

What we heard

Compilation of Feedback to the Draft Alcohol and Drug Action Plan

May – September 2001

Community
directions >>



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Gathering Feedback – the process

Timeline and objectives

From May to September 2001, volunteers from the Alcohol and Drug Working Group held discussions with community members in the Downtown Eastside and Strathcona around the Community Directions Draft Alcohol and Drug Plan.

The objectives of these discussions are:

- Find out if there is general agreement with the overall plan
- Determine the priorities
- Determine areas of disagreements
- Determine what is missing
- Determine the key implementation issues

Location of discussions

Twenty-nine discussions were held at 21 different sites.

Downtown Eastside

Bruce Eriksen Place	Ford Building
DERA COOP	The Edge
Catholic Group	27 West Pender
Oppenheimer Park	VANDU
-health fairs	YAC
-Aboriginal outreach	VIDAS (X2)
-Carnegie program	Keefe Rooms
Carnegie Community Centre (X2)	First United Church
Carnegie Street Program	Regent (X2)
Women's Centre	Vancouver Second Mile Society
Lions Manor	(seniors)

Strathcona

Strathcona Community Centre (X4)	Jennie Pentland
Maclean Park	RayCam (X2)

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Participation - demographics

Special attention was taken to hold discussions as broadly as possible with the various resident groups that represent the Downtown Eastside and Strathcona communities, including:

- drug users
- residents of SROs
- residents of social housing
- seniors
- youth
- individuals who go to community centres and agencies
- Chinese
- First Nations

Note: An invitation was sent to the resident association (homeowners) in Strathcona, but no response was received. Due to summer holidays and the September back-to-school rush, the group was unable to hold discussions with parents at both the Strathcona elementary schools. Parents were reached through the community centres and social housing sites.

Approximately 375 individuals participated in discussions and /or feedback forms. Of those:

- approximately 34% are Chinese
- approximately 14% are Aboriginal
- approximately 29% are Seniors
- approximately 7% are youth
- approximately 25% are drug users (very rough approximation)

Research tools

The working group held discussions, set-up community displays boards, and distributed feedback forms in both English and Chinese to help collect and organize community opinion.

- The contents of the discussions followed a specific format:
 - Introduction of Working Group and Draft Plan
 - Outline of Objectives
 - Presentation of Draft Plan (verbal or video)
 - Structured discussion and feedback
- An individual feedback form was designed and distributed to further help organize input and as a way of facilitating one-to-one discussions.

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- Displays of the plan with feedback forms were set up in Carnegie Community Centre and Street Program, Four Corners Bank, DERA, and other community sites in order to reach individuals who would not usually attend formal discussions. Displays in both languages were set-up in RayCam and Strathcona Community Centre.
- Feedback forms were also made available after the discussions for those who wanted to fill them out and offer additional comments or for discussions with individuals.
- A separate discussion format and feedback form was developed to encourage youth participation at RayCam and Strathcona Community Centres. These were designed with advice from staff who work with youth at RayCam, Strathcona Community Centre, and WATARI to make the discussions more relevant to youth. **Note:** This discussion format and feedback form was not used with youth from YAC, as they are already very familiar with drug use and drug issues. However, the discussion format was modified to accommodate a younger audience.



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Summary of Discussions

General agreement with plan

- Overall, there was general agreement with the approach and continuum of the Draft Plan.
- People want to move the drug scene off the streets. Everyone wants the streets to be safer and more pleasant.

Mood and tone of discussions

- People want to see action immediately. There is a sense that a comprehensive drug strategy should have been developed and implemented long ago.
- People are sceptical that a comprehensive strategy will ever be implemented and/or implemented well. Many expressed they don't believe there will be adequate resources to put the plan in place.
- Desensitization and tolerance of misery from the street scene is a large problem in the community. This is a concern for adults and children. Residents do not want the community to become a place where people are so desensitized to misery that they allow terrible things to happen to other community members.

