An Alcohol and Drug Action Plan for the Downtown Eastside / Strathcona

DRAFT PLAN

FOR COMMUNITY DISCUSSION

March 1, 2001

INVITING COMMUNITY DISCUSSION

Community Directions needs your ideas to address the drug and alcohol issues of our neighbourhood.

This draft action plan has been developed by many people:

- A working group of about 30 people including drug users who live in the community, residents of the Downtown Eastside / Strathcona who are not involved in the drug scene, and representatives of several agencies and community groups
- Two think-tank days (75 people participating)
- Several months information sharing, debate, and consensus building in the Alcohol and Drug Working Group
- Review by the First Nations Working group and
- The general meeting of Community Directions

There seems to be wide agreement that the war on drugs has not worked. We want to know if this draft plan makes sense to people in the neighbourhood. What suggestions do people have to improve this plan and begin to act on it.

<u>Next Steps</u>

1. Teams will go out to meet with community members as broadly as possible to:
   - Present the plan and familiarize the community with its content. Attention to be paid to language, cultural groups, and those who are hard to reach through community meetings.
   - Find out where there is broad agreement
   - Identify what is missing
   - Identify areas where there are strong differing views within the community: Are these differences in principle or concerns around the implementation issues?
   - Encourage discussion of the implementation issues; identify other implementation issues
   - Feedback to the working group
   - Time frame: April – early May *(extended through June)*

2. Problem solving on the areas of disagreement

3. Task group to work on specific action areas. This work will follow an action-research model that moves the plan forward to implementation and incorporates input from the community to make changes all along the way. (Action / observation / reflection and analysis / change / action.)

<u>How to contact us:</u>

Call Community Directions: 801-6893 or come into our office at 384 Main Street
To arrange for a discussion in Cantonese call Edna at 665-2188

Table of Contents

Contents of this Document iii

Background to this Document iv

Overall Framework for Action: Eighteen Principles 1

Prevention

Action 1: Increase in resident access to family support and recreation programs 3

Action 2: Development and implementation of an education program on alcohol and drug use and misuse that is comprehensive, realistic, honest and community based 4

Harm Reduction

Action 3: Establishment of medically-supervised safe injection sites for IV drug users in the Downtown Eastside / Strathcona 6

Action 4: Development of a resource centre for drug and alcohol users 7

Action 5: Increased access to and expansion of clean needle distribution and used needle recovery services 8

Action 6: Establishment of a twenty-four hour Sobering Centre for people in immediate and acute alcohol and drug crisis. 9

Action 7: Development of a pilot alcohol exchange and maintenance program 10

Action 8: Development of a comprehensive peer-based approach to respond to drug overdoses 11

Action 9: Development of an accessible (low threshold) methadone maintenance program 12

Action 10: Expansion of the current (high threshold) methadone maintenance program 13

Action 11: Implementation of a heroin maintenance program 15

Action 12: Development of a pilot project to begin addressing the issue of cocaine use through stimulant maintenance or other programs 16

Action 13: Implementation of a comprehensive strategy to increase regular access to high quality and nutritious food 17

Treatment

Action 14: Expansion of detox and the development of a broader range of detox alternatives 19

Action 15: Increase in the amount, availability, variety and level of coordination of treatment 21

Action 16: Development and implementation of a comprehensive strategy specific to the needs of aboriginal alcohol and drug users that provides a continuum of services based on First Nations holistic cultural, spiritual, and linguistic traditions 23

Action 17: Development and implementation of a comprehensive strategy to provide complete access to services and resources to alcohol and drug users who also have mental disorders 24

Action 18: Increase in the number and program capacity of recovery houses 26

Action 19: The development of a community medical short stay unit 28

Enforcement

Action 20: The development of a community-based enforcement strategy that is based on a community – police partnership and that supports prevention, treatment and harm reduction values and approaches 29

Action 21: Ensure that any introduction of drug courts is accompanied by new funding for the courts and any related services and does not consist of re-allocations from existing or other planned harm reduction or treatment services 31

All Pillars

Action 22: Development of a coordinated housing strategy that includes a response to the general and treatment/recovery needs of alcohol and drug users 32

Action 23: Increased collaboration and coordination of services and resources 34

Action 24: Affirmation of a community based model for the development and implementation of planning initiatives and services 36

Action 25: Development of an advocacy system and program policies to ensure that all drug and alcohol users have access to all the services and resources they need 37

Action 26: Development of a comprehensive targeted communications and media strategy to educate the public about substance misuse, the Four Pillars and to present the strengths and assets of the Downtown Eastside / Strathcona 38

Action 27: Development of a plan to ensure that all community-based and government organizations implement an evaluation plan that ensures (1) access to services by alcohol and drug users and (2) accountability first to alcohol and drug users and to the community as a whole 39

Contents of this Document

This document includes the following:

- Background on the development of this document and an explanation of the Four Pillars approach.
- An overall Framework for Action to be considered during the planning and implementation of all the recommended actions.
- Priority actions recommended by the community coalition and a general description of each action.
- Key issues to be addressed during the implementation of each action. These include some of the main organizational or planning issues that need to be considered.

