

Four Pillars Coalition Meeting

Introduction of Vancouver's Prevention Strategy and Plan

Wednesday, June 15 2005

**Meeting Summary
August 2005**

Summary

On June 15, 2005, a meeting of Vancouver's Four Pillars Coalition was held to review and discuss Vancouver's Draft Prevention Plan, *Preventing Harm from Psychoactive Substance Use*¹. Seventy-four participants were present.

This meeting was the first step in the City's public review of the draft Prevention Plan.

The meeting started with a welcome by Mayor Larry Campbell followed by a presentation on the Prevention Plan by Donald MacPherson..

Ten speakers, who are either members of the coalition or individuals involved in prevention programs, were invited in advance of the meeting to review the plan. They provided their comments. The meeting was then opened to the floor for general discussion.

The meeting concluded with Donald MacPherson providing direction on the "next steps" in developing the plan and Mayor Larry Campbell offering his final comments.

Speaker's Comments

The following summarizes the commentary, according to theme, of the ten individuals who were invited to provide their perspectives on the plan.

Comprehensive Plan

Participants commented widely on how comprehensive and thought-provoking the plan was and how they appreciated being part of the discussion. This was best summarized by one of the participants:

"I read and re-read the draft plan. I came to the conclusion that it is a comprehensive, integrated and progressive approach to preventing harm. It has taken into account the many complexities that shape and inform the existence of substance use. It also addresses how those realities impact individual and collective communities. The response to such challenges has been provided through well-thought-out and comprehensive recommendations." **Parm Poonia, AIDS Vancouver**

Two speakers suggested that the plan may be a little too comprehensive and that, through further discussion, the plan might be more focused in its recommendations.

Long-term Process Requiring Intervention at Multiple Levels

Some participants appreciated the long-term focus of prevention over the lifespan of an individual.

First of all, I would like to commend the plan's author on the vision of introducing a comprehensive prevention strategy across a person's lifespan and transitional stages. **Kelly Ng, S.U.C.C.E.S.S**

¹ This document may be accessed at http://vancouver.ca/ctyclerk/cclerk/20050614/documents/rr1-complete_000.pdf

One supporter of this perspective suggested that the plan might be even more specific about age groups and create tighter categories (for instance, defining youth as 16 – 20 and 21-30) They suggested that this might better meet the needs of specific age categories.

Creating Dialogue — Task Force and Summit

Most participants said the plan created a process for engaging in community dialogue about prevention, and that this was a positive development. Many participants supported the development of a prevention task force and a prevention summit, with some suggesting that the summits should be annual events.

“I look forward to the task force, to the summit, and I look forward to further involvement.” **Melanie Rivers, BC CDC**

Housing

Several participants said they appreciated the recognition of housing as an important part of prevention.

“We appreciate the comments on housing and the mayor’s comments, and about employment.” **Jennifer Vornbrock, Vancouver Coastal Health**

Population-specific information

A few participants noted the inclusive nature of the community dialogue process. Others, however, said that they felt that there was a lack of commentary in the plan about specific populations, including youth, women, minority and aboriginal communities. They emphasized that this needed to be addressed as the discussion on the plans implementation moved forward. One participant found that there was a strong sense of community was absent from the plan.

“I was buoyed by this consultation, but I found there was a lack of a sense of community in the document.” **Jennifer Vornbrock, Vancouver Coastal Health**

Funding and Cooperation from other Governments

Participants also noted that the success of the plan would require involvement of other levels of government, who should provide long-term funding for prevention. These participants suggested that the province needed to look at its social service and public health policies in light of this plan.

“The report also points out the importance of commitment of prevention funding from all three levels of government to sustain the effort. ... However, I am skeptical how far the other levels of government will change their “mandate focused,” “remedial oriented” funding practice and their commitment in the collaboration.” **Kelly Ng, S.U.C.C.E.S.S**

Four Pillars

A few participants said that there needed to be a higher level of integration of the Four Pillars now that the prevention pillar was under discussion.

“Lastly, the four pillars need to work together. How do the pillars of enforcement or treatment understand and complement the pillar of prevention? How can recommendations in this area be truly comprehensive and complementary with recommendations in the other areas?” **Parm Poonia, AIDS Vancouver**

Regional Issue

One speaker noted the regional nature of the issues under discussion and wondered how a prevention strategy would work without the cooperation and participation of other municipalities. They felt that other municipalities needed to be brought to the table.

“Substance misuse is not only in the City of Vancouver – it has impacts on the region, and *vice versa*. It doesn’t address how neighbouring jurisdictions could be brought into the process, or how jurisdictions who don’t favour harm reduction, etc., could solve this by encouraging other regional bodies in a process designed to develop a comprehensive regional strategy.” **Tom Hetherington, Pacific Community Resources**

The speakers also emphasized the importance of public education, support for youth and families, the need for strategic partnerships, and the need for public education.

Meeting Agenda

1. Opening
Mayor Larry Campbell will open the meeting.
2. Presentation
Donald will do a 20-minute presentation on the Draft Prevention Plan.
3. Initial response and commentary
 - (a) Tom Hetherington, Pacific Community Resources
 - (b) Art Steinmann, Steinmann and Associates
 - (c) Parm Poonia, AIDS Vancouver
 - (d) Scott Thompson, Vancouver Police Department
 - (e) Kelly Ng, S.U.C.C.E.S.S.
 - (f) Melanie Rivers, BC Centre for Disease Control
 - (g) Kelly L'hirondelle, Knowledgeable Aboriginal Youth Association (KAYA)
 - (h) Greg Liang, Vancouver Area Network of Drug Users (VANDU)
 - (i) Jennifer Vornbrock, Vancouver Coastal Health
 - (j) Nancy Poole, BC Centre of Excellence for Women's Health
4. Plenary Discussion, facilitated by Mayor Larry Campbell
5. Next Steps
6. Closing

Notes from Meeting

1. Opening

Mayor Larry Campbell: Thank you very much. First of all, welcome.

I think this is an incredibly exciting but probably historic event. It's been a long time coming. I was very patient about the plan, but now that I see the plan, I'm thankful that the time was taken, because it went beyond my expectations. We used to deal strictly with drugs as we know them, but now we're into the realm of drugs, in a much wider range. The amazing thing about this report is when you start talking about tobacco, alcohol, and all the rest, people start understanding the magnitude of the problem – we're all concerned about the illegal drugs, but the legal ones cause more harm, put more stress on health care, and are killing more people.

