on youth and methamphetamine is receiving a lot of attention.

The project is based on the belief that fostering responsible and aware youth is an effective response to the methamphetamine issue. According to B.C.'s chief coroner Terry Smith, the number of methamphetamine deaths in the province has been climbing each year, with the majority of victims, young males. The project aims to create an effective training program by focusing on street-involved peer educators. This is complemented by a harm reduction education campaign, a methamphetamine harm reduction network and a peer education network. A peer training package has been used to train nine youth between the ages of 17 to 24 over a three month period. These youth are trained to make contact with peers who use methamphetamines.

Caitlin Padgett, the Project Coordinator (the current name of the project is Crystal Clear Peer Support Training), wears many hats in her work: advocate, facilitator, counsellor, administrator. Hosting a twice a week meeting with selected youth, she emphasizes the importance of creating a safe space and taking a flexible approach. This may be the first time that many of the street-involved participants have committed to stay in a group. While there is structure, there is also fluidity to address learning challenges, communication issues, etc. The key to the project's success, Padgett believes, is the ownership of the process taken by participants from the start. For the first time, perhaps, participants are actually being valued for who they are with the recognition that their life experience on the streets can be a huge asset, says Padgett. Participants chose to focus efforts on street-level outreach to their peers and acting as peer advocates for youth facing discrimination when using health care services. They are also receiving training in harm reduction techniques, including needle exchanges.

Padgett says that many participants see this as a first step in changing their lives and starting careers as youth workers, counsellors, outreach workers or starting drop-in centres. Many, in fact, had already been operating on the streets informally as peer support workers before the project began. Participants share one overriding desire: they want to help make a difference in their community and with their peers through training and outreach. They are hoping for ongoing funding to acquire the supplies needed for outreach work and a permanent place for a drop-in centre.

The project's peer model is the best way to access "marginalized, service-wary, professional-wary" youth, says Padgett. Participants are now accessing services, but are still connected to the street and able to develop trust with street-involved youth that professional service providers are not.

Information shared by the peer workers is expected to foster an improved

knowledge of methamphetamines, their impacts on nutrition and health as well as improve access to services for street-involved youth. The project seeks to empower youth to make safer and healthier decisions through education and advocacy and referrals for street-involved youth to access housing, detox, treatment and counselling/support. Potential health benefits from the project include reductions in harmful use of methamphetamine, in crime and police incidents and in methamphetamine-related hospital admissions. The project also hopes to reduce the age of first use of the drug.

Partners in the project include Watari Research Association, Vancouver Coastal Health, the Four Pillars Fund and two other funders. A report released by the province, "*Crystal Meth and Other Amphetamines: An Integrated BC Strategy*" (August 2004), speaks to the urgency of the issue.

(<http://www.healthservices.gov.bc.ca/mhd>) The report recognizes that meth use in BC is becoming a serious and growing concern, representing a significant public health and social challenge. Amongst the priorities are identifying high risk populations and reducing harm to individuals, both of which are being addressed by this project.

In 2002, service providers, health care professionals, police, youth and other community members began working together to create a response to the methamphetamine crisis. The Methamphetamine Response Committee (MARC) was formed to address the social harm associated with the harmful use of methamphetamines. One sub-committee of MARC is focused on prevention, community education and treatment. This sub-committee initiated the project. Project funding ends in March, 2005. 🌈

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FOUR PILLARS NEWS

Integrating stakeholders around crystal meth

There is no evidence to suggest that a crystal methamphetamine user will become addicted after a single use. With frequent use, however, there are serious mental health effects such as psychosis, paranoia, depression and hallucinations. These were among the initial findings from the first Western Canadian Summit on Methamphetamine held this November in Vancouver.

The summit's collaborative focus was based on a nine-member Consensus Panel who heard 25 experts speak on all aspects of the issue, followed by dialogues with summit delegates.


The Consensus Panel's initial findings focused on health, scope of the issue, law enforcement, prevention and health promotion, and opportunities for collaboration. A clear need for specialized treatment approaches and resource-intensive programs was identified. More research, it was concluded, is needed to understand long-term exposure to methamphetamine. On the law enforcement side, it was believed that criminal organizations are involved in crystal methamphetamine production and distribution. Crystal meth is easy to produce, but poses serious risk of fire, explosions and inevitability of toxic waste. Methamphetamine, it was learned, is produced locally and can be made in one day. There was indication that there has been an increase in production. Controlling the ingredients used to make the drug, was seen to hold some promise for disrupting the production economy.

It was determined there was a higher prevalence of use in western than eastern Canada. There has been an increase in use among street-involved youth, gay men, and young adults in the drug scene, although drug use is not limited to these communities. A one-size-fits-all response, it was felt, will not work. Efforts need to focus on particular populations using the drug.