All the recommended actions put forth in this draft plan are priorities. The numbering of the recommended actions does not indicate order of importance.

Although the recommended actions have been categorized under specific Pillars these are not definitive categories. Some recommendations, particularly those classified as Harm Reduction, also have prevention and treatment aspects. Some broad recommendations apply to all Four Pillars and are classified as such.

This document does not necessarily represent the views of all the member organizations or individuals comprising Community Directions.

Background to this Document

Introduction

This Draft Alcohol and Drug Action Plan for the Downtown Eastside / Strathcona was developed by Community Directions, an organizing initiative that includes over 50 community groups and residents working and living in the Downtown Eastside/Strathcona.

The plan is based on the Four Pillars of prevention, harm reduction, treatment and enforcement. Each of these four pillars is an essential part of a coordinated and comprehensive approach to addressing alcohol and drug misuse.

Background to this Document

The concept of a drug and alcohol strategy for the Downtown Eastside / Strathcona has been central to numerous consultations and community reports for the past decade. Most notably, in 1994 the Downtown Eastside/ Strathcona Coalition undertook a series of focus groups resulting in a report called Community Voices, which called for improved access, prevention, coordination, and participation in the development of services. This report emphasized the need for a holistic approach and for cultural and language specific programs.

In March 2000, the Vancouver Agreement was signed. This five-year collaboration between all levels of government also acknowledged that a comprehensive drug strategy must be linked to housing, employment and social and economic development. In addition to the Vancouver Agreement initiative, the Vancouver Coalition for Crime Prevention and Drug Treatment held a series of five public forums which brought together 350 people from across the community to discuss the Four Pillar approach of prevention, treatment, enforcement and harm reduction. Through these two initiatives, the City of Vancouver, together with the provincial and federal governments, are working in various ways to develop a comprehensive city-wide approach to drug and alcohol issues, health and safety.

The Draft Alcohol and Drug Action Plan for the Downtown Eastside / Strathcona is a community-specific plan for addressing drug and alcohol issues in the neighbourhood. An open community process was used to develop this plan. This consultation process has included the following steps:

- The development by Community Directions of an Alcohol and Drug Working Group, which consists of representatives of several organizations and interested community members, to help determine priorities for addressing alcohol and drug issues in the community. This group has been meeting regularly since May 2000.
- The organization of two "think tank" days for residents and organizations to identify and expand recommendations around specific alcohol and drug issues. The results of these meetings have been incorporated into this Draft Action Plan. Approximately 75 people participated in these meetings.
- The organization of a series of workshops to develop the specific recommendations included in the Draft Action Plan. Over 30 people participated in a series of five workshops, each 3-4 hours in length. These workshops took place from November 2000 – February 2001.

- A review by the First Nations Caucus (Community Directions) of the overall Draft Action Plan.
- A review of the Draft Action Plan at the February General Meeting of Community Directions.

The next step is to take the Draft Action Plan out to the Downtown Eastside / Strathcona community for further discussion to determine community priorities and concerns.

Value of the Four Pillars Approach

The Draft Alcohol and Drug Action Plan for the Downtown Eastside / Strathcona follows the Four Pillars approach. This is a framework first developed in Switzerland and adopted by the City of Vancouver in its consultation with the wider Vancouver community. In order to be consistent in community discussions, the working group decided to also adopt the Four Pillars as a framework for this community-based draft action plan. The value of this approach is that it provides a coordinated, holistic and comprehensive way of addressing alcohol and drug issues.

There is a strong feeling among members of the Alcohol and Drug Working Group that enforcement has always received more emphasis and resources than prevention, harm reduction and treatment. It is also believed that enforcement has been ineffective in improving the health and safety of alcohol and drug users and the community at large. For this reason the document recommends an approach that incorporates equal attention to each of the Four Pillars.

Harm Reduction is one of the Four Pillars and is probably the least understood. In this Draft Action Plan harm reduction is defined as *a set of attitudes, policies and programs that are directed towards decreasing the adverse health, social and economic consequences of alcohol and drug use without necessarily requiring a decrease in the use of alcohol and drugs.*

Harm reduction has two equally important goals:

- To reduce harm to the individual alcohol or drug user.
- To reduce harm to the community and society.

A harm reduction strategy designed to meet the needs of individuals should not create or increase harm to the community or society.