I think that we have to recognize the partners within this area. Everybody here is a partner, but there are some in particular -- the health board, the police department, the various agencies within here who were instrumental with the Four Pillars with Philip Owen, and who have continued and stayed the course through a long period. VANDU was the initiator of this idea at taking a look at how we treat people and how drugs should be treated. Anne Livingston is here today, and I appreciate her and all the people in VANDU who have worked on this idea.

Everybody's concentrating on the press conference the other day - it was all about the legalization of marijuana. This isn't all about legalization of pot; the legalization is actually a talking point. It's much more than that; it's about how the community is going to address all these issues of prevention. It's more than educating children about drugs, it's about educating Canadians about drugs. We're trying to show that there's a way out of this mess, and that mess includes legalized drugs. So, I think that the critical thing is that alcohol and tobacco are in here, and we want to minimize risks for everyone, no matter what the drug is. And we were able to see through good science and health initiatives the ability to lower the use of these other drugs. Tobacco use in BC right now is at 17%, which is unheard of, there are people in this room who remember the days when it was still good social behaviour – you finished your dinner, then you had a cigarette. Today, you'd be thrown out of the room. I'm one of them.

It helps that this program is asking us to engage all drug users, not lecture them but engage them. We want to tell people, this is the pharmacological makeup of all these drugs, these are the harms, these are some things you should be aware of. We want you to make healthy, safe, informed, choices. Really the critical part of prevention program is talking to children and their parents – who have very little knowledge about these drugs, other than at some point they probably had a joint. Or two. Or three.

We always refer to the “warm fuzzies,” like a specific person we're talking about, who could be your mother, your father, your sister, your brother, your friend – we should care about people and there are no throwaways. The hard facts are that prevention is the most cost effective of all the four pillars. When you're talking about prevention,

we've got a cost-benefit analysis, for every dollar you put in, you get \$15 back. I wish I could find a stock with that return.

Some nights I wake up in a cold sweat because the Fraser Institute and I are on the same side. They look at it from the business point of view. Legalize drugs, tax the hell out of them, but put the money straight back into health care, which is underfunded, and it's doubtful that we can ever fund it properly.

We're talking about building Vancouver, looking at things like housing, like poverty, like abuse, and how they affect people. I don't think anybody ever gets up in the morning and says "I think I'll be a junkie." It doesn't happen. There's a reason for it, and we have to understand those reasons. Once a person is addicted, there are certain things that will help them move forward. The first thing is a roof over their heads, and a door they can lock that is theirs, where they're safe, and then they can start to think about what they want to do with their life, asking "Can I get help?" and "How do I do it?" If you're sleeping in the street, scrambling for food, running from dealers and other users and the police, you don't have time to consider this. It's straight survival.

This situation should send a message to all of us that we're not doing our job. This is in here. Who'd think that in order to look at prevention, we'd be looking at housing, poverty, and all these other issues? That's why I think this document is so groundbreaking. We're going to send a copy to all of Canada's big-city mayors, because it's revolutionary, it looks at the global picture rather than at specific drugs. We'd like to minimize the risk from all drugs.

It took us 10 to 15 years to get here, it will take us 10 to 15 years to get back to where we want to be. So we have to build broad partnerships. We have partnerships with the police, with community groups, with the health care professions. This is not simply a Vancouver problem. I just came from a meeting of the Federation of Canadian Municipalities – it doesn't matter what size municipality you're in, the drug problem is there, I was shocked. We see huge numbers about the use of crystal meth – but if you go to small-town Alberta or Saskatchewan, and you have three or four kids on crystal, well, there's only 100 kids in that town and so that's a huge number. Those users are all over. This plan will help healthy communities to find the opportunity to get out of this situation.

I'm going back to where we started, with the four pillars. No one pillar by itself is going to get us out of this. People think the four pillars are equal – but at any given time, one pillar may have to step up, another drop back, to achieve the balance we need overall. This idea that a solution drops out of the sky and it's all going to be there, that's a myth.

So we have two goals for the fall. The first one is to finalize this report, with your help, and we want to take it to Council for passing. Second, I want to bear down on the housing crunch, because it's clear that this is a real roadblock to us helping people get better. At the FCM, there's 6.1 billion dollars waiting. I expect now that after everybody's played out, that it will be passed, and we have an expectation that that money will flow. The one difficulty most provinces have is that money previously was tied to matching funds. In other words, the feds give a buck, the province gives a buck, and we as a city would give the land. The \$6.1 billion isn't tied to that. But

I'm quite sure, I've been speaking to the Premier, we'll continue. They'll match the money, we'll supply the land and we will build on it. We can't possibly build fast enough, it's impossible. There are 500 or 600 units sitting right now ready to build, and we're about 3,200 in the ditch. So, this is something absolutely critical. I really believe if you give someone a home, you given them a chance to make decisions. Then they have dignity, and it will allow them someplace to withdraw from all the mayhem that they see in their lives.

We're looking at treatment expansion, we're looking at housing, and I believe we can move forward. So I want to thank everyone here. I look around and some of us have gotten older over the last seven or eight years. Well, okay, all of us have gotten older. We're still here, and if you remember back to when we started, and the sort of clashing of cultures and all of the rest of it, and where we are now, we should be proud of what we've accomplished and what we will continue to accomplish.

So let me introduce the guru who still has a job, because he got the report done in time, Donald MacPherson.

2. Presentation by Don MacPherson

Thanks, Mr. Mayor.

A couple of us have grown much older in the last six or seven months, along with the mayor of course. And here we are.

The paper is called "Preventing Harm from Psychoactive Substance Abuse." I'll run through the paper with my PowerPoint presentation, and then 10 people will comment, critique, or whatever. We just gave the report to them. That's after the presentation, before the break. I'd really like to thank them for doing that, because it's 100 pages, and I imagine it seriously dented their plans for their weekend, but they took it on.

We've learned a lot in the last year, starting in November of '03 when we had our prevention symposium and invited some international folks, Prof. Boyd, Robin Broom from California, and that launched us on our thinking. We wanted to start with a broad canvas, and say "What is prevention?" We spent the last 18 months in discussion with many people sorting this out, coming up with a paper that covered enough to be a draft and get it out there and now we will launch public consultation process. We will be talking to many people over the next three months.