The panel found that peer outreach within affected communities shows promise (despite a lack of research). The response needs a culturally supported and individually tailored continuum of services and a range of harm reduction strategies from prevention to treatment to post-treatment care. Legislation was called for to encourage collaborative collection of data. Social determinants, including poverty, homelessness, employment, family and health, must be considered.

The results from the summit will be reproduced in a document to guide communities in how to integrate stakeholders to develop integrated responses to the use and production of methamphetamine.

Up to 250 delegates including policy makers, healthcare workers, law enforcement, social service providers, parents, users, and community members attended the summit. It was sponsored by Vancouver Coastal Health and funded by

the BC government and health authorities, Health Canada, Public Safety and Emergency Preparedness Canada, and the governments of Alberta, Saskatchewan and Manitoba. 

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FOUR PILLARS NEWS

Busy Referral Service Gets People Connected

By Hazel Smith, Coordinator, Communications and Marketing, Information Services Vancouver

It's a province-wide service that connects people to the resources they need most. The Alcohol and Drug Information and Referral Service (ADIRS) hears from more than 60 people a day who call the 24-hour a day, seven day a week service needing assistance. Last year, more than 23,000 British Columbians called from all areas of the province, with the largest number of enquiries (28 per cent) coming from people living in the Vancouver/Richmond area.

One call might be from a man who wants to quit drinking after years of abusing alcohol; another from a distraught mom who's discovered her son is using heroin. And another from a young woman, frightened because she's pregnant and hooked on a variety of street drugs.

Whatever the problem or concern, the ADIRS staff can help. They provide emotional support, practical information, and referrals to a variety of community, social and government services and programs.


The toll-free service is operated by Information Services Vancouver (ISV) on behalf of the Ministry of Health Services. ISV has been operating the service since 1989. It's one of three specialized, multilingual help lines provided by the accredited, non-profit agency. The agency also operates the Problem Gambling Help Line, another addictions-based service, and VictimLINK, a help line for victims of family and sexual violence and all other crimes. All of the services are provided free-of-charge and on a strictly confidential basis.

Calls are often complex, with people sometimes describing scenarios involving one or more 'cross-over' issues. So, the young man who uses heroin might be facing criminal charges, too; or the man who wants to stop drinking might also have a gambling addiction. Because staff is trained in all aspects of addiction and other issues related to the specialized services, and respond to calls on all the lines, they are well-equipped to help people who have multiple issues.

Skillful questioning and careful listening help to assess the person's situation. Staff identify the choices available to the caller, explaining the possible outcomes of pursuing one option over another. With access to ISV's comprehensive province-wide database, staff is able to refer people to the resources best able to meet their needs, or those of family members or friends living elsewhere in BC.

The most frequent referrals are to outpatient services, residential treatment facilities, residential and non-residential detoxification services, support groups, counselling and education/prevention resources. Often, more than one referral is given.

In 2003-2004, 32 per cent of calls to the ADIRS concerned the use and abuse of alcohol; 18 per cent of calls involved cocaine, and 7 per cent heroin. Other substances mentioned by callers included crystal methamphetamine (these calls have doubled in the last couple of years), ecstasy, prescription drugs and tobacco.

The Alcohol and Drug Information and Referral Service can be contacted at 604 660-9382 or, for people living outside the Lower Mainland, at 1-800-663-1441. 

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FOUR PILLARS NEWS

Community takes the lead in West End program

By Dana Walker, West End Neighbourhood Committee Coordinator

The West End Co-ordinated Neighbourhood Response Program has been created to address street-level issues that negatively impact the sense of safety and liveability in the West End of Vancouver. The coordinated response approach seeks to enhance and support a community-based partnership with various levels of governments. Goals and objectives are being defined and will be translated into action plans. These plans are to be implemented and monitored by the community. The top five street level issues we are dealing with have been identified as:

1. Homeless people
2. Drug dealing and use
3. Property crime
4. Unsafe traffic and pedestrian intersections
5. Illegal street behaviours.

The program is in the initial stages of gathering information, identifying and cataloguing available and missing resources and formalizing a community-based committee. This committee has representatives from the residential, business, non-profit, religious and government sectors. It will be engaging the larger community for further involvement in the new year. The committee's Chair, Brent Granby, and Vice-Chair, Elizabeth Storbo, have been elected, along with a set of working principles and values.