Priorities:

- Strategies need to be linked with housing, employment training and opportunities, and skills development
- Treatment on demand
- More treatment options (comprehensive - there should be support after treatment)
- Focus on mental health
- Some expressed harm reduction actions are a priority (drug substitution and safe fix sites)
- Prevention (education, family support and recreation)

Disagreements

- Where to start? Treatment vs. Harm Reduction
- Concentration of services in the Downtown Eastside. There should be sites in other communities as well.

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- Mixed feedback over some harm reduction measures: drug substitution, safe injection sites, and needle distribution/recovery.
Implementation Issues:
 - Can't implement harm reduction measures without having the other pillars (treatment) in place, otherwise it will only enable users without offering them any treatment/recovery options
 - There should be a residency requirement for harm reduction sites
 - Making heroin maintenance programs accountable
 - Making needle distribution/recovery programs accountable. Currently, not all needles are recovered by those who administer the programs.
 - Age requirement for safe injection sites and drug substitution programs. Inappropriate for youth.

What's missing?

- Prevention pillars - needs to be thought out more clearly and requires more substance
- Separate youth strategy
- More development on long-term treatment and comprehensive support

Chinese

- More emphasis on treatment and prevention
- More emphasis on targeting dealers (surprisingly few comments about increased police presence)
- Some in favour of drug courts
- Large emphasis on employment (favoured long-term treatment linked to employment)
- Many were philosophically opposed to safe injection sites. Some had questions (not necessarily opposition) around needle distribution/recovery and drug substitution programs. Some were okay with harm reduction actions as long as they were away from Chinatown. (**didn't necessarily feel more opposition from the Chinese community than from those opposed to harm reduction measures from the Caucasian community*)
- Concern over the concentration of services (too close to Chinatown)
- Difference in gender – women were generally more accepting of the plan and more willing to see drug use as a societal and medical problem

Aboriginal

- Need to incorporate a holistic Aboriginal traditional healing component into every pillar

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- Aboriginal people need to have input and control over the implementation of programs

Strathcona

- More emphasis on prevention and treatment
- Concern over the concentration of services
- More concern over harm reduction actions



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Summary of individual feedback form

Objective

Information of feedback forms were used to complement input/opinion gathered through the community discussions. Out of the 375 individuals who took part in the process, 145, or 39%, gave input through the feedback form. Only a few individuals (5%) took part in both discussions and individual feedback forms.

Demographics

Where:

- Majority of feedback forms were completed in the Downtown Eastside and reached individuals who did not take part in group discussions.
- In Strathcona, very few individuals used the forms. Therefore, the results below do not represent the opinion gathered in Strathcona. Opinion from Strathcona can be found in the previous section: *Summary of discussions*.

Resident/non-resident

- A total of 145 feedback forms were completed in the community
- 109 of feedback forms (75%) are residents of the Downtown Eastside (may not include residents from Strathcona since the feedback form didn't ask if they were from Strathcona community. However, most feedback forms were conducted in the Downtown Eastside)
- Of the 31 feedback forms that were from individuals who live outside the community, the majority are from:
 - VANDU/VIDUS (32%)
 - Oppenheimer Park (19%)
 - Carnegie/Community Directions suggestion boxes around the community (19%)
 - First Nations outreach at Oppenheimer Park and 27 West Pender (16%)

The following statistics are compiled from resident feedback forms only

Gender (n = 101)

- 67% of respondents are male, 33% of respondents are female

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Ethnicity (n = 94)

- 36% of respondents are Caucasian
- 32% of respondents are Aboriginal
- 10% of respondents are Chinese

Age breakdown (n = 99)

- Between 0 – 24 years old – 0%
- Between 25 – 29 years old – 9%
- Between 30 – 44 years old – 51%
- Between 45 – 54 years old – 24%
- Over 55 years old – 16%

