



June 2004 Newsletter

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

Editor

Theresa Beer, Drug Policy Program

Contributors

Mayor Larry Campbell
Donald MacPherson
Zarina Mulla
James Tigchelaar
Heather Hay and David Marsh
Theresa Beer

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by Heather Hay, Director Vancouver Coastal Health and David Marsh, Physician Leader, Addiction Medicine, VCH

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[How are we approaching the prevention of problematic drug use in Vancouver?](#)

by Zarina Mulla, Social Planner, DPP

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MAYOR'S COLUMN

[Enforcement Pillar Laying the Foundation](#)

by Mayor Larry Campbell

In April 2003 the VPD initiated a Citywide Enforcement Team (CET) whose goals involved "disrupting the open drug market and interrupting the cycle of crime and drug use that marks the streets of the Downtown Eastside." It involved the re-deployment of officers from other areas of the city to the DTES in an attempt to restore order to a community in distress.



While this policing strategy directed towards the open drug scene has been effective in ending the worst of it, it has also been controversial.

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MEMBER STORIES

Street Nurse Informs Victoria on Four Pillars Approach

by James Tigchelaar, Street Nurse
with the BCCDC Street Nurse
Program

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Latest Drug Use Data in CCENDU Report

by Theresa Beer, Communications
Coordinator, DPP

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Methadone program more than
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Sergeant Scott Thompson, who has
been immersed in nearly every
controversial issue in the Downtown
Eastside over the past two years, was
recently honoured as 'Police Officer of
the Year' by the Vancouver Junior
Board of Trade.

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Coalition Member Further Partnership

by Dr. Joanna
Ashworth, North
Growth Management
Director of Programs,
SFU

Simon Fraser University ,
one of the early
members of the Coalition
for Crime Prevention and
Drug Treatment
(renamed the Four Pillars
Coalition) in 1997, is
continuing its
commitment to an
important civic
initiative: a partnership
with the city's Drug
Policy Program to further
the prevention pillar.

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[Fix Best Documentary Film in Canada](#)

Nettie Wild's, *Fix: The Story of An Addicted City*, won the Canadian genie award this year for best documentary film. *Fix* is a confronting and powerful documentary which chronicles the fight to stop the drug death toll and manage Vancouver's addiction issues.

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CONTACT INFO

Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
www.city.vancouver.bc.ca/fourpillars

Phone: 604-871-6483
Fax: 604-871-6488

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FOCUS ON ... HARM REDUCTION

[Municipalities Key to International Harm Reduction Conference](#)

by Donald MacPherson, Drug Policy Coordinator, City of Vancouver
Mayor Larry Campbell's speech at the 15 th annual International Harm Reduction Association (IHRA) conference this year in Melbourne Australia (April 20 - 24) fit perfectly into a key theme at the conference: the role of municipalities. Mayor Campbell, invited by the Council of Capital City Lord Mayors as a key note speaker, spoke of Vancouver 's process in developing a comprehensive city-wide drug strategy. He focused on the response to the public health disaster that we witnessed during the 90's in the Downtown Eastside and interventions, including the supervised injection site, to reduce the negative impacts of problematic drug use, addiction and the drug market on our inner city communities.

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Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
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Latest Drug Use Data in CCENDU Report

by Theresa Beer

The number of clients in the BC Methadone program more than doubled in the last five years. An analysis of drug samples seized at raves between September 2001 and June 2003, shows that more than 58 per cent contained methamphetamine. Over the past decade, drug offences in BC have increased by 63 per cent. This was largely in connection to cannabis, which in 2001 accounted for 76 per cent of all BC drug crimes. In 2001, crack (smoked) cocaine use was higher in Vancouver than either injected heroin or cocaine use.

This information and much more is found in the fifth Vancouver Canadian Community Epidemiology Network on Drug Use (CCENDU) report released in July 2003. CCENDU monitors drug use and the adverse consequences of drug use at the community level. The quantitative and qualitative data is taken from a variety of sources including the Vancouver Police Department, VIDUS, the BC Centre for Disease Control and the BC Coroners Service. Twelve urban sites across Canada currently participate in CCENDU.