Overall Framework for Action: Eighteen Principles

The following eighteen principles are considered to be fundamental to the planning and implementation of all actions recommended in this document:

1. Drug and alcohol users must be involved in the planning, coordination and implementation of an alcohol and drug strategy. This includes providing every opportunity for the employment of former or current alcohol and drug users within services and organizations that are implementing the strategy.
2. The Downtown Eastside / Strathcona community must have a direct role in the planning, development and implementation of a coordinated alcohol and drug approach and specific initiatives.
3. The implementation of any recommendations must take into account the safety and health of children and youth.
4. The aboriginal population has specific needs not necessarily met by many mainstream organizations and resources. Traditional healing values and practices, responsiveness to aboriginal cultural needs and increased aboriginal staffing need to be incorporated into new and existing services. Where needed, new services must be developed.
5. Many cultural and linguistic groups are represented in the Downtown Eastside / Strathcona. To support access to services, organizations must understand and implement culturally appropriate and diverse policies, provide translation services wherever possible and prioritize the hiring of staff from diverse cultural groups. Where needed, new services must be developed that target specific linguistic and cultural groups.
6. Treatment must be normalized, in other words, made accessible and less threatening to those who want it.
7. A continuum of services based on varying levels of need must be provided to alcohol and drug users.
8. Services must be organized to address the unique needs of a range of drug and alcohol users, including but not limited to:
    - Persons with HIV/AIDS
    - Long-term/short-term users
    - Hard core/recreational users
    - Men
    - Women
    - Gay, lesbian and transgendered persons
    - Women with children
    - Youth
    - High risk youth
    - Parents
    - Seniors
    - Persons with disabilities that limit mobility
    - Sex trade workers
    - Community residents and non-community residents

9. Many persons with mental disorders also use alcohol and drugs. They require specialized support and services at all stages of the prevention, treatment, harm reduction and enforcement continuum.
10. Increasing access to services is a priority. Some resources (e.g., respite beds, detox on demand, and some counselling services) need to be made available twenty-four hours a day, seven days a week.
11. Much of the focus in this report is on developing or enhancing services in the Downtown Eastside/Strathcona. It is critical, however, that planning for resources also be done citywide, regionally and provincially. Other communities must also commit themselves to developing and providing services and resources for alcohol and drug users in their own communities. There is also the need to establish an overall provincial authority (e.g., Alcohol and Drug Commission) that would coordinate and allocate resources on a provincial basis.
12. There should be some method(s) of accountability in place where the performance of any provincial authority, any other provincial departments or any other community service organization involved in providing resources or services can be evaluated and be subject to corrective input from the community and from community services.
13. To be effective, an alcohol and drug strategy must be implemented in coordination with an improvement in affordable and safe housing, an increase in financial support and increased access to effective, longer-term pre-employment and employment training oriented towards a variety of employment options (short term and long term).
14. Research and evaluation are important components of planning and implementation. Although other jurisdictions may provide useful models and approaches, all must be adapted to the specific conditions of the Downtown Eastside / Strathcona. Research on alternatives, ways of adapting alternatives to the Downtown Eastside / Strathcona, as well as evaluation of existing services should be ongoing.
15. Those who provide alcohol and drug services are highly committed. Salaries and working conditions are often poor and do not reflect the difficulty of the work or the commitment involved. The improvement of existing conditions and salaries for workers is an essential part of an effective alcohol and drug strategy.
16. Business is an important segment of the Downtown Eastside / Strathcona community and must be an active partner in finding solutions to alcohol and drug related problems. Businesses also need to be informed and educated about the benefits of specific approaches (e.g., harm reduction).
17. All services must be delivered in an ethically appropriate and compassionate manner.
18. Services must be designed in a manner that maximizes and supports choices and options for service consumers.

ACTION 1: Increase in resident access to family support and recreation programs

Definition and Background:

An increase in access to family support and parenting programs and adult and youth recreational activities is an important part of the prevention component of an alcohol/drug strategy for the Downtown Eastside / Strathcona. Increased involvement in recreational activities is key for anyone reducing substance use.

Of particular importance is increasing access to programs that are sensitive to people from differing cultural and linguistic groups.

Children, youth and adults also need more access to recreational opportunities. Distinct strategies are required to address their needs.

Increasing access to existing programs or resources (e.g., gyms and community centre programs) outside the Downtown Eastside / Strathcona is also considered a priority. A lack of coordination of programs and regional unwillingness to accommodate Downtown Eastside/ Strathcona residents in existing programs have been identified as problems.

Key Implementation Issues:

- Identification of existing resources (inside and outside the Downtown Eastside/ Strathcona) required by residents.
- Policy/procedural changes required to increase access outside the Downtown Eastside / Strathcona.
- Coordination of transportation to access services outside the neighbourhood.