Four Pillars - Summary of Community Priorities			
Actions	All Surveys Percentage indicated top priority	Aboriginal Percentage indicated top priority	Chinese Percentage indicated top priority
Prevention Actions			
Family Support and parent programs	64%	78%	83%
Adult and Youth recreation activities	52%	55%	42%
Peer based and realistic education	71%	76%	75%
Harm Reduction Actions			
Establish medically supervised safe injection sites	58%	52%	64%
Develop a resource centre for drug and alcohol users	57%	67%	33%
Expand and increase access to clean needle distribution	53%	52%	60%
Develop peer-based approaches to respond to drug overdoses	50%	42%	34%
Establish a 24 hour sobering centre	62%	64%	55%
Develop a pilot alcohol exchange	30%	35%	25%
Develop a low threshold methadone program	47%	53%	36%
Expand the current high threshold methadone program	46%	50%	20%
Establish a heroin maintenance program	54%	43%	30%
Establish a pilot stimulant maintenance program for cocaine users	52%	42%	33%
Treatment Actions			
Provide access to services and resources to Alcohol and Drug users who also have mental disorders	73%	67%	86%
Expand detox	71%	70%	90%
Increase treatment options	68%	63%	89%
Increase number and program capacity of recovery homes	61%	61%	70%
Develop a medical short stay unit	58%	47%	50%
Enforcement Actions			
partnership	65%	53%	91%
Ensure drug courts is accompanied by new funding and not reallocations from existing or planned services	53%	58%	75%

Note: the above reflect resident surveys only, except for the Chinese breakdown which includes all surveys (residents/non-residents) as some of these were done in Strathcona and the survey only asked if they were a resident of the Downtown Eastside. In addition, the breakdown by Chinese ethnicity is based on a very small survey sample size (13 Chinese surveys), so is not very statistically relevant. However, I included it to show (very roughly) the difference and similarities in opinions that may be due to ethnicity.

Four Pillars - Summary of Community Priorities ranked based on percentage that indicated top priority	
Actions	Percentage that indicated top priority
Prevention Actions	
Family Support and parent programs	83%
Peer based and realistic education	75%
Adult and Youth recreation activities	42%
Harm Reduction Actions	
Establish medically supervised safe injection sites	64%
Expand and increase access to clean needle distribution	60%
Establish a 24 hour sobering centre	55%
Develop a low threshold methadone program	36%
Develop peer-based approaches to respond to drug overdoses	34%
Develop a resource centre for drug and alcohol users	33%
Establish a pilot stimulant maintenance program for cocaine users	33%
Establish a heroin maintenance program	30%
Develop a pilot alcohol exchange	25%
Expand the current high threshold methadone program	20%
Treatment Actions	
Expand detox	90%
Increase treatment options	89%
Provide access to services and resources to Alcohol and Drug users who also have mental disorders	86%
Increase number and program capacity of recovery homes	70%
Develop a medical short stay unit	50%
Enforcement Actions	
Develop a community-based enforcement strategy through a police/community partnership	91%
Ensure drug courts is accompanied by new funding and not reallocations from existing or planned services	75%

Four Pillars - Summary of Chinese Priorities ranked based on percentage that indicated top priority	
Actions	Percentage that indicated top priority
Prevention Actions	
Peer based and realistic education	71%
Family Support and parent programs	64%
Adult and Youth recreation activities	52%
Harm Reduction Actions	
Establish a 24 hour sobering centre	62%
Establish medically supervised safe injection sites	58%
Develop a resource centre for drug and alcohol users	57%
Establish a heroin maintenance program	54%
Expand and increase access to clean needle distribution	53%
Establish a pilot stimulant maintenance program for cocaine users	52%
Develop peer-based approaches to respond to drug overdoses	50%
Develop a low threshold methadone program	47%
Expand the current high threshold methadone program	46%
Develop a pilot alcohol exchange	30%
Treatment Actions	
Provide access to services and resources to Alcohol and Drug users who also have mental disorders	73%
Expand detox	71%
Increase treatment options	68%
Increase number and program capacity of recovery homes	61%
Develop a medical short stay unit	58%
Enforcement Actions	
Develop a community-based enforcement strategy through a police/community partnership	65%
Ensure drug courts is accompanied by new funding and not reallocations from existing or planned services	53%