While it is not new data, Vancouver site coordinator and physician epidemiologist Jane Buxton says the report contains the latest information available (at the time of writing) on drug use. It allows researchers to "highlight things to keep an eye on," says Buxton. Some highlights in the 2003 report include the continuing decline of illicit drug deaths, new trends in methamphetamine use and harm reduction efforts. Buxton cautions that some data, such as crime information, are difficult to interpret given the changing targets of police campaigns.

During a community forum in Vancouver in April evaluating the report, Buxton says she discovered that while some groups such as VANDU incorporate the CCENDU data into their strategies, a number of agencies are not aware of the report. The next report, due in January 2005 will be "more user friendly for agencies and other people who might be using it," says Buxton.

The report can be found at: http://www.ccsa.ca/ccendu/pdf/report_vancouver_2003.pdf

Jane Buxton can be contacted at: jane.buxton@bccdc.ca 

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Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
www.city.vancouver.bc.ca/fourpillars

Phone: 604-871-6483
Fax: 604-871-6488

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Fix Best Documentary Film in Canada

Nettie Wild's film, *Fix: The Story of An Addicted City*, won the Canadian genie award this year for best documentary film. *Fix* is a powerful documentary which chronicles the fight to stop the drug death toll and manage Vancouver's addiction issues. Wild, whose previous works received awards from the Berlin International Film Festival and the International Documentary Association, guides her story through the eyes of VANDU activists Ann Livingstone and Dean Wilson, former mayor Philip Owen, businessman Bryce Rositch and Vancouver Police Department Sergeant Doug Lang.

Filed over 18 months, the documentary explores the struggle to open a safe injection centre. According to former mayor Owen, who is often present at film screenings, more than 50,000 Canadians have seen *Fix* in theatres and several hundred thousand more have seen the film on television. Wild's other award winning films include, *A Place Called Chiapas* (1998) and *A Rustling of Leaves: Inside the Philippine Revolution* (1989). 🌈

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Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
www.city.vancouver.bc.ca/fourpillars

Phone: 604-871-6483
Fax: 604-871-6488

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FOUR PILLARS NEWS

How are we approaching the prevention of problematic drug use in Vancouver?


by Zarina Mulla, Social Planner and Coordinator of the Prevention Strategy, DPP

Over the next few months, the Drug Policy Program of the City of Vancouver will be working with the community to develop a strategy to address problematic drug use in Vancouver. The strategy will be a comprehensive, integrated and evidence-based document aiming to provide a roadmap for the citizens of Vancouver and City Council to identify and implement options to address problematic drug use in the city.

The prevention strategy is grounded in a democratic process, seeking input from communities whose voices have not always been heard. During the summer and fall, there will be a range of dialogue sessions, community consultations and meetings. The city is seeking input from people of diverse ages, backgrounds, sexual orientations, professions and neighbourhoods. Together, they will help define what prevention of problematic drug use means, its relevance to the diverse communities of Vancouver and the fundamental elements to promote individual quality of life and social cohesion. The input gathered from these dialogues will be analysed qualitatively, forming the main body of the strategy.

The prevention strategy is part of an integrated approach that works in collaboration with partners in communities, businesses, governments, as well as individuals and families. There are no simple recipes for prevention and, accordingly, multiple partners need to be involved collectively in this endeavour.

This strategy will also examine evidence from best practices in Vancouver and other parts of the world. It will consider research in the area of prevention and analyse the reasons why some practices show signs of promise and should be emulated while others, that were assumed to be effective, have actually had very little impact. Finally, the strategy will provide recommendations for ways to move forward on the prevention issue in Vancouver.

We hope, and expect, that the strategy will assist and empower individuals and groups within Vancouver in fostering healthier communities for all of those who live and work within our city. The strategy will be finalized in early 2005 and presented to the Mayor and City Council. 

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Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
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Fax: 604-871-6488

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DTES Sergeant Honoured

Sergeant Scott Thompson, who has been immersed in nearly every controversial issue in the Downtown Eastside over the past two years, was recently honoured as 'Police Officer of the Year' by the Vancouver Junior Board of Trade.