PREVENTION

ACTION 2: Development and implementation of an education program on alcohol and drug use and misuse that is comprehensive, realistic, honest and community based

Definition and Background:

Children and youth in the Downtown Eastside / Strathcona are immersed in the drug scene and, as a result, have confusion, worries and questions about what they see. There is also concern that children and youth may be becoming de-sensitized by this confusion and lack of understanding.

Although some alcohol and drug education is provided to children and youth (mainly in schools), this education is considered to be inadequate and ineffective. It typically addresses alcohol and drug use/misuse too narrowly instead of discussing it within broader issues related to health, safety, emotions, and emotional wellness. It is also, almost exclusively, based on an abstinence model. There is also consensus that police are not appropriate drug and alcohol educators and that education based on scare tactics is ineffective.

An effective educational model for the Downtown Eastside / Strathcona would include the following components:

- A focus on information and experience-based education.
- Use of a peer-based teaching model (i.e., youth assisting youth).
- Opportunities for children to talk about their emotions and share their experiences of how it may be to have addictions in their own families.
- The inclusion of information based on realities unique to the Downtown Eastside/ Strathcona.
- The use of community based educators (not the police). These would include former and current users, counsellors, parents dealing with addictions in their homes and others.
- Family education and involvement.
- An emphasis on harm reduction, safety and health.
- Provision of education at different venues (e.g., community centres) as well as through schools.
- A culturally appropriate perspective. This may include the development and teaching of cultural or linguistic-specific modules. In all cases, members of these cultural groups would do the development or presentation of these modules.
- Information on related issues such as the sex trade and sexual exploitation.

Key Implementation Issues:

- Identification of curriculum or approach.
- Training of educators.
- Integration with existing resources.
- Ways of ensuring culturally / linguistically appropriate and accurate education (resources and staffing required).

ACTION 3: Establishment of medically supervised safe injection sites for IV drug users in the Downtown Eastside / Strathcona

Definition and Background:

There are a significant number of injection drug users in the Downtown Eastside / Strathcona. Safe injection sites would provide IV drug users with a safe, indoor location in which to inject drugs. Trained, onsite staff would be available 24 hours a day to help prevent drug overdoses, provide clean needles and support other safe drug use practices. As well as decreasing health risks to addicts and others, safe injection sites would help move drug traffic off the street. Participation in safe injection practices may also encourage addicts to receive treatment.

Safe injection sites are part of a continuum of care and should be considered as preventative as well as part of a harm reduction approach. While meeting an important need in the community, safe injection sites are not intended to replace treatment or abstinence based options.

Key Implementation Issues:

- Number and location of sites.
- Ways of restricting Downtown Eastside / Strathcona based safe injection sites to community residents in order to prevent an influx of addicts from other areas into the neighbourhood.
- Whether or not drugs will be provided at the sites.
- The scope of drugs used at the sites, the implications of different drugs and the staffing required to address them.
- The age limit for those using the site.
- Ways of addressing the issue of drug content and purity.
- How to handle drug dealers outside the sites.
- How legal liability should be handled at the site.
- Ways of dealing with compliance and enforcement and the cost implications of how this is done.
- Methods of evaluating the outcomes of injection sites.
- Ways of ensuring that additional safe injection sites are located in other areas of the Lower Mainland (e.g., New Westminster, North Vancouver, Surrey).
- Methods of educating the community in order to de-mystify the concept of safe injection sites and to give community members an opportunity to express their concerns about site operations and impact.
- Feasibility of employing ex-users in the operation of the sites.

ACTION 4: Development of a resource centre for drug and alcohol users

Definition and Background:

Many chronic or serious drug or alcohol users or those with dual diagnoses are stigmatized and may be discouraged from using existing social or health services. A resource centre would provide a range of health, support and information services in an accepting and safe environment. Proposed services could include:

- Showers and lockers.
- Access to safe needles/dirty needle depository sites.
- Opportunities for alcohol and drug users to informally socialize in a safe environment.
- Nutritious snacks.
- Health services–ambulatory care for chronic health problems (e.g., abscesses, foot problems).
- Health referrals and support/advocacy for referrals to more specialized health services (for serious health problems).
- Access to peer counselling and follow-up support.
- Access to information about alternative therapies (e.g., acupuncture, herbal remedies, cognitive behavioural therapy).
- Referrals to other services and information.
- Access to (low threshold) methadone.

The resource centre could also act as a partner in the development of outreach and education programs for drug and alcohol users (e.g., pre-employment and employment training).

