THIS PAPER WAS DEVELOPED BY COMMUNITY GROUPS (INCLUDING USERS) WHO ARE STAKEHOLDERS. REGARDING THE DRUG ISSUE THAT AFFECT THE DOWNTOWN EASTSIDE OF VANCOUVER.

COMMUNITY DIRECTIONS

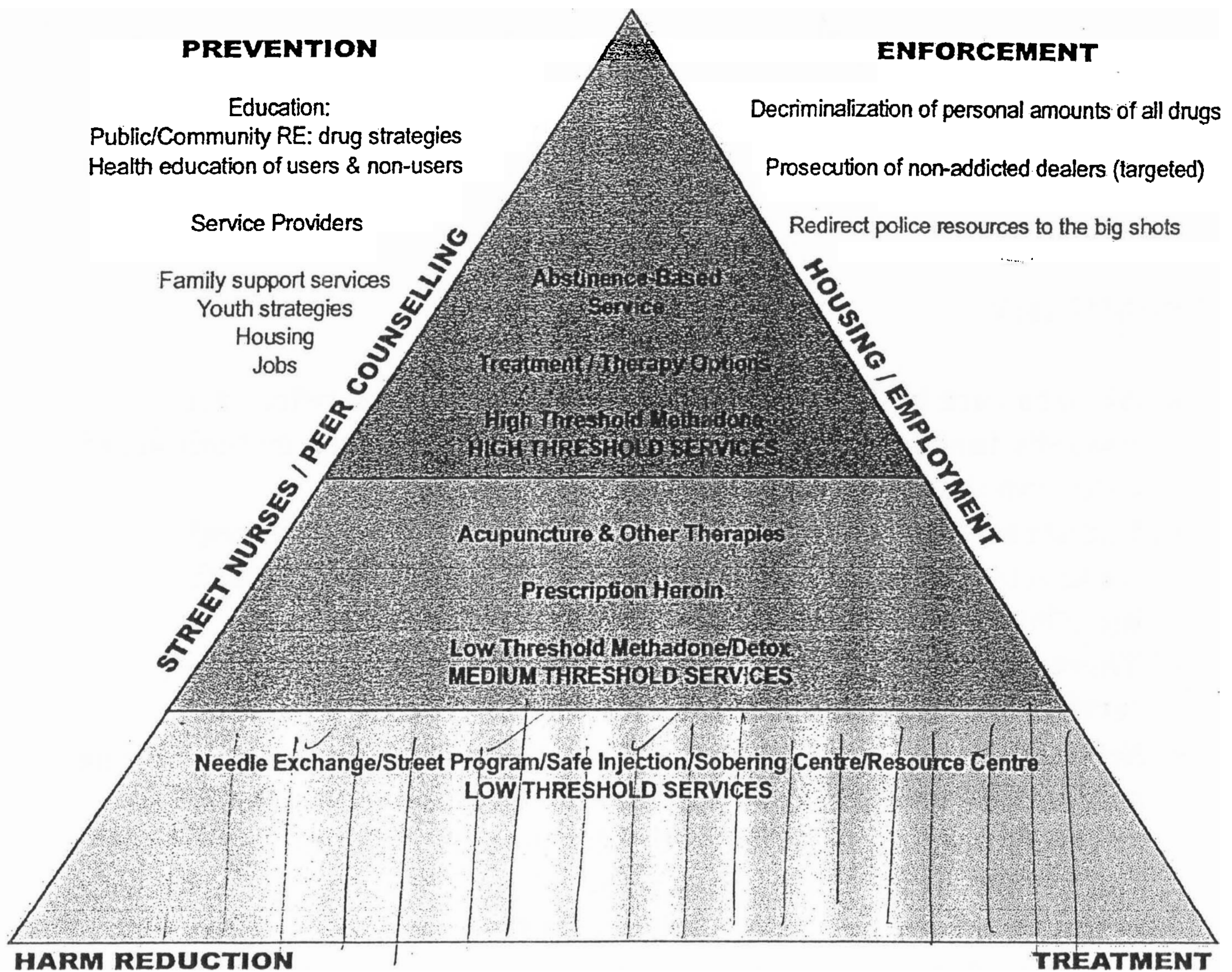
Community "think-tank" on Drug and Acohol Strategy