Thompson was appointed as the Vancouver Police Department's liaison with the Vancouver Agreement, working with all levels of government, diverse communities and public health organizations to address issues in the DTES. Thompson was involved in areas such as 'Tent City', the "illegal" injection site, the opening of North America's first legally sanctioned supervised injection site (SIS) and the North American Opiate Medications Initiative (NAOMI). He has been responsible for implementing a number of problem-oriented policing projects, especially the policing and operational plans for the SIS, to tackle the cycle of drugs, crime and disorder. He helped in the delivery orientations to some 250 police and public health workers before the SIS opened. Scott Thompson was born and raised in North Vancouver. 

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#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca

www.city.vancouver.bc.ca/fourpillars

Phone: 604-871-6483

Fax: 604-871-6488

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FOUR PILLARS NEWS

Street Nurse Informs Victoria on Four Pillars Approach

by James Tigchelaar, Street Nurse with the BC Centre for Disease Control's Street Nurse Program

This is an excerpt from a longer presentation given by street nurse James Tigchelaar to the Victoria City Council on April 28 on how things are changing in the DTES with the implementation of harm reduction and enforcement pillars from a street level, health services perspective. Victoria is developing its own "Four Pillars" approach to issues related to their drug scene.

So what changes have the street nurses who work on the streets of the Downtown Eastside noticed? I'll say right off the bat that the public view of the open drug scene in the DTES is diminished. The city wide enforcement team has had a dramatic impact on the open drug scene. We can walk down Hastings Street on most days and not have to tell the dealers that we're street nurses, and no, we don't want any heroin. But with all due respect to the excellent and very difficult work that the police have to do in this area, as a society we cannot accept even the best designed enforcement strategy as our most substantial response to problems like this.

The safe injection facility is open, and as busy as ever. Each drug user who uses the safe site is potentially one less person who could catch HIV or hepatitis from unsafe drug using practices, or die of an overdose. That truly is something to be celebrated.

With the increase in the number of prescribing physicians in the Lower Mainland, we have found that the possibility to successfully refer people into a methadone program has improved. We look forward to the commencement of the NAOMI trials in Vancouver sometime in late 2004. (Note: the North American Opiate Maintenance Initiative will be a clinical trial to test the efficacy of medically prescribed heroin as a treatment for chronic injection drug users. See story in the last newsletter.)

There is every indication that health outcomes for people living with addictions will improve as we continue to move forward. The services that have been implemented so far do offer opportunities for those living with addictions to start to deal with them in a more humane way than ever before.

And yet I really have to say that even though "the problem" of the DTES has moved out of the media spotlight, it is far from fixed. In truth, we have only just started to address it. As a society we've taken a few steps along a long and very difficult path. Large numbers of people are still struggling with chronic addictions, and adequate access to effective alcohol and drug treatment doesn't meet the

demand. But most significantly, all of the social conditions which lead to the kind of intense hurt for which people turn to illicit substances for relief, remain essentially unaddressed. The next generation of people to hit the streets is waiting in the wings.

From a public health perspective, and from a place of compassion, the work we do around the implementation of the Framework for Action must continue to be about the people who are, and will be, living with both addictions and the burden of disease and death that result from them. 🌈

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#203-456 West Broadway
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Debunking the Myths about Treatment

by Heather Hay, Director, Vancouver Coastal Health Authority and David Marsh, Physician Leader, Addiction Medicine, VCH

The third Mayor's Four Pillars Coalition meeting drew about 70 participants to the Central Library on June 1. Among presentations given, Heather Hay (Director of Vancouver Coastal Health Authority) and David Marsh (Physician Leader, Addiction Medicine, VCHA) discussed myths and realities associated with treatment.