Key Implementation Issues:

- Overall mandate of a resource centre.
- Location.
- Staffing resource and integration of staff from existing agencies and services.
- Range of services offered.
- Level of health care offered (integration with existing clinic or reduced facilities).
- Involvement of users as coordinators, advisors, staff and volunteers.
- Linkages with related services (e.g., counselling services, needle exchange and needle distribution and recovery programs).
- Age limits

ACTION 5: Increased access to and expansion of clean needle distribution and used needle recovery services

Definition and Background:

It is an important principle that needle exchange and disposal services be provided where, when and in a manner most suitable to the needs of injection drug users.

In order to reduce or stabilize the level of disease transmission, injection drug users must have full, ready and multi-site access to clean needles and related equipment (e.g., sterile water) and to readily available needle disposal sites.

Increased distribution of clean needles, based on the needs of users, must continue to be twinned with enhanced methods for recovery of used needles. The goal of any expanded system must continue to be 100% recovery of all used needles.

Clean needle access and used needle recovery sites must be expanded to include the broadest number of distribution and recovery sites possible. These include (but are not restricted to):

- Specified hotels in the Downtown Eastside / Strathcona.
- Pharmacies.
- Clinics (health and mental health).
- Social service or government organizations.

Drug rigs can become contaminated and contribute to the spread of disease. In other jurisdictions, small, sterile kits have been available and are distributed with clean needles. The distribution of these kits should be available at specific sites throughout the Lower Mainland (e.g., safe injection sites); their use should be evaluated prior to broad distribution.

There is also concern that the public does not completely understand the value of needle distribution and recovery programs for the general population. Both ongoing public education and an opportunity to address public feedback are required. It is also important for the public to be made aware that most injection drug users handle needles in a responsible manner.

Key Implementation Issues:

- Location of clean needle distribution and deposit sites.
- Ways of ensuring pick-up in order to reduce community impacts.
- Coordination of expanded program with existing needle exchange(s).
- Feasibility of employing ex-users.
- Assessment of the impact of distributing small sterilized kits.

ACTION 6: Establishment of a twenty-four hour Sobering Centre for people in immediate and acute alcohol and drug crisis

Definition and Background:

There is a need for a short stay immediate response service for alcohol and drug users who are in crisis, who need to recover in a safe setting and who cannot enter detox for a variety of reasons (including bed availability and eligibility for services). A Sobering Centre would provide four mainly short-term services:

- Assistance and support for people in immediate drug or alcohol crisis who require sobering.
- A small number of beds to be used for longer term withdrawal management (detox) beds.
- A centralized registry of detox and treatment beds with information on their availability/eligibility criteria.
- Referral services and support for referrals.

The centre would be open 24 hours a day with the expectation that most clients would be short stay (several hours) and would leave as soon as their immediate crisis is resolved. The detox beds would be available to these clients who want to detox but cannot access detox services immediately.

Key Implementation Issues:

- Ways of ensuring the personal safety of clients while they are in the centre
- Size of centre, number of clients and beds.
- Mandate.
- Location.
- Integration with other health, treatment and outreach services.

ACTION 7: Development of a pilot alcohol exchange and maintenance program

Definition and Background:

Although the purchase of rice wine is now illegal in Vancouver it and other high potency and dangerous substances are still being obtained and used by alcohol users. To decrease access to, and harm associated with, these substances the development of an alcohol exchange program is proposed. This program would operate in conjunction with a shelter or short-term residential program, and would enable users to exchange illegal and/or dangerous alcohol with low-cost wine produced at a local "u-brew" type business. Improved access to wine on a stable basis would improve the overall stability and health of alcohol users especially when coordinated with the provision of shelter and access to other services.

For alcohol users living in a longer-term residence, a program that coordinates the production of low cost wine (through a u-brew operation) and that provides storage and distribution of wine is also recommended. This alcohol maintenance program would be coordinated by the residential facility. Residents would have supervised access to low cost wine of lower toxicity.

Many injection drug and poly-drug users also use alcohol and the combination of drugs with alcohol is a leading cause of overdose death in the Downtown Eastside / Strathcona. The development of an alcohol exchange/maintenance program needs to take drug use into account.

Key Implementation Issues:

- Design of pilot program.
- Ways of integrating alcohol exchange with existing residential program.
- Eligibility requirements for users (e.g., residency requirements).
- Control of distribution and access.
- Ways of addressing drug use in relation to alcohol maintenance.
- Integration of exchange program with other resources and services.

HARM REDUCTION

***ACTION 8*: Development of a comprehensive, peer-based approach to respond to drug overdoses**

Definition and Background:

Drug overdoses are common in the Downtown Eastside/Strathcona. However, there is a lack of training in how to appropriately respond to drug related medical emergencies. To address some of the problems related to drug overdoses the following plan is recommended:

- The development and implementation of a brief training module on overdose response. This would be mandatory for those working in health, housing, social service and treatment organizations in the Downtown Eastside / Strathcona.
- An increase in peer alley patrols.
- The separation of police and ambulance response to overdose calls so that no arrests are made in cases of drug overdose. (Note: Implementation of this has already begun.)