We quickly learned that we needed to deal with psychoactive substances – all psychoactive substances including tobacco, alcohol, pharmaceuticals, and other substances. So we'd try to have the discussion on all substances. Let me quote from Perry Kendall: "We need to recognize that it's not pathological for humans to alter their consciousness." They can do it in a religious context, in a social context, or as part of symptom management. That sums up our starting point for this discussion.

If you haven't already seen it, go out and get this week's *Maclean's* magazine, and it's strange that it came out the same week as we're releasing our plan. The cover story is about the growing use of pharmaceuticals by Canadians. Over 45 million

prescriptions for psychotropic medications were filled for Canadians last year. It's cosmetic neurology. If you want to be smarter, more relaxed, pop a pill. I can't judge, but it's a real thing, we embrace psychoactive substances.

There is a spectrum of psychoactive substance use. There can be beneficial use, which has a positive health or social impact – medical pharmaceuticals, red wine, peyote in the sacramental sense. There's what we call casual/non-problematic use which has a negligible social impact. Then there's problematic use – that covers a lot of drug use in society where some people use problematically, and we want to focus on that harm, where use begins to have negative consequences. And finally there's chronic dependence, people who are seriously dependent on these substances, including the whole range.

Substance use causes 24% of premature death and disability in BC. Tobacco and alcohol are the substances with the highest costs. Among youth who use substances, there have been some declines, and some increases – there have been increases in the use of crystal meth and marijuana.

For prevention, our plan brings together international research, and input from 50 dialogue sessions with local, diverse communities. We focused on harm reduction in the beginning, but prevention is critical in the long term.

There's a growing body of research available, like one study from the National Drug Research institute in Australia. This was a three-year project, with 20 researchers looking at everything. We held 50 dialogue sessions, over the last summer and fall, trying to bring together people who might not normally come out to consultations.

We've read a fair bit of criticism of current approaches, including prohibition, which doesn't work well. We feel that it's imperative to get the discussion going about society's relationship to psychoactive drugs. We have to acknowledge these numbers, we like these substances and most use of them is not problematic.

And then there are the broader social determinants of health, and that's things like housing. How we construct our societies, things like employment, etc.

To make the case for prevention: It's effective, saves money and has been shown to save lives. Who can argue with that? Let's do it well.

Tobacco use went down 50% in the last 50 years. Seat belt compliance went from 11% to 80%. These are significant prevention outcomes. They took a while to achieve, but they were embraced across society. For every dollar spent, it generated a savings of \$4 to \$5 in treatment cost.

And now I'll go through my PowerPoint presentation. (See appendix for PowerPoint Presentation)

3. Initial Response and Commentary

Mayor Larry Campbell

We asked a number of people to respond to the draft prevention plan, and asked them to speak for five minutes about what they think works and where they think changes might be made.

Tom Hetherington, Pacific Community Resources

Good morning, thanks for inviting me to speak. Let me start by setting the context. I've been involved with alcohol and drug service delivery for 30 years, I've been the president of Substance Abuse Programs in Vancouver, and I've also been a major drug and alcohol service provider within Fraser Health.

My overall impression is that this is a comprehensive and thought-provoking document. Thanks to the City of Vancouver for encouraging this debate. Of course, there are some gaps. Substance misuse is not only in the city of Vancouver – it has impacts on the region, and *vice versa*. It doesn't address how neighbouring jurisdictions could be brought into the process, or how jurisdictions who don't favour harm reduction, etc., could solve this by encouraging other regional bodies in a process designed to develop a comprehensive regional strategy.

There are some ideas that work well. I agree with the central theme of the document, that prevention is a long-term process that requires intervention at multiple levels, by many people, over a long time. Drinking and driving campaigns are an excellent example.

On the micro level, I wanted to share with you two examples of innovative prevention ideas. First is our coaster project, and you'll find one on your table. This was sponsored by MADD, ICBC, participating schools, etc., etc. The Coaster Project begins by sponsoring an art project in grades 4 to 7 about drinking and driving, there are prizes for the best submission, and then the art is printed on coasters and distributed to local bars over the holiday season.

Secondly, Weed-whacker is a voluntary prevention group for youth who think they smoke too much pot. It helps them develop individualized goals, and they're provided with advice and assistance in achieving those goals. It engages with pot-smoking youth in a non-judgmental way, and a functional definition is used – "Is pot use getting you where you want to go?" We provide accurate information, we provide opportunities for youth to develop their own harm reduction plans, and we provide a contact point for youth who want abstinence goals. In some jurisdictions, we have found them to be unsupportive, because there's a conflict with parents.

There will certainly be challenges for implementing this plan – Vancouver is on the cutting edge. It's always difficult to implement pragmatic drug policies. Many of these ideas are controversial, and this is especially true for priorities 4 and 5. These recommendations will create much-needed discussion within all professional and community organizations.

Thanks to the City of Vancouver for inviting me to speak, and I look forward to working with others on an effective prevention strategy.

Art Steinmann, Steinmann and Associates

I'd also like to thank the Mayor and the City for all their hard work on this paper, and the opportunity to share my thoughts. My overall impressions are that this paper will create some energy and discussion, we need that as much as anything. It's a bold paper and a comprehensive one.

It's maybe a little too broad, maybe needs a bit more focus, but to start this process, it's desperately needed.

There are definitely some things that are commendable in this paper; a number of things. There's an emphasis on infrastructure, and bringing people together at a prevention summit, and I'm hoping that there are big and small versions of that. I'm pulling together data, and this really underlines the urgent need to come together and discuss these issues, rather than being a bunch of groups not talking to or learning from each other.

There's an emphasis on some core prevention pieces, in the school, in the community – those are welcome and overdue. Doing prevention work across the entire lifespan of people, those are good ideas. I'd really like to see more reference to the process underway with Coastal Health and the school board, and the police and the City. We could highlight that program, where people are coming together.

The call for public awareness and education is also welcome.

I see some gaps in this report too, of course. I think there's still the implication of stigma around this field, and maybe there should be an attempt to address that. The emphasis on the 5-to-12-year-old age range could be strengthened. There could be more reference to the history of prevention in the province, and the whole issue of the role of the provincial government. This is a big issue, the province needs more resources in Victoria. Then we also need improved ways of collaborating between health authorities. They're doing lots of innovative stuff in Central, and we need to share that information.