Two community workshops

March 2000

SUMMARY

- All areas are high priority and urgent. Existing services are woefully inadequate, with serious consequences such as high death rates and deteriorating health.
- Cannot and will not choose between the need for detox, real treatment options, or harm reduction strategies such as safe injection sites. All are needed "yesterday".
- There needs to be a coordinated strategy with a continuum of services with age, gender, and cultural specific approaches.
- Services cannot be developed and maintained in isolation from one another. In order to save lives as soon as possible, particular attention needs to be given to the development of safe injection sites and heroin maintenance programs. These are among the first steps in the treatment process as outlined in the Four Pillars approach.
- There needs to be a public education strategy as well as lobbying for adequate resources.
- All participants supported in principle the recommendations of all the small groups in the March 28 workshop. There is a high degree of agreement on the needs and needed action.
- There was agreement to adopt the four pillars approach as a framework for community education and action. Adopting this framework enables people to work effectively for their own programs and to support other people working for theirs.



Low Threshold services are services that are most easy to access. They are readily available without a lot of eligibility criteria and provide an entry point to a range of services that improve health, save lives, and can start to provide a pathway to other services and treatment options.

High threshold services require a certain level of functioning and commitment to abstinence before entering the various programs.

MARCH 28, 2000
A & D Community "Think tank" Part II

Starting point was the report of the March 21st session. There was a general discussion of how to get wider community involvement to move to implementation. The main part of the session was spent in small groups to work on priorities and ways to carry forward the work in the following areas: therapy, treatment, user support (harm reduction measures), education, and housing.

There was no significant disagreement with any of the small group reports. All were accepted by the whole group. The whole group decided to reframe the workshop results in the four pillars approach and to use this approach as the basis for community education and action. Marg, Michael C., Kerstin, and Jim Leydon volunteered to take the written reports and draft a four pillars framework to go to the Alcohol and Drug working group of Community Directions. Participants were invited to join the ongoing working group if they wished.

Education
Small group report, March 28

1. Appeal to the public where their fears and interests lie:
   - safety
   - dollars - on crime and services
   - present users as people

2. Form an education team that represents ALL options from harm reduction to abstinence and includes a cross section of people including users

3. Agree not to shoot down other people's opinions

4. Be pro-active: go out to community where they are, particularly business community and parent groups. Present the options and get input and ideas. Create dialogue between groups.

5. Establish a media watch.
   - meet with editorial boards
   - change media perceptions
   - good news stories

6. Use surveys to determine knowledge and interests.

7. Translate materials

8. Use the Asset Inventory to develop and publish a community guide to A & D resources.

Therapy and Treatment
Small group report, March 28

- **Treatment and Therapy are part of the continuum. Frame them in the 4 pillars.**
- **Start working within a harm reduction viewpoint rather than only abstinence.**
- **Goals to be set by clients, not therapists or agencies. Overall goal of therapy is to improve people's lives.**

What we need:

Therapy
- more
- non-traditional: play, art, music, acupuncture, naturapathic, yoga, herbal
- not only 9 - 5 Monday - Friday
- long-term support, followed by 1 person throughout
- follow-up with links to housing and employment
- therapy that doesn't see abstinence as the only goal

Treatment
- more beds
- more population specific beds
  - gender
  - culture
  - age
  - mental illness
- diversity of treatment models
- training of peer counselors, training for users to help users

HOW to get there:
- dollars from alcohol and tobacco taxes
- must get police, business, community, politicians support for harm reduction
- financial support from business community
- decriminalize personal amount
- funnel $$ from the A.G.

Detox
Small group report, March 28

1. Need more information: Gather and analyze current detox services and alternatives that are not institution based

2. Build networks, including hospitals and jails

3. Educate public about detox: cost effectiveness - to build support

4. Define as treatment or not

5. Harm reduction model >> continuum

User support
Small group report, March 28

Highest priority now: safe injection sites
Take the 4 pillars approach and adapt it to Vancouver

- **Take a look at Frankfurt's set-up and how support was obtained by the majority.**

Educate the community about safe injection sites and work to create unity

Adapting the 4 pillars approach

Prevention Treatment Harm reduction Enforcement

- Proactive approach to the problems
- find allies and work together
- find out legal issues
- find who can / will set up sites
- fixed or mobile sites?
- Education to get community consent for a site then approach the city through the 4 pillars

3 sites: 2 DTES and 1 Strathcona

Education

on legal issues
federal, provincial, and health board levels

- police with mandate form "you" (the community)
- community at large

Housing
Small group report, March 28

Wider housing issues fall within the Housing working group. Work with that group to include housing strategies that relate to the A & D strategy and to ensure a continuum of housing. Example: Adult Care Facilities Act and question of standards.