Key Implementation Issues:

- Development and implementation of training.
- Policy changes re: handling of 911 calls.

ACTION 9: Development of an accessible (low threshold) methadone maintenance program

Definition and Background:

When methadone users are denied access to high threshold methadone programs or are unable to access methadone, they are at serious risk of overdosing. In addition, when increased drugs are needed in a time of crisis, drug users may resort to crime and are more at risk of disease transmission through unsafe drug or needle use.

To address these issues a low threshold (emergency) methadone access program is recommended. This would certify pharmacies, all general practitioners, hospital emergency rooms, safe injection sites, and/or a mobile van in the Downtown Eastside / Strathcona to provide small, restricted amounts of methadone to addicts in crisis situations for a limited amount of time in order to:

- Prevent overdose deaths and serious health consequences.
- Reduce crime.
- Reduce disease transmission (HIV/AIDS, Hepatitis).

The focus of this program is to provide complete and immediate access to small amounts of methadone to those who need it. No urine testing would be required and no prescription or dispensing fees would be charged.

Participant access to methadone would be regulated by a provincial authority through a health card system that records methadone amounts and frequency of access. These records would be kept completely confidential.

Key Implementation Issues:

- Types of regulatory changes required to implement program.
- Number, type and location of distribution methods and sites.
- Amount of methadone prescribed: dose limits and degree of dose flexibility.
- Number of doses provided.
- Issues related to the licensing of methadone distribution.
- Age requirements for access and distribution issues related to youth under 19.
- Confidentiality and privacy protection of users.

HARM REDUCTION

ACTION 10: Expansion of the current (high threshold) methadone maintenance program

Definition and Background:

High threshold methadone maintenance is currently the only alternative treatment available for heroin users. It provides regulated methadone to IV drug users in order to help them function and lead healthy and productive lives. However, only specific doctors are licensed to prescribe methadone. This limits access to the drug and stigmatizes patients involved in the program. Methadone maintenance programs are also restrictive in terms of eligibility and cost.

In order to remove barriers to methadone maintenance and increase the access to and the effectiveness of the program the following key changes are proposed:

- All general practitioners in B.C. must be licensed to prescribe oral methadone.
- Doctors should receive the same dispensing fee for dispensing methadone as they do for other drugs.
- Urine testing for those receiving methadone maintenance should be done only at the patient's request.
- There should be no "cut off" of patients as a result of positive urine testing.
- There should be a 24-hour ceiling on the delivery of methadone to patients (from prescription to direct access)
- Where patients experience difficulty stabilizing at a specific dose level this should not result in program termination. Instead, higher doses should be considered.
- No permission from a doctor should be required for a patient to transfer to another doctor.

It is also recommended that counselling now being provided by doctors who prescribe methadone should not be linked with methadone distribution but instead be provided separately without cost and at the patient's request.

There also needs to be increased access to a range of treatment programs for methadone users who now may face exclusion because methadone maintenance does not fit under the criteria of abstinence.

Higher doses of methadone should be considered in many cases. In addition, alternatives to methadone (e.g., bupremorphine) that have a longer duration in the body should be tested on a pilot basis. Although the risks of alternative drug therapies need to be considered some of those alternatives may prove to improve the stability of drug users.

Finally, there is a lack of understanding within the health care and treatment systems and among the public about the purpose of methadone maintenance (i.e., many don't realize that methadone maintenance is a method of harm reduction and treatment that can improve the

safety and health of drug users and the public). A broadly based education program publicizing these objectives needs to be implemented.

Key Implementation Issues:

- Identification of specific licensing regulations.
- Identification of barriers to, and requirements for, change in distribution of methadone.
- Determination of types of alternative drug therapies and methods for piloting.

HARM REDUCTION

ACTION 11: Implementation of a heroin maintenance program

Definition and Background:

The regulated distribution of heroin to heroin users has been found to:

- Stabilize heroin users and decrease their use of other illicit drugs.
- Reduce drug overdose related deaths.
- Improve the health of heroin users and reduce the incidence of blood borne transmitted diseases.
- Improve the social functioning of heroin addicts, increase their level of employment and improve quality of life.
- Reduce crime.
- Decrease costs to society (through reduction in crime and enforcement efforts).

For these reasons, it is felt that the implementation of a heroin maintenance program, at least on a pilot basis, is long overdue particularly for long term heroin users for whom other treatment interventions have failed or who have never been involved in treatment and are suffering from the negative consequences of heroin use.