And the emphasis on seniors is very welcome – also pre-seniors. I think that retirement age is a good time to do prevention. I was also pleased to see the emphasis on high-risk groups like women, aboriginals, and ethnic communities.

With respect to the challenges of the paper, I suggest that it may be a little too broad. It's like the old river analogy – you need to think about what's happening further up the river. All four pillars meld together, but I see a need for a strong treatment paper. There are some areas here that desperately needed, like employment aftercare and all these things, I agree with this. I'm a little nervous that some of this may overshadow prevention, and I think we need both. The housing aspect is clearly important, for instance, I'm just passionate about the core prevention things not being overshadowed.

Of course the media has picked up on the regulation aspects of this report. That discussion needs to happen. I'll say that I look forward to the dialogue; I've worked a lot in alcohol policy, and experienced firsthand the strength of the lobbyist who stand

to gain financially. This paper didn't get into the private or public ownership – those are huge questions, and that will be a major difficulty. I support legalization, but I have to say it's an unrealistic goal. Everywhere where people stand to gain with private interests, that will always come up. I'm not saying it can't be done, but it needs lots of discussion.

I have a bias that education will work best. Regulation should flow from the societal norms. Those norms are shifting. But if we can do a good job of education, when we change laws, if people are informed then lots of changes would be better accepted and more effective.

In closing this paper represents a tremendous opportunity for prevention. I just have my own bottom line, from my own background, of specific things that make things work better. As a result of this paper, will parents understand the drawbacks of authoritarian parenting? Will kids understand problematic use? Will people feel more connected? Connectedness is a huge factor in curbing use. Those things drive my thinking.

There's a lot in this paper that's a good start, and I hope and look forward to more discussion. I want to see prevention coming together with treatment and harm reduction, so we can look back and say that this was a pivotal time.

Parm Poonia, AIDS Vancouver

Good morning. My name is Parm Poonia. I work with AIDS Vancouver and was invited to facilitate community prevention dialogues with the local South Asian community. Being a South Asian and witnessing the many harmful impacts of substance use in my community, I was motivated to participate. Being active in community development, I was further motivated to be engaged in this initiative. I've been working with stakeholders to address vulnerability to HIV/AIDS, and substance use plays a role. I would like to thank the City of Vancouver and especially the Drug Policy Program for creating the opportunity for dialogue, discussion, debate and action. I applaud them for recognizing the need to involve voices and recommendations for change from a community and grass-roots level.

I read and re-read the draft plan. I came to the conclusion that it is a comprehensive, integrated and progressive approach to preventing harm. It has taken into account the many complexities that shape and inform the existence of substance use. It also addresses how those realities impact individual and collective communities. The response to such challenges has been provided through well-thought-out and comprehensive recommendations.

As much as this document is thorough, there are some gaps, concerns and things missing for me. Firstly, it has been named that issues of gender and culture will be explored further ... good. It is vital that these components be fully understood for prevention strategies to be effective and meaningful. For example, I strongly suggest that service planning and delivery ensure cultural and lingual competence – meaning, those that are serving and need to be served, so to speak, can understand each other as easily as possible. People have a right to understand what's being said and what's happening. The most subtle of gestures can have profound outcomes.

Secondly, policy makers, social planners, government, and societal systems must look at the bigger picture of why problematic drug use exists. For example, for many immigrants or communities of colour, it can be about coping. Issues of immigration, displacement, racism, economic inequities, and class may nurture the need to escape through substance use.

Thirdly, the document states “youth up to the age of 30”. I think it would be unwise to not address the unique realities and challenges for a 16-year-old versus a 30-year-old. Categorizing populations can be tedious, but it can also have a more meaningful impact. What’s going on for a teen is very different than what’s going on for a post-university professional.

Lastly, the four pillars need to work together. How do the pillars of enforcement or treatment understand and complement the pillar of prevention? How can recommendations in this area be truly comprehensive and complementary with recommendations in the other areas? What needs to be challenged and implemented to ensure that all the pillars represent a holistic and integrated approach?

I invite those who are not in the room – for example, the school system or immigration or the sports community – to make this issue matter for everyone. This is ambitious, but full of amazing possibilities.

Thank you.

Scott Thompson, Vancouver Police Department

Good morning.

I’m the drug policy coordinator for the VPD, and also a patrol sergeant working in the northeast part of the city, which includes the downtown eastside. I want to applaud the work and effort that went into the development of this comprehensive document by the City of Vancouver.

I read documents like this which give a broader picture, then I go to work on the day shift dealing with behaviours that result from substance abuse.

On a daily basis, members of the Vancouver Police Department have to respond to the negative and destructive behaviours as well as the human misery caused by problematic psychoactive substance use. A large percentage of our calls for service can be related directly or indirectly to problematic substance use – from property crime, to assaults of all descriptions, to bar and street fights in our downtown core, to family disputes, and so on. The Vancouver Police Department, therefore, like other 24/7 first responders, has a vested interest in prevention as a long-term strategy.

I believe reducing harm from psychoactive substance use through prevention is an overall goal upon which we can all agree. Any prevention strategy that potentially reduces the overall number of problematic substance users or changes their behaviour may reduce the negative and destructive behaviours that impact all of us directly or indirectly.

There are a number of good recommendations in this report. These include:

- The establishment of a “Prevention Task Force”
- An overall prevention strategy for early childhood development and families
- A “Safer Bars” pilot program
- A school-based education program (a project the VPD has been working on with the Vancouver School Board and the Vancouver Coastal Health Authority for two years already)
- An enhanced needle recovery program
- Stricter regulation of the precursor chemicals needed for the production of crystal meth
- Protocols for clandestine lab clean-up

– to name but a few.

I found the report to be very broad in nature, perhaps too broad – it’s difficult to set priorities within the recommendations.

The pillar of prevention is, in my view, an investment in the future. It also represents the long haul, where we all have to make a commitment. Throughout the report there is a stress on developing effective partnerships. I have often said to Don MacPherson that the goals of the stakeholders with respect to problematic substance use are usually fairly closely aligned. The differences and conflicts seem to develop around how we get there, and how we work together to solve these problems.

The Vancouver Police Department wants to be at the table and be a partner, when appropriate, to assist in making a number of the good recommendations in this report to become a reality.

Once again, we want to applaud the work and effort that went into the development of this comprehensive document by the City of Vancouver. Well done to Donald and his staff.