- **Myth #1:** If we only had more treatment, all of the problems would go away. Treatment, it was pointed out, is only one piece of the puzzle. Research based in the US and Australia has found that drug users with no legal income continued to experience more homelessness, more HIV infection and more deaths than the general population.
- **Myth #2:** Abstinence is the only measure of success. In fact, addiction has a chronic relapsing pattern. While after five years of abstinence from alcohol, 95 percent remain stable in the long-term, with heroin, after 15 years of abstinence there is a 25 per cent relapse rate.
- **Myth #3:** If we only had more detox beds. Actually, detox is only one tool in a range of tools that may, or may not, be the best treatment option. In some clinical situations with opioid dependent patients, detox can actually put patients at greater risk of death during the first four months following treatment. It is also important to consider culturally specific services, according to Marsh.
- **Myth #4:** Methadone is just another addiction. In fact, a Toronto study showed that more than 80 percent of patients in methadone maintenance treatment remain drug-free for more than 4.5 years. (Note: Although methadone success rates have been significant, Nicola Hall, founder of From Grief to Action, reminded the audience that movement and other restrictions created by methadone maintenance programs do greatly affect clients' quality of life).
- **Myth #5:** Heroin and cocaine are the worst drugs. In fact, alcohol and tobacco result in more harm. The social costs of substance use in Canada (1992) were:
 - tobacco - \$9.5 billion
 - alcohol - \$7.5 billion
 - illicit drugs - \$1.37 billion
- **Myth #6:** Vancouver has less treatment services than other Canadian cities.

The reality is that Vancouver has more youth detox beds than any other province, Vancouver is the only Canadian city with four levels of withdrawal care and there are more patients on methadone maintenance in the lower mainland than in 8 other provinces combined.

- Myth #7: Addiction treatment doesn't work. According to Marsh, this is an area where we really need to shift our thinking. Studies show that after one year, compliance rates for illnesses such as diabetes, hypertension and asthma and abstinence rates following drug and alcohol treatment are equivalent (40 - 60 per cent).

The meeting also heard presentations by Ida Goodreau (CEO, VCHA), Mayor Larry Campbell, Denise Bradshaw (Manager of Addiction Services, VCHA), Jennifer Vornbrock (Manager, Youth Addiction Services, VCHA), Chris Buchner (Manager, HIV/AIDS Services, VCHA), Monica Stokl (Coordinator, Sheway Program), Nadine Caplette (Manager, Aboriginal Health Services, VCHA), Devon MacFarlane (LGBT Substance Use Working Group), and Pat Young (speaking on Dual Diagnosis). 🌈

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Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
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FOUR PILLARS NEWS

Enforcement Pillar Laying the Foundation

by Mayor Larry Campbell

In April 2003 the VPD initiated a Citywide Enforcement Team (CET) whose goals involved "disrupting the open drug market and interrupting the cycle of crime and drug use that marks the streets of the Downtown Eastside." It involved the re-deployment of officers from other areas of the city to the DTES in an attempt to restore order to a community in distress.

While this policing strategy directed towards the open drug scene has been effective in ending the worst of it, it has also been controversial. A research paper published recently in the Canadian Medical Association Journal found that several measures indicated the displacement of injection drug users from the area of the police enforcement into adjacent areas of the city such as the downtown south or Burnaby. As well, the police efforts did not alter the price of drugs nor the frequency of drug use, according to the researchers.

The research, however, does not answer whether IDUs were restricted in their access to social services or health services, or in obtaining new syringes. Since the three month period studied occurred before the safe injection site (SIS) was opened, it also cannot investigate the impact that enforcement efforts had on use at the facility. According to the Vancouver Coastal Health Authority, visits to the site appear to be going strong since its opening with an average 500 visits each day, with one day recently recording over 700 visits.

Needle exchange data tells us that considerably more syringes were distributed in the three months following the CET efforts compared to the preceding three months. This may suggest that addicts were not compromised in their ability to obtain new syringes and hence prevent blood-borne diseases. There was also no decline in clients accessing services at Downtown Eastside Youth Activity Society mobile health vans, according to the organization. Nor does the research tell us whether there have been fewer visits to community health clinics by IDUs following the CET efforts.

While debates on the impact of the policing strategy continue (an independent evaluation of the CET initiative funded by the Vancouver Agreement is due in June), I think we've lost sight of the fact that police policy strongly supports drug user access to social and health services. The VPD has been fully supportive of the other pillars, most recently the harm reduction pillar and the SIS. The belief that addiction is a health, not a criminal issue, is shared by the police, social service and health care providers.

When we look at the effect on the DTES of the policing strategy *in combination with* other changes, in particular the opening of the safe injection site, I believe that it has been significant.