Key Implementation Issues:

- Number of users to be involved in a pilot program.
- Eligibility requirements.
- Location, number and flexibility of distribution sites.
- Measurement, evaluation criteria.
- Licensing, legal framework.
- Coordination of program.
- Methods of de-mystifying heroin maintenance and educating the public on its demonstrated benefits (including cost effectiveness and reduction of disease transmission).

ACTION 12: Development of a pilot project to begin addressing the issue of cocaine use through stimulant maintenance or other programs

Definition and Background:

The rise in the number of cocaine users in the Downtown Eastside / Strathcona, has increased both individual and population risks. Programs such as heroin maintenance, drug resource centres and low and high threshold methadone may help some drug users stabilize cocaine use. However, a targeted approach to stabilizing cocaine users and reducing the frequency of injections is urgently needed because, at this time, there is no proven alternative (drug) treatment.

Since little is known about cocaine stabilization and/or maintenance it is recommended that a pilot project be established with a small number of cocaine users to address the following questions:

- What are the characteristics of the population(s) using cocaine?
- What alternative stimulants can be used to “maintain” and stabilize cocaine addicts?
- What are the risks associated with alternative treatments?
- What other drug treatments are feasible (e.g., cocaine blockers)?
- What doses and medications would be required?
- How frequently would dosages be required?
- Are there particular drug use patterns specific to cocaine users that affect maintenance and stabilization?
- Can stimulant maintenance be incorporated into other drug maintenance programs (e.g., methadone or heroin maintenance)?
- What is the effect on user health (including poly-drug users) of a stimulant maintenance program?
- How viable is a stimulant maintenance program?

Key Implementation Issues:

- Linkages between heroin and stimulant (cocaine) maintenance programs.
- Parameters and objectives of the pilot project

HARM REDUCTION

ACTION 13: Implementation of a comprehensive strategy to increase regular access to high quality and nutritious food

Definition and Background:

There is consensus that the availability of regular, high quality and nutritious food would do more to improve the health of alcohol and drug users than many other initiatives, including therapy.

Housing in the Downtown Eastside / Strathcona typically lacks cooking, freezing and storage facilities, making it impossible for residents to maintain a healthy diet. Many alcohol and drug users become dependent on community food resources which, although less costly, may be inaccessible. Food providers are also often ill equipped to support specific diets or to address health needs.

As a general rule, people using these food services have little or no choice in the food they eat. This contributes to their sense of powerlessness.

A recent report recommending changes to food preparation, quality and availability in the Downtown Eastside / Strathcona has already been published. The Community Directions Alcohol and Drug Working Group endorses this report (*Building Nutritional Health: HIV, Injection Drug Use, Poverty and Nutrition in Vancouver's Downtown Community* prepared by the HIV, IDU and Nutrition Working Committee) and urges the adoption of all its recommendations.

Because alcohol and drug users have specific needs related to food and nutrition the following components of a food strategy are particularly emphasized. (Some of these are also addressed in the above report.) Recommendations include:

- The elimination of line-ups for food services (line-ups are very problematic for the sick, disabled and elderly).
- The provision of snacks or some level of accessible food services 24 hours a day.
- The provision of community freezers.
- The inclusion of refrigeration and cooking facilities at all SRO hotels and in other housing.
- The implementation of a community-wide Meals on Wheels program.
- Increased access (at no cost) to ENSURE and other nutritional supplements by those who require it.
- Development of alternatives to ENSURE through the provision of food vouchers or meal tickets.
- A change in the organization and delivery of food services so that consumers have a choice in foods provided.

- The inclusion of more fresh fruit, vegetables and higher quality protein in the foods provided.

Key Implementation Issues:

- Coordination of new food initiatives.
- Evaluation and redesign of existing food services.

ACTION 14: Expansion of detox and the development of a broader range of detox alternatives

Definition and Background:

Considering the extent of drug and alcohol use and misuse in the Downtown Eastside / Strathcona there is a serious lack of detox beds and a limitation of the type, variety, appropriateness and availability of detox services. In addition, many barriers exist which restrict client entry into detox.

There is also a strong consensus that detox resources and services should be community-based and oriented as opposed to being implemented using a hospital or medically based model.

Expansion and improvement of detox resources should involve:

- The immediate development of a 24-hour facility that is peer supported, easily accessible and available for clients where they can stay until they are able enter a more established detox.
- An overall increase in the number of available detox beds.
- The establishment of population specific beds (e.g., for the aboriginal population, those with dual disorders, youth, men and women).
- The development and implementation of other models of detox including ambulatory detox and home based detox (people being provided with support while they stay at home to detox).
- Centralized access to detox availability information.
- The elimination of waiting lists for detox
- Clearer linkages with other resources such as sobering centres.
- The establishment of "on-demand" detox.
- The integration of detox into treatment and recovery services in order to provide continuity of care.
- The removal of caps that restrict the number of times detox services can be accessed by users.
- Development of "respite beds" for those who may wish to detox on their own or rest prior to detox.
- Twenty-four hour access to detox services.
- Longer time periods available for detox (e.g., more than 5 or 7 days or as needed by clients).