Kelly Ng, SUCCESS

First of all, I would like to commend the plan’s author on the vision of introducing a comprehensive prevention strategy across a person’s lifespan and transitional stages. The report also points out the importance of commitment of prevention funding from all three levels of government to sustain the effort. It is suggesting a shift of culture from fragmented funding pattern according to the silos of Ministry mandates. Instead of the current practice of singling out the issue of drug abuse prevention *per se*, the proposal begins to look at the protective factors including supportive family environment that prevents the abuse use of psychoactive substance.

The report mentions that a supportive family relationship is one of the most important factors in preventing youth from drug use. Take the Chinese immigrant population as an example – parent-child relationship/intergenerational conflict is our number one issue in counseling. But there is a general lack of service because family life education and workshops on parent-child relationships do not fall under the core

mandate of any ministry. It's now time to be visionary and have the concerned parties come together for a comprehensive, integrated view of personal and family life development.

I would like to quote the example of Hong Kong. There is a government-funded/centralized Family Life Education program and resource centre that provides guidance and support to the implementation of preventive programs, based on a philosophy of what constitutes healthy family life development. By closely working with grass root organizations and the media, the program reaches out to the majority of the city's 6 million people. So in principle, the concept should work.

However, I am skeptical how far the other levels of government will change their "mandate focused," "remedial oriented" funding practice and their commitment in the collaboration. Without the commitment of funding in building a strong preventive infrastructure, the introduction of regulatory framework for cannabis is extremely dangerous. The social consequence that it causes is beyond what we anticipate.

The report mentions a number of partnerships including the health authority and Vancouver Police Department. I am surprised that the Ministry of Children and Family Development, which has a mandate of providing early childhood development service, of working with many at-risk families and youth, and which claims to be moving towards prevention, is not listed at all as a key partner. This demonstrates how difficult it is to be really comprehensive in building collaborative prevention strategies.

As a family life educator, I find it a huge challenge to introduce prevention programs for our youth and at the same time making legislative changes to allow for the introduction of regulatory frameworks for cannabis. What kind of preventive messages are we giving to our youth? Is it okay to smoke pot or is it not okay? Yes, you can smoke but ...

I just don't know how to design a parenting program that teaches conflicting values. In parenting, the "yes ... but" message is something we should try to avoid.

If cannabis becomes readily available, the message is interpreted as "it's no big deal to smoke pot" and we are just encouraging our youth to freely use psychoactive drug. Continuous use of cannabis has proven to have a negative effect on the motivation of youth in their academic and social life. Its role as a gateway drug has been suggested by professional workers in the field of addiction service.

People may argue that the regulatory framework will ensure that youth and children have no access to cannabis, just like the case of regulated tobacco and alcohol. But is the controlled access to tobacco and alcohol by youth really working? We all know the answer.

The report points out clearly the importance of engaging youth in meaningful activities as a preventive measure against drug use. However, a recent survey done by the City of Vancouver along with other partners showed that some immigrant youth are isolated and they just don't go to community centres or participate in mainstream activities. For those who find their school life boring and who lack goals

in the future, the availability or perceived availability of cannabis will become a dangerous source for stress relief.

In conclusion, it is very dangerous to go too quick and too far in legal reform to allow for a regulatory market for cannabis when the viability and effectiveness of the preventive strategies suggested are still under debate.

Melanie Rivers, BC CDC

In the traditional protocol, I want to thank the traditional people whose land we are borrowing for this meeting, I'm from the Squamish people. Thanks for the opportunity to give input on this plan. Overall, it's well thought out, well researched and comprehensive. And I appreciate the focus on prevention.

I started by looking through an aboriginal lens, to look at what's in the plan for aboriginal people. There are strong gaps in the plan for aboriginals. There's a lack of aboriginal statistics on general health, and the numbers of aboriginal people living on the street – between 30% and 40% of people living on the street are aboriginal. There are things that have been effective in working in aboriginal communities, and they could be included in this plan, which doesn't have any specific aboriginal recommendations. There could be one to have an aboriginal position to work with the City on prevention.

A few things that I noticed – there could be more emphasis on counseling and healing. There's not much in this plan regarding corrections. There are lots of aboriginal people in prisons who have problems with substance use. There's also a connection between the city and the rural areas. In my work, I work with families in rural communities. When you're concerned with people on the street, there's reasons why, when you're looking at prevention you need to include those families and the rural areas.

Also this plan could include something on HIV and STI – in the aboriginal community, aboriginal women represent 30% of positive new infections for HIV in women.

There's one quote on page 11 that addressed the revival of cultural roots in the aboriginal community. I disagree with this statement – culture revival is important and healing, but it can happen at the same time and be part of the solution.

Also there's the suggestion on taking funding from gaming to provide funds for prevention. I have a little bit of concern for using one addiction to fund another. I like the idea of a prevention task force and an annual summit, and I would like to see aboriginal representation on that task force and at that summit. I look around and only see one or two aboriginal people here; we need more at this table.

I'd be looking at strategies that work for our communities. How we work in our program is, we do culturally appropriate programming, hiring aboriginals, including elders, provide culturally appropriate treatment. We do things like sports and camping, all those things are prevention. Culturally appropriate education – we did a program called "Coming of Age", addressing the underlying issues as to why our youth are getting HIV – but also street drugs, and self-esteem and identity.

Strategies that work means having meaningful partnerships that are equal. Aboriginal people need aboriginal role models. My program manager worked with aboriginal youth around hepatitis C prevention, with a use of strong role models in their daily life. Peer education programs work, holistic programs work, we also need cultural sensitivity training for people who work with aboriginals so that they can understand why our people are in such pain. And we also need capacity building for aboriginal people to work in the health and addictions field.

In closing, I'd like to see more aboriginal participation, and establishment of a true partnership level for this plan. I look forward to the task force, to the summit, and I look forward to further involvement.

Kelly L'hirondelle, KAYA

I'm from the Coast Salish people, working with KAYA. I do advocacy youth work, and I'm always looking for youth representation – why we do that is because our demographics are making up the majority of the aboriginal population in Canada. In Vancouver, 60% to 70% of the aboriginal population are 25 and under, and that percentage is growing rapidly.

Another reason is because we make up every negative statistic. Whether it's alcohol or drugs, AIDS, pregnancy, we're the highest no matter what. So I advocate for a youth aboriginal voice. It's crucial that youth should be involved with decisions that affect their lives.