For more information on the pilot program and how to get involved, please contact the project coordinator, Dana Walker, at 604-871-6780. 🌈

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NAOMI set to go; idea hardly new

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The above quotes are taken from: **George H. Stevenson et al, Drug Addiction in British Columbia: A Research Survey, UBC, 1956, unpublished.**

Jump forward to February 2005 and recruitment is set to begin for the Vancouver arm of the North American Opiate Medication Initiatives (or NAOMI). In Vancouver, 158 people addicted to heroin will be selected and randomly assigned to two groups: 70 receive methadone only and 88 get heroin along with methadone. A small number of participants in the 'heroin' group will also be given hydromorphone, similar to, but distinguishable from, illegal heroin. This will indicate whether participants supplement street heroin. The NAOMI trial, also scheduled for Montreal and Toronto, is meant to determine whether prescription heroin or a combination of heroin and methadone might be a better treatment for some who don't respond well to methadone-only treatment.

Similar experiments tried in Switzerland and the Netherlands suggest that prescription heroin can be an effective treatment - improving health and quality of life - for some of those addicted to heroin.

While the idea of prescribing heroin continues to generate debate in the media today, it is an idea that stretches back in Vancouver to 1952. Following the completion of the NAOMI trials, scientific results will finally be available, upon which to base future policy directions. 🌈

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FOUR PILLARS NEWS


Assessing our work: Coalition to give direction

We want the input of Four Pillars Coalition members on March 9. A lot has happened since *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver* was adopted by city council in May, 2001 and it's time to discuss where we are at. A Four Pillars Coalition working session is planned for March 9 between 8:30 am and 12:00 pm at Vancouver's Sutton Place Hotel. At this session we will challenge Coalition members to give us a report card on how well we are doing in implementing the City's Four Pillars drug strategy. We would like to have a frank discussion on successes, challenges and gaps in the City's drug strategy and hear your ideas for future directions within the strategy.

With your feedback, a strengthened Framework for Action will be developed over the next eight months to identify where best to focus attention and action during the next three years. The diverse membership of the 80 plus organizations promises to bring varying perspectives and a lively debate.

The Drug Policy Program will send coalition members an update with respect to recommendations from *A Framework for Action* (2001). We know there are gaps and would like members to provide additional information. We hope, through this process, to identify our major successes as well as priority areas that have received little attention or been dropped from the agenda.

Following the meeting, four working groups of the Four Pillars Coalition will design goals and actions for a strengthened Framework for Action based on areas identified at the March working session. A report of the strengthened Framework will be sent to members with a mid-September meeting planned for review.

Andrew Mackey is working with the city on this process and will be meeting with coalition members and providing on-going facilitation and support. 

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FOUR PILLARS NEWS

First new opiate addiction treatment in over 40 years

Edited article from CNW Group

Sent February 11, 2005

For the first time since 1961, patients in Canada will have access to a new treatment for addiction to opiates such as heroin and prescription pain medication. Subutex(R) (buprenorphine hydrochloride), an oral medication that diminishes drug cravings, reduces withdrawal symptoms and blocks the effects of subsequent drug abuse, has been approved by Health Canada. Subutex will be available by the end of 2005, following education sessions for physicians.

"This is a very welcome addition to our limited treatment toolbox for opiate-addicted patients," said Dr. David Marsh, president of the Canadian Society of Addiction Medicine. "I am pleased that this medication will soon be available. I am also happy to hear that there will be programs to educate physicians about treating this patient group."

Of the more than 100,000 people addicted to opiates in Canada, only 25,000, or one-quarter, are currently in treatment programs. The estimated social and economic cost to Canadian society of untreated opiate addiction was \$1.4 billion in 1992 alone(1). This does not include the increased public health costs associated with the diagnosis and treatment of conditions such as Hepatitis C and HIV that are transmitted by intravenous drug use.

It is estimated that up 25,000 more people would like to receive therapy but are reluctant to initiate methadone, the current standard. Existing treatment of opiate addiction with methadone is complicated by high relapse rates, risk of misuse and overdose. The social stigma of using methadone, widely known for the treatment of heroin addiction, as well as privacy issues encountered by patients in many cases may deter potential patients from existing therapy.

A comparison of Subutex, a partial opioid agonist, to methadone indicates that the possibility of fatal overdose with Subutex is limited as it exhibits a "ceiling effect" on opiate activity (2) . This means that even at high doses, Subutex could have a lower risk of respiratory depression.

Schering, the company that produces Subutex, has committed to the development and provision of educational sessions for physicians who wish to prescribe the drug.

Subutex(R) is a registered trademark of Reckitt Benckiser Healthcare (UK) Limited

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Footnotes(1) Reducing the Harm Associated with Injection Drug Use in Canada , Prepared by F/P/T Advisory Committee on Population Health, F/P/T Committee on Alcohol and Other Drug Issues, F/P/T Advisory Committee on AIDS, and F/P/T Heads of Corrections Working Group on HIV/AIDS, September 2001.

(2) Product Monograph, Schering Canada Inc. SUBUTEX(R) 

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