Housing needs related to the A& D continuum

1. At home detox and direct A & D related housing
2. Long term affordable housing
3. **Dry, Damp, and Wet: Slogan for range of housing options with decent living conditions.**
4. Housing continuum is part of transition

ABSTINENCE IN TREATMENT OPEN

What we need to do

1. Educate about housing needs for people in the DTES (Think SIL)
2. Build networks
3. Lobby for Dollars: Community Directions > city > prov. > federal support

DTES/Strathcona Community Directions
Alcohol & Drug Workshop Notes
March 21, 2000

The participants in the meeting discussed three questions:

1. In thinking about alcohol and drug issues in the DTES/Strathcona, what do we need now, soon, later?

2. Where we agree about what we need, how can we move forward to get it?

3. Where we disagree about what we need, how can we move toward solutions/resolution?

These notes reflect the key points raised in the discussions.

1. What do we need now, soon, later?

Now

Housing

. post treatment housing
. safe housing that makes users feel welcome, in and out of the DTES
. user housing quotas (that is, must take a certain percentage of users)
. respite beds
. standardize recovery house regulations

Detox

. range (or spectrum) of detox services (or options), including (but not limited to):
. ambulatory
. in home
. cross addiction
. detox on demand

Consumer and Community Involvement Process

. make commitment to help and protect kids in our community_
. users must be at the centre of all harm reduction initiatives (including programs and services); there must be direct user involvement in harm reduction (paid and unpaid)
. collaboration to develop long-term A&D goals
. community-based planning and implementation process is imperative
. challenge stereotypes of users
. bring business into discussion
. develop resources for users to access the political process
. commit to re-allocate resources as needed
. develop regional services

Therapy
. free therapy for users (while using, if desired)
. different treatment and therapy options (alternatives)
. more A&D counsellors and advocates
. more therapist training opportunities, especially in alternative therapies

Education
. increased public and political education to build support and allies
. more accurate and relevant information and education
. more harm reduction education

Legal
. carry forward user class action suits
. decriminalize personal use amounts
. social and legal reform

User Support
. increase employment opportunities
. develop safe, women-run working sites for working women
. relapse prevention groups
. 1-to1 support
. more places to go (for example, recovery houses, programs)
. heroin and cocaine drug maintenance programs and alternative programs
. recreation and positive programs (especially for youth)
. 7/24 user support
. safe injection sites
. sobering centre
. low threshold methadone program
. increase welfare rates
. alcohol exchange program
. community stills
. better A&D services in prisons

Soon
There was a commonly-held view that it's "too soon to do soon" and we should concentrate our efforts on "now". The following points are noted, however, because they were raised in the small group discussions.

. reform the methadone system
. after treatment follow-up
. better prevention strategies
. more resource centres
. gender and age-specific services

. decriminalize drugs
. front-end programs (for example, parenting programs)
. reform the welfare system and bring it under Health

Later
Again, there was a commonly-held view that "this is later" and the urgency of the situation demands that we focus our efforts on **now**.

There was also agreement that we need to continue the programs, services and supports that are currently in place.

2. Where we agree, how can we move forward?
We need:
- activism and diversity
- education and information

We also need to:
- involve users at all levels
- move issues forward as part of the overall plan, not on a piecemeal or one-off basis; do not leave confrontational issues behind but bring them forward as part of the plan
- ensure that everyone is involved
- ensure that our work is based on humanitarian principles
- develop our own plan; not one imposed by others
- ensure that our plan includes a spectrum from low to high threshold
- create allies in the media to recreate the media image of our community
- normalize services/programs so that people are not afraid of and resistant to them
- at the same time, to be strategic enough to anticipate problems and provide common sense solutions
- learn to "leverage" government to get what we need
- set up more user groups

1. Where we disagree, how can we resolve our disagreements?
We could:
- establish neighbourhood liaison committees
- create more opportunities for discussion/dialogue/communication
- understand conflict as O.K., sometimes necessary, and often constructive
- provide more accurate information and education to break down stereotypes and help people to see the real effects, not just the perceived effects
- think about the effects of our decisions on others before implementing them
- focus our work on solutions, not problems