I'm honored to be here to speak. I'm speaking on behalf of Sam Williams who was supposed to be here, so I'm glad I got the package. But I have been aware of this initiative and I'd like to acknowledge the City of Vancouver and the mayor for their progressive thinking. I'd like, as a young person, to see a logical approach to alcohol and drugs, instead of treating them as a crime. We're all human, and I'd like to see more of a medical approach.

I definitely have to echo Melanie on one thing. This is very similar to the Homelessness Action Plan, because it has a lack of aboriginal perspective. For aboriginals homelessness is higher than 50% for sure, that is the percentage of aboriginals on the streets, so this is why we advocate being at the table.

I'm really glad to be talking about youth engagement and community engagement, so this has to devolve to the community and to youth, past City Council. If there's money available, the community has to own where they go, as opposed to City saying "We like this or we don't like that." Why? If the money goes to the community, the youth in the community will have ownership and a sense of belonging within this plan. When the mayor was talking about 15 years down the road, I was thinking, in 5 or 10 years, some of the youth I see would be 20 – I wish there was something available when I was that young, it might have helped me and my peers. This needs to be devolved. Aboriginal governance in our community is huge, we're finding that when aboriginal people work with aboriginal people you get better results. The youth suggestions here are common sense. I'm quite an advocate for aboriginal youth first, but generally for youth engagement altogether.

I remember when I was young and a bunch of us were playing basketball on a court, the police would come, and we'd get kicked out. I'd get into arguments, but I'd say, "Well, what are we supposed to do?" Suggestions like keeping recreation centres open longer are simple and logical, and very easy to do.

Another area is best practices within our community. Many times things come up, and we ask "What can we get youth doing?" We're already doing it. Already there are best practices, we need to focus on those and build their capacity. In our community right now many youth programs have been shut down due to a lack of funding, including my program, but I'm still working. Two thousand youth use this service every day. We need to look at the funding gaps. The City could say that this is the best practice, and when the doors are shut that will increase problems. We need a big look at the best practices in the city.

If there's going to be a summit, then there should be a youth summit. Whatever there is, there should be an equivalent for youth. There needs to be more emphasis on peer mentorship – if you're having a City liaison person, you need a youth City liaison person.

I wanted to end off by talking about legalization, and my take on it. I remember when that Commercial Drive place got busted, Da Kine. I was driving by and I couldn't get through traffic, and then I realized what was going on. My first thing was "Yes, put more drugs and youth on the street, awesome, now I will get asked to buy drugs on the street." Maybe it was not the best location, but Da Kine was a symbol for different views on legalization. When things are legal, it's not as compelling for younger people, not as interesting.

So, that's my take. I think it's a progressive plan, I commend the City for its progressive thinking and for engaging the community. I don't think the aboriginal community was engaged enough, and there needs to be more engagement with the aboriginal community. Thank you.

Greg Liang, VANDU

Hi, I'm here representing VANDU, and I've been doing drugs for 20 years. As an active user I think this plan is comprehensive, and I want to commend Donald for the work. I like that it includes everybody, youth to seniors, and that it includes alcohol and tobacco, not just illicit drugs. I think that prevention must start with youth. Coming from the Downtown East Side, I don't like to see children in the Downtown East Side, once they hit the streets it's too late.

I have a few points:

We need housing for active users. Rooming houses aren't housing. Subsidized units are not going to the people who need it the most, the homeless.

There are people who want to get out of the situation they're in, but there's no situation for them to get working and get out. We need a contact centre, we need transitional places for addicts to build up and move on. We need a five-year plan to get involved and move up and out, then work with more addicts.

Syringe recovery, we are for it.

I didn't see in this plan any components for social assistance, kicking people off welfare won't help if they have no home and no income.

The biggest thing I liked is the involvement of population groups, I think that will be the most effective, and I hope that continues.

One more thing is when you're working with people, working with peers, when you're working with youth, it's best to train youth – train seniors to work with seniors, and the same with drug users, it's the most effective way, instead of having experts telling me about drug use. If I get one more expert telling me about drug use, I'll just go nuts. Thank you.

Jennifer Vornbrock, Vancouver Coastal Health

Hello – thanks to the City and to the mayor for the chance to speak here today. I'm speaking on behalf of the team at Vancouver Coastal Health, which is why I speak with so many voices, and some of them are contradictory.

We recognize that there are broader policy issues, but we're speaking today about the local level. I'll focus my comments on change and action at the local community and individual level.

Given the time constraints, I'll only address a few gaps. I was buoyed by this consultation, but I found there was a lack of a sense of community in the document. The social determinants of health are not the key recommendations here. We appreciate the comments on housing and the mayor's comments, and about employment.

But for vulnerable families and young adults, where are the recommendations? How will this prevention plan support them? How does the plan build community capacity at the local level?

Finally, who is the community? I would have liked to see more on the nature of the community. Where was the aboriginal voice? Where was the diversity?

There are going to be challenges in implementing this plan, and it must have community support.

Let's celebrate our victories and build on our successes.

Nancy Poole, BC Centre of Excellence for Women's Health

Thanks for having me here today.

I think it's just great that the City's turning its attention to prevention, it's very welcome, as you've heard.

When we work with clients in addiction treatment, we often say that we need to work towards physical, emotional, and spiritual growth and change. It's the synergy that

makes for a positive and successful recovery. I feel that that's what we're looking at here in terms of the 4 Pillars. We're starting to bring in the prevention pillar, to focus on it as well as treatment, harm reduction and enforcement. This is going to be the synergy that's going to move us forward in this work.

My first caution in all of this is that you won't just focus on this complex thing for the next 6 or 7 years, because we still need work in all the other areas. We need to knit and weave together how all those things give energy to us and bring about the change that we want.

The thing about prevention and health promotion is we don't have money and time for it, because it's upstream, less tangible, and big, big, big. I'd like to say that this is a brilliant attempt to try to map this territory, and I applaud that. Congratulations to the City for embracing the bigness of it all, I love its complexity and applaud you for riding the wave of the unwieldiness of it all. That's what it will look like for the next few years.

There are gender lines to this – to illustrate the complexity of prevention, and to show what the role of the City might be in all of this.