This policing strategy is happening alongside other changes supporting the four pillars approach: the Vancouver Coastal Health Authority has taken significant steps to decentralize needle exchange services throughout the city (moving from one to 28 sites). There is now increasing focus on developing policy and directing resources towards the prevention and treatment pillars. There has also been a physical redesign of the corner of Main and Hastings in coordination with police enforcement to eliminate the drug market in front of the Carnegie Centre as part of the Vancouver Agreement. The city is continuing to work closely with police to focus on property crime, and the Vancouver Agreement has supported an enhanced enforcement initiative on problem premises in the DTES. I have heard from Chinatown community leaders that since the enforcement efforts, there has been a dramatic improvement in their neighbourhoods. The city is now stepping up revitalization of Chinatown through new investment in residential development.

The VPD, through its participation in the Four Pillars strategy, is a leader among North American police forces confronting the drug trade. Like all the four pillars partners, the VPD is working in uncharted territory, but the initial results are very encouraging.

Research tells us that enforcement alone is not a solution to Vancouver's drug problem: only an integrated approach that includes prevention, treatment and harm reduction has proven to be effective. We're focusing on *all* the pillars so that we can improve the lives of both injection drug users and the broader community. 🌈

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Four Pillars Coalition
#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
www.city.vancouver.bc.ca/fourpillars

Phone: 604-871-6483
Fax: 604-871-6488

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FOUR PILLARS NEWS

Coalition Member Furthers Partnership

by Dr. Joanna Ashworth, North Growth Management Director of Programs, SFU

Simon Fraser University, one of the early members of the Coalition for Crime Prevention and Drug Treatment (renamed the Four Pillars Coalition) in 1997, is continuing its commitment to an important civic initiative: a partnership with the city's Drug Policy Program to further the prevention pillar.

SFU's Dialogue Programs, led by Joanna Ashworth, is working collaboratively with the DPP and the Four Pillars Coalition Advisory Committee to convene a series of small-scale, public dialogues with 18 population specific communities lead by 30 trained dialogue facilitators. The frank exchange of stories and ideas about problematic substance use documented from these dialogues, will contribute to the city's prevention strategy. Funding for this innovative initiative has been given by the Vancouver Foundation.

Why dialogue? Our hope is that these community dialogues, facilitated by community members themselves, will contribute to building a sense of community and connection. Dialogue is a non-hierarchical process of collaborative listening and learning and is characterized by equality among participants, acknowledgement of the value of each individual's offerings, and acceptance of diversity of experience and opinion. Such reflection together in the spirit of inquiry and openness has the potential to lead participants beyond their own individual, partial understandings to a more collective and holistic view of the problem.

SFU has a long history of Four Pillars Coalition involvement. As both Vice-President and President of Simon Fraser University, Dr. Jack Blaney was very involved in attending Coalition meetings at SFU's Harbour Centre Campus. In the fall of 1998, the Simon Fraser University City Program worked with the City of Vancouver to co-host a half-day discussion, "Making Connections: Vancouver's Coalition for Crime Prevention and Drug Treatment", to explore how the Coalition and community organizations could address issues related to public awareness, education, urban safety, drug treatment, and community partnerships among other topics. On November 21st and 22nd, 2003, the Mayor's Four Pillars Coalition sponsored a community symposium to begin the process of developing the prevention strategy for the City of Vancouver at the Centre for Dialogue, where we were one of the event supporters.

SFU's downtown campus is an urban university, committed to downtown Vancouver. We are honoured to be a part of this exciting community building process.