Four Pillars - Summary of Aboriginal Priorities ranked based on percentage that indicated top priority	
Actions	Percentage that indicated top priority
Prevention Actions	
Family Support and parent programs	78%
Peer based and realistic education	76%
Adult and Youth recreation activities	55%
Harm Reduction Actions	
Develop a resource centre for drug and alcohol users	67%
Establish a 24 hour sobering centre	64%
Develop a low threshold methadone program	53%
Establish medically supervised safe injection sites	52%
Expand and increase access to clean needle distribution	52%
Expand the current high threshold methadone program	50%
Establish a heroin maintenance program	43%
Develop peer-based approaches to respond to drug overdoses	42%
Establish a pilot stimulant maintenance program for cocaine users	42%
Develop a pilot alcohol exchange	35%
Treatment Actions	
Expand detox	70%
Provide access to services and resources to Alcohol and Drug users who also have mental disorders	67%
Increase treatment options	63%
Increase number and program capacity of recovery homes	61%
Develop a medical short stay unit	47%
Enforcement Actions	
Ensure drug courts is accompanied by new funding and not reallocations from existing or planned services	58%
Develop a community-based enforcement strategy through a police/community partnership	53%

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Summary of community priorities

- Overall, actions under the **treatment and prevention pillars** were ranked top priorities more often than actions in the other two pillars
- Overall, more respondents ranked actions under **treatment** as top priorities, followed by actions under prevention, enforcement, and harm reduction
- Aboriginal respondents ranked more actions under **prevention** as top priorities, followed by treatment, enforcement and harm reduction
- Chinese respondents ranked more actions under **enforcement** as top priorities, followed by treatment, prevention and harm reduction

Indicated top priority				
	Prevention - mean percentage	Harm Reduction - mean percentage	Treatment - mean percentage	Enforcement - mean percentage
All feedback forms	62%	51%	66%	59%
Aboriginal	69%	50%	61%	58%
Chinese	67%	51%	77%	83%

Actions that the community ranked as low priorities

Overall, there were few actions that were ranked as low priorities. In general, for most action, less than 20% of respondents gave a low priority ranking.

- Chinese response to Alcohol Exchange (50%)

Summary of open-ended comments

All Pillar Comments

- General agreement with four pillars. Some expressed that each pillar is of equal importance, while some expressed the prevention (education) and treatment pillars are priorities.
- There should be more social housing and employment opportunities for drug users
- Want to see action now
- Scepticism over whether any of these plans will actually be implemented (or implemented well). There was some concern over governments and organizations not putting adequate resources into the strategy and treating the problem as “window dressing”

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- Drug strategy should be co-ordinated and inked to training, housing, and employment. Follow-up is important
- Drug users need to be treated with dignity and understanding

Aboriginal comments

- Need to incorporate a first nations holistic and traditional healing component into every pillar
- Aboriginal people need to have input and control over the implementation of these programs

(same comments expressed four all four pillars as well)

Prevention comments

- Education is a priority for youth, parents, and adults in general. It should be realistic and peer-based (Just Say NO doesn't work.) Education also needs to take place citywide.
- Family support/parenting skills are very important
- Recreational alternatives very important

Harm Reduction comments

- Mixed feedback over safe injection sites, needle exchange, stimulant maintenance for cocaine users, heroin maintenance actions. Feedback was either passionately in agreement or in opposition. Some felt these actions only enable users, make it harder to quit, or help them die faster. Others felt that they are the first step to saving lives and moving the drug scene off the streets.
- The most controversial action is stimulant maintenance for cocaine users. Many felt cocaine use has to be addressed immediately, but there was disagreement over having a maintenance program.
- Some felt all harm reduction actions were important, some felt they only enable drug users.
- A few were concerned over methadone programs for the same reasons listed above.