To start with, there's the example of the prevention of fetal alcohol syndrome, which actually is touched on in this report on pages 35 and 36. When we first learned about FAS, the first thing we thought was, "Well, we did nothing for 20 years, from 1970 to 1990," but when we got it, we thought about creating posters to inform women about these problems, and then, we thought, "It will all change, right?" Well, you can imagine, what happened was stuff was created, and the labours of shaming and blaming and making people feel guilty actually happened. Then some of the researchers stepped up to the plate and looked at the mothers, tracing the mothers of FAS kids – a quarter of them are dead, 100% of them had serious histories of violence in their lives, they had physical, emotional, sexual, and mental health problems, and partners that were unwilling to let them get help. So when you start to do prevention work, there's a whole hill of other harms behind the first one, and that is the work, and that is the complexity that we'll have to embrace in all this.

Where does the City fit in to trying to support work on FAS as one piece of this plan? That is one of the criticisms I had is that there's a mention of it, but no sign of where to go with it. It's a great opportunity for us to bring women service providers, and policy makers, and all the stakeholders in children's health and families' health and women's health, to create that idea of where we want to go with this. And that is the best thing that the City can do in all this is bring together people to talk.

So what are the federal and provincial and local governments doing together with women who are struggling with a range of issues that don't fall neatly into health? You've been so brilliant at harm reduction. When you opened the dialogue, the world didn't fall apart. The public was quite ready for these discussions. We're much more liberal than we might be, and there is so much potential for us to do this with this complex report, there are so many things we can build on and discuss together.

So, I could leave gender to pregnancy, but if you know me, you know I think that gender analysis is not just about women's reproductive lives. I want to mention pharmaceuticals. Don, and *Maclean's* magazine mentioned them, but practically,

they're not in this report. If we're going to prevent harms with women's substance use, we have to take this on. Women are prescribed more psychoactive substances than men. It's been this way for 30+ years, and so many of us have said, if you're addressing women's substance use, you have to bring this in. It's not here, it needs to be here. We are already taking on tobacco and everybody else, now we have to take on "Big Pharma"? But we do, we have to, in order to prevent the harms associated with substance use.

There is so much to do, and this is such a great time, as we engage, and as we engage youth. I hope in these discussion we'll break into genders. In our policy framework, it talks about social marketing, and the legal response. In every corner of this plan, we'll look at sex and gender differences and have a great time together, we'll have a tremendous amount of fun figuring out how to do this work. Thanks so much.

4. Plenary Discussion, facilitated by Mayor Larry Campbell

Mayor Larry Campbell

Thanks, Nancy. And thanks for the references to "having fun," I didn't think this was a social event.

Now, we're going to have an open mike for people who'd like to comment. We've covered the report pretty widely, and this is what we wanted to hear.

I have to tell you, the one comment I have is about the broadness of this report. I've been accused of a lot of things, but not thinking big is not one of them. So when I gave this job to Donald and his group, I gave them no parameters. I believe you have to think big, because if you don't, you can always drill down, but you can't always if you start small, because then the chance of hitting gold is almost nil. So it is very broad, and it has to be broad, the province and the country and the world are watching us.

If you go to international harm reduction conferences, we're rock stars. The world is looking at us, and saying "How did you do this, how could you pull this off?" We don't give enough credit to our citizens, to the people in the community – that the world didn't end when we instituted the supervised injection site, the world won't end if we talk about regulating drugs, the world won't end if we recognize that people who retire sometimes are lonely, sometimes have no support and they rely on drugs. The world won't end if we help people and recognize that this is simply a part of society. It has to be removed from criminality, and made into a health care issue. We've done that in Vancouver, and our citizens should be proud.

I think it was Tom who asked about what you do in communities that don't accept that? Eventually, they will accept it. That will just happen, because someone's son, or daughter, or mother, or father, will find themselves in trouble, and that person will ask themselves, "How the hell did that happen?" They'll start thinking about it.

If you remember, Kelowna was not big on the 4 Pillars, but they've completely embraced it. You don't have to have a supervised injection site. They've embraced the 4 Pillars, that's how it will spread; this is not something we need to be ashamed

of. We can address our problems within the 4 Pillars, and eventually, like Alice's Restaurant, it's a movement.

So I welcome your questions at the mikes.

Danielle, from Montreal:

I'm always battling between my need to say things, and my discomfort at talking in front of people.

I just want to say to Vancouver, "Yah, you do wonderful work!" We need to stop and say that, and look at yourselves, you're doing wonderful stuff and Montreal is watching. In Montreal we're not even near discussing what you are, it's not perfect and not the total answer, but Montreal is watching, we need to know how. Please keep the mayor of Montreal more familiar with harm reduction.

And I want to talk about a rare little pearl, Ann Livingstone, she's the greatest mentor. She reminds me that people are people, they have a right to dignity and rights, and she reminds me I'm a recovering drug addict and I sometimes forget that.

Wonderful things are happening here, I want to share it with the world, I don't want to stop, so Vancouver, keep moving. Thanks to all.

Bill McMichael, Renfrew Collingwood Drug and Alcohol Team

I'm involved in drug education. I have some comments on the general nature of prevention education. I've been involved in this field for 8 or 9 years, and I can say in general, among the most powerful education leaders are mothers, because everyone wants to make mother happy. This is an important area to explore. Thanks for bringing the other aspects in as well – we are all educators, and mothers are better at it. All the mothers in the room, I wish you success in communicating with your children at younger ages, ADS is working on a "making decisions" series on helping children make smart decisions, and you'd all be well-advised to look at mothers' role in prevention.

Suzanne Anton, Vancouver Parks Board

The comments I've heard today are most interesting to me as a Parks Board Commissioner. There hasn't been much talk about how the Parks Board and neighbourhood support programs are huge in the area of prevention, and we encourage them to be brought into this discussion. Kids and seniors playing sports, all those things are provided by community programs, and they're all wonderful at keeping people healthy. The Parks Board is a partner, but we don't seem to be a big part of this, and I'm going to stress this, and encourage us to take a greater part in the discussion and as part of the overall health issues.

Darrell Porevine, Action on Smoking and Health

For a long time I've found it frustrating – we always hear about drug and alcohol problems but when the average person thinks about drugs, tobacco is not included. Frankly I think it's a gateway drug, and it's a huge problem. Despite all the progress

that's been made, quite often I feel like a lone voice in the wilderness. We've made progress and yet we are victims of our own success. We've made lots of progress, but frankly as long as there is a tobacco industry, we have got a problem – perhaps not to the same extent in BC, or in Canada, but around the world.