Web site: www.sfu.ca/dialogue 

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#203-456 West Broadway
Vancouver, BC V5Y 1R3

fourpillars@city.vancouver.bc.ca
www.city.vancouver.bc.ca/fourpillars
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Fax: 604-871-6488

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Websites of interest

www.ccsa.ca (The Canadian Centre on Substance Abuse)

www.drugpolicy.org (Drug Policy Alliance)

www.canadianharmreduction.com (The Canadian Harm Reduction Network)

www.camh.net (Centre for Addiction and Mental Health)

www.isuh.org (International Society for Urban Health)

www.adf.org.au (The Australian Drug Foundation)

www.stopthedrugwar.org (Drug War Chronicle - American-focused)



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Municipalities Key to International Harm Reduction Conference

by: Donald MacPherson, Drug Policy Coordinator, City of Vancouver

Mayor Larry Campbell's speech at the 15th annual International Harm Reduction Association (IHRA) conference this year in Melbourne Australia (April 20 - 24) fit perfectly into a key theme at the conference: the role of municipalities. Mayor Campbell, invited by the Council of Capital City Lord Mayors as a key note speaker, spoke of Vancouver's process in developing a comprehensive city-wide drug strategy. He focused on the response to the public health disaster that we witnessed during the 90's in the Downtown Eastside and interventions, including the supervised injection site, to reduce the negative impacts of problematic drug use, addiction and the drug market on our inner city communities.

The theme of municipalities is expected to be strengthened in the IHRA over the next few years. Sessions sponsored by the Council of Capital City Lord Mayors this year included: Community Development Approaches, Local Response: Local Government and Reducing Harm; Policing and Public Health: Legal, Policy and Risk Environments; and Drugs: Designing for Harm Reduction.

The IHRA is a key forum for learning about emerging issues around the globe focused on drug-related harm. The conference brings together policy-makers, health care workers, researchers, enforcement officials, drug users and academics from around the world to share new developments and interventions in the field and ongoing drug policy debates. The main themes at this year's conference were:

- Policing and harm minimization
- The economics of drugs
- Local government, drug policy and harm reduction
- International treaties
- Indigenous populations, drugs and harm reduction
- Pharmacotherapies
- Needle and syringe exchange and harm reduction
- Public health law and harm reduction
- Alcohol and harm reduction
- The media and harm reduction

The proximity of the conference to Asia enabled a broad participation from countries where harm reduction initiatives are still in their infancy and where the threat of an HIV epidemic among injection drug users is very real. Representatives from China, Myanmar, Vietnam, Indonesia, Thailand and Malaysia discussed their growing concerns about finding ways to respond given the highly oppressive policies surrounding illicit drugs in their countries. Several positive examples were given of community-based pilot programs in Myanmar and Indonesia involving

health organizations and police supporting very rudimentary harm reduction initiatives such as needle exchange and safer injecting practice sessions.

Each year the IHRA presents two awards of recognition for work in the area of harm reduction. The international award this year went to Anya Sarang, a young woman from Russia, for her work in promoting harm reduction initiatives within a region that is experiencing an HIV epidemic among injection drug users and where authorities are hostile to harm reduction initiatives such as syringe exchange and methadone programs. The national award was presented to Australian Tony Trimmingham, the Executive Director of *Family Drug Support*, an organization that supports families and friends of drug users. *Family Drug Support* has been an inspiration to our local organization, *From Grief to Action* in their efforts to support families and advocate for the creation of a comprehensive system of care that meets the needs of drug users.

Australia has been a leader in preventing HIV and Hepatitis C among injection drug users and developing strong local responses to injection drug use. Syringe exchange schemes are robust and have a high degree of coverage in most areas of Australia. Of particular interest to those of us from Vancouver, are the efforts that municipalities and health departments make to provide a range of syringe access opportunities and disposal options for used syringes. Pharmacies are involved in both syringe distribution and disposal efforts. Disposal boxes are well integrated into public buildings in Sydney: syringe disposal containers are on public ferries and in places like the Sydney Opera House, where all washrooms are equipped with containers for used needles.

Many speakers at the conference acknowledged that there has been significant movement towards expanding harm reduction efforts within United Nation's programs in a concerted effort to respond to the threat of an HIV epidemic among injection drug uses in Asia. The outgoing president of the IHRA, Dr. Alex Wodak from Sydney, Australia, spoke of the move towards acceptance of harm reduction initiatives, whereas previously there had only been debate about the approach's merits. He concluded that it is important to clear up misunderstandings about harm reduction, reminding people that harm reduction is "neither pro-drugs nor anti-drugs", but rather, "anti-harm".

The conference moves to Belfast, Ireland next year and comes to Vancouver in April of 2006. 

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