Chinese

- If harm reduction sites are going to open in the DTES, they should also put them in other neighbourhoods. Concern over concentration of services.
- Some expressed that harm reduction should be last resort

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Treatment comments

- People should be able to stay in detox longer
- Many expressed long-term treatment/recovery houses were priority. A few expressed treatment should be realistic – not all should be abstinence based.
- Treatment on demand a priority for those who want it
- More treatment is needed
- Addressing mental health issues is important

Aboriginal and Chinese

- Some expressed that treatment should be out of the community.
 - Chinese -- do not want to see a concentration of services down here, although most expressed treatment as a priority. They just don't want to see all treatment facilities in this community.
 - Aboriginal – too many triggers in the community

Enforcement comments

- Police should target dealers
- Lots of opposition to drug courts. Forced treatment is ineffective.
- Some call for legalization of some drugs
- Less enforcement – putting people in jail is ineffective
- General distrust of police
- Some expressed sensitivity workshops and training for police
- A few comments called for an increase in police presence and stiffer penalties for drug-related crimes.

Notes about the feedback form

- Some people were confused over the feedback form's ranking system – mistook "3" for top priority and "1" for lowest priority. Their comments would completely contradict their ranking system. I took the liberty of fixing the feedback forms that were obviously ranked wrongly (there were seven out of a total of 145 feedback forms.)
- The written comments seem to contradict some of the rankings of the top priority actions – i.e. The Chinese feedback forms put safe injection sites as the action that received the most top priority rank, however, the comments suggest otherwise. This could have been as a result of the small Chinese feedback form sample size. As well, a relatively high percentage of respondents ranked drug courts as a top priority, yet most comments were negative. A possible explanation is that respondents were not asked if they

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thought drug courts were a priority, but rather the if they thought drug courts should be accompanied by new funding and not from existing programs.

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Youth Feedback

Participation

Twenty-seven participants attended discussions at YAC, Strathcona Community Centre (Youth Council), and RayCam Co-operative.

The discussion with street involved youth at YAC was very different from those held at the community centres. As well, participants were older at YAC (18 - 24). Age of youth at the community centres ranged from 13 - 17.

Summary from YAC

- Drugs that affect youth are cocaine, crack, heroin, speed
- There was general agreement with overall plan
- Priorities: -treatment on demand
-treatment (recovery houses) should be linked to employment, housing, training and skills development
-affordable housing
- Disagreements: -safe injection sites
-high threshold methadone (most also disagreed with low threshold methadone)
-drug substitution and maintenance programs
-mixed reactions over needle exchange
-reasons for disagreement: enabling - "crack shacks", prolongs recovery,
- Implementation issues:
-needle exchange - full recovery is impossible because people do not behave responsibly under the influence. In addition, many will not wait to get a clean needle when under the influence.
-Resource Centre - should allow access for youth
- Comments: - emphasis shouldn't be put on enforcement
- prevention/education should be peer based

Summary from RayCam and Strathcona Community Centre (*format different*)

Most youth were unfamiliar with the Four Pillars Approach and did not feel the drug scene in the community affected them. Most understood and more than half even agreed with the philosophy behind harm reduction actions. But when personally asked if they agreed with harm reduction actions (for themselves), most youth disagreed.

- Drugs that affect youth: marijuana, acid, cocaine, ecstasy
- Why do kids do drugs: Peer pressure, have problems, feels good
- Who do they get drugs from: friends, dealers, schools, dance/raves
-most also indicated that it was very easy to get drugs
- Concerns about drug use: deteriorating health, might die

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- Almost all participants were unfamiliar with the Four Pillars Approach and the philosophy behind harm reduction, though some had heard of specific harm reduction actions
- *Disagreement* over harm reduction actions: needle exchange and drug substitution and maintenance programs
- *Concerns* and questions over safe injection sites, resource centres, needle exchange, and drug substitution programs
- Role of police: crack down on dealers, some said increased police presence on streets
- *What would help the drug situation right now:* treatment, education, employment, crack down on dealers, clean up the street scene