In November this year, the tobacco industry is putting on something called “Emerging Tobacco Markets”, in Kuala Lumpur. Apparently the industry motto is “If the tsunami didn't get you, we will.” I'm going there to protest. You may have seen the Grim Reaper at various tobacco-sponsored events over the years – the Benson & Hedges Symphony of Fire, the DuMaurier Jazz Festival, or the Craven A Comedy Festival.

The bottom line is, the big picture, tobacco is deemed falsely to be a very small problem in the big picture of drug and alcohol problems, but when you look at it realistically, it kills more than all other drugs combined, and it's a huge drain on health care. Thank you.

Sheryl Williamson-Harms

After a couple of these meetings I've become known as Sheryl Williams-Harms-Reduction.

I'm with WECAN, the West End Citizens Action Network, and I wanted to comment on the community involvement aspects that have been brought up. WECAN sits on a committee, the West End Integrated Network, WEIN, a City-initiated response to the mayor's forums, to address livability across the city. Many of the objectives that our organization has developed around livability do mirror what's in this report. We're pleased we're on the right track. Specifically, I wanted to comment about how to get that energy into that community. It's not getting energy into the community; it's about getting the energy organized, giving it power, voice, accountability, and getting it out of the community to allow it to make a difference.

Stephanie Harris

I wanted to say that I'm happy to be here, and found myself, throughout the discussions, nodding my head. The interesting thing is, not reacting as professional but as a citizen, what can I do tonight when I go home?

I think that the last speakers hit it. We need to tap into the energy, also about getting connected to the issue, so that someone is out there. We need to see that our families are our resources, and citizens too, each one can do something small to make a difference. When you're totally overwhelmed, you don't have any hope, and you can't anything, it's important to just get people on track with the community.

Janine Maxwell

Thanks to everyone for all their hard work into this incredible document. It's a privilege to live in such a city. I was on the police board, when the Framework for Action was on the road. Today it's a different response, and it's being reflecting today with all the different comments I am hearing here. The VPD being here, and being supportive, maybe not liking all the things in the report but this is major progress, and it's heartwarming.

I wanted to say one thing about the Four Pillars, for the Vancouver Foundation, this helps, thanks.

Also I wanted to tell you about an event that my committee is planning in October, where we will be looking at what a regulated market might look like. The recommendations from this paper are not just in a vacuum, we need lots of conversation and discussion about a regulated market, so we're planning to have a symposium at the Wosk Centre for Dialogue, on October 18 and 19. We'll be presenting a paper from the Provincial Health Officer recommending regulated markets, with different models for regulated markets, examples of regulation (alcohol, etc.) and looking at impacts of what we see from what we've heard. Everyone is invited, we're just beginning this discussion, we're looking for input, and we would appreciate your attendance. You can find out more at our website – keepingthedoormapen.com – and thanks for this opportunity to speak.

Mayor Larry Campbell

I'll call upon Donald for some closing remarks. Where are we going?

5. Next Steps

Donald McPherson

This report went to City Council recently and Councilor Bass moved an additional recommendation. With respect to the control of tobacco products by the City of Vancouver, first there are bylaws that tobacco products should not be visible to children, and second when a business is selling alcohol, business licenses with an incremental fee will be charged. There will be licenses for the sale of alcohol and tobacco, they won't be allowed within 150 metres of a school, and a report from staff will provide Council with options for limiting tobacco stores in Vancouver just like we do with alcohol.

It will be included in the public discussion. All the recommendations you see here are drafts. Our plan is that, over next few months, we will construct a public process. We're open to meeting with any groups that would like us to meet with them, and communicating to the coalition members and the public the outline of that process.

6. Closing Remarks

Mayor Larry Campbell

I have just a few closing remarks. First, when I look around this room, I'm amazed – I see drug users, police officers, health care workers, people who work with AIDS, regional groups, and I'm encouraged.

But we still need larger representation. I think we need to lower the median age here, and that means we need to bring in some more youth, some people who are on the street, and in schools, and are peers, and leaders. We tend to blame all our youth by the media, and if you read the media, you'd just lock your kid in a closet until they're 21, and only let them out then. And we know, absolutely, that that is not necessary. We know that kids in difficulty are there for a reason, and that reason is

not a choice; that reason is something that has happened, something that's triggered a difficulty and they find themselves in a predicament.

This document and the whole Four Pillars, points that out. We've come so far, in such a short period of time, I know for many people it seems like a long time, but it really is only in a short time. And so we need to continue on this road. We won't give up, we won't stop, we won't always agree, but we'll always share the same room.

Thanks for coming today, and I'll look forward to the meeting, opening the doors. Have a good day and be safe.

List of Registered Participants

Susan	Anton
Wendy	Au
Liz	Burgess
John	Cameron
Mayor Larry	Campbell
Nadine	Caplette
Stephanie	Carol
Paula	Carr
Alex	Chisholm
Cindy	Crapper
Coco	Culbertson
Maxine	Davis
Chuck	Doucette
Michael	Doucette
Richard	DeJong
Allison	Felker
Michelle	Fortin
Kate	Gibson
Bob	Hall
Nichola	Hall
Ray	Hall
Ross	Hall
Stephanie	Harris
Heather	Hay
Francy	Hayward
Lyn	Hellyar
Tom	Hetherington
Lanny	Jimenez
Dave	Jones
Sandy	Karpetas
Jean	Kavanagh
Frances	Kenny
Paul	Kovach
Sadie	Kuehn
Judy	Lalonde
Fred	Leonard
Kelly	L'hirondelle
Greg	Liang
Marg	Lemire

Ann	Livingston
Donald	MacPherson
Cathy	Mah
Janine	Maxwell
Mike	Mancinelli
Gillian	Maxwell
Michael	McKnight
Bill	McMichael
Warren	Michelow
Adrienne	Montani
Ron	Morgan
Insp. Dave	Nelmes
Kelly	Ng
Gerry	O'Donnell
Linda	Ostrom
Nancy	Poole
Parm	Poonia
Darrell	Porevine
Errol	Povah
Bob	Rich
Melanie	Rivers
Bob	Rolls
M.	Sanford
Art	Steinmann
John	Tetti
Scott	Thompson
James	Tigchelaar
Lisa	Tseng
Kenneth	Tupper
Jennifer	Vornbrock
Sheryl	Williamson-Harms
Ethel	Whitty
Chris	Wong
Wendy	Wood
Anita	Zaenker