Similarities between YAC and community centre discussions:

- Disagreement or concern over specific harm reduction sites. These measures will not work for youth:
 - safe injection sites
 - needle exchange
 - drug substitution and maintenance programs
- Priorities/what would help:
 - treatment
 - employment

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Summary of Discussions and Feedback Surveys Identified as Highest Priorities by Community	
Areas that have broad community consent	Significant disagreement: Even areas with majority support require problem-solving
All Pillars	
Aboriginal specific strategy Linkages to housing, training, employment Move drug scene off the street	
Prevention	
family support education recreation	
Treatment	
treatment on demand more treatment options including culturally specific programs treatment for mental health expand detox	
Harm Reduction	
sobering centre	Safe Injection Sites * Implementation issues for the community, mainly non-drug users. Stronger concern expressed in Strathcona than in the Downtown Eastside. * A minority of drug users do not see safe injection sites as a solution * The majority of the Chinese residents do not see safe injection sites as a solution. Drug Substitution Programs * Implementation issues and significant differences in opinion among drug users. * Many residents in both Strathcona and The Downtown Eastside support drug substitution programs and believe they would reduce crime.
Other Issues	
	Where to Start? * Treatment or harm reduction Concentration of services * Want to make sure programs and services are available in other communities in the lower mainland, as well as in the Downtown Eastside / Strathcona

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**Summary of Discussions and Feedback Surveys
Identified as Highest Priorities by Community**

Missing Pieces

Separate Youth Strategy

- * Separate strategy that focuses on prevention, treatment, and intervention.
- * Separate strategy that looks at drugs that affect youth (eg. speed and ecstasy).
- * Integrated and holistic approach that links drug recovery to housing, education, and
- * Youth do not see some of the harm reduction actions (safe injection sites, needle exchange, alcohol exchange, and drug substitution programs) as good solutions for them, though they were not necessarily opposed to those strategies for older drug users.

Recommended Task Groups

Strongest Priorities for Follow-up Work

A. Problem-solving task groups

Some areas require a problem-solving step before moving on to implementation. These areas are:

- **Problem-solving around drug substitution**
 - Implementation issues and significant differences in opinion among drug users.
 - Many residents in both Strathcona and The Downtown Eastside support drug substitution programs and believe they would reduce crime.

 - **Problem-solving around safe injection sites**
 - Implementation issues for the community, mainly non-drug users. Stronger concern expressed in Strathcona than in the Downtown Eastside.
 - A minority of drug users do not see safe injection sites as a solution
 - The majority of the Chinese residents do not see safe injection sites as a solution.
-

B. Development and implementation task groups

The following areas have broad consent. Task groups can concentrate on developing the actions further and start working towards implementation.

- **Youth drug and alcohol strategy**
 - Separate strategy that focuses on prevention, treatment, and intervention.
 - Separate strategy that looks at drugs that affect youth (e.g. speed and ecstasy).
 - Integrated and holistic approach that links drug recovery to housing, education, and employment.
 - Youth do not see some of the harm reduction actions (safe injection sites, needle exchange, alcohol exchange, and drug substitution programs) as good solutions for them, though they were not necessarily opposed to those strategies for older drug users.

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- **Aboriginal specific strategy and advisory group**
 - Holistic approach (see Action 16)
 - Develop a Downtown Eastside specific strategy for Aboriginal people in this area
 - Ensure Aboriginal component is present in every pillar and actions
 - Ensure Aboriginal residents are involved in the planning and implementation
 - Establish an Aboriginal advisory group to ensure there are appropriate Aboriginal components in all strategies and services

- **Long-term approach with linkages to housing, employment and training**
 - Feedback from several discussions and comments from the forms considered this approach a priority
 - Find concrete ways to start developing and implementing a long-term approach
 - 3 – 5 year treatment/recovery timeframe
 - housing, training, and employment need to be part of the treatment and recovery plan

Other priorities identified by the community:

- Developing prevention pillar

- Harm reduction education