- Direct linkages between the detox staff and outreach or treatment workers to support a continuum of care.
- The covering of all costs associated with detox by the Medical Services Plan of BC.

A more flexible approach to detox is required. This would take into account individual needs and the background of alcohol and drug users. Users would not be penalized if specific detox goals were not completely met.

Detox should be based on client-driven case management with clients determining their support needs and length of involvement in detox. A system of client-driven evaluation should also be incorporated into every detox facility and service. This would involve the client reviewing their own detox-related goals and whether they were met by the service.

Key Implementation Issues:

- Design of new models of detox – levels of care needed (non-medical vs. medical needs).
- Integration of new detox models with existing services.
- Assessment of existing policies and operating standards of detox facilities.

ACTION 15: Increase in the amount, availability, variety and level of coordination of treatment

Definition and Background:

Increased availability of, access to and coordination of both in-patient and outpatient treatment is required for residents of the Downtown Eastside/Strathcona. Specific recommendations include:

- An overall increase in funding dedicated to treatment and to related services (e.g., housing) that support treatment.
- More population specific initiatives which take into account the needs and characteristics of specific groups such as:
  - women, and women with children
  - families
  - long term/short term users
  - hard core/recreational users
  - men
  - persons who are gay, lesbian or transgendered
  - youth
  - high risk youth
  - persons with mental health issues
  - aboriginal people (see Action 18)
  - people from differing cultural and linguistic backgrounds
  - the elderly
  - people with disabilities, including people with mobility limitations, who may be partially or entirely "shut-in"
- Access to a continuum of counselling, including individual, couple and family counselling.
- The expansion of treatment to include different models and methods including:
  - models that focus on harm reduction as well as abstinence
  - "alternative" therapies such as music and art therapy, acupuncture
  - nutritional and herbal therapies
  - new and innovative models of treatment

- Development of a voucher system to enable alcohol and drug users to determine and access counselling options that they need and prefer.
- Improved coordination of treatment using long-term one-to-one support that follows individuals through treatment to recovery and through the post-recovery period.
- The direct linkage of housing to treatment.
- Counselling that is available separately from treatment and that is funded by MSP.
- Involvement of users in the provision of treatment (i.e., peer counselling).
- Culturally appropriate treatment and staffing.
- The identification of a clear second stage recovery process.
- Linkage of treatment to employment options and training.
- The development of re-integration housing and services that are separate from treatment facilities.
- Long-term access to treatment resources (up to 3.5 years).

There is a need to protect the privacy of those undergoing treatment. A client coordinated case management model is the best way of ensuring the protection of client confidentiality.

Key Implementation Issues:

- Planning, prioritization of treatment needs.
- Location, organization and integration of new treatment initiatives.

TREATMENT

ACTION 16: Development and implementation of a comprehensive strategy specific to the needs of aboriginal alcohol and drug users that provides a continuum of services based on First Nations holistic cultural, spiritual, and linguistic traditions

Definition and Background:

First Nations people have the poorest heath outcomes and highest mortality rate of any other population group in the DTES. Within the aboriginal population there are many whose lives are negatively affected by alcohol and drug issues. In addition, there is a general lack of knowledge or understanding of native lifestyles and norms, consequently, an aboriginal perspective and approach is often lacking in the planning, development and delivery of services.

There is also a failure to address the socio-economic issues affecting native people who live in urban areas. For these reasons, an aboriginal specific strategy for the planning, development and delivery of services needs to be implemented. This strategy would include:

- The involvement of native people in the planning and development and staffing of all services used by aboriginal people.
- The development of aboriginal specific services that incorporate aboriginal cultural, spiritual and linguistic traditions.
- Where there are a high proportion of First Nations people in any program, consultation with First Nations with respect to any partnership agreements either entertained or entered into by non-aboriginal organizations.

If the health of First Nations people is not addressed and consultation does not occur then the protective right under Section 35.1 and 25 of the charter may be invoked* (see below).

Key Implementation Issues:

- Jurisdictional issues.
- Planning and prioritization of treatment needs.
- Location, organization and integration of treatment initiatives.

* Section 35.1 of the Constitution of Canada and Sections 15.2 and 25 of the Charter, provide for the right of First Nations to opt out of any health program that is inconsistent with the improvement of their particular health needs. Funding agreements can be terminated and First Nations organization access the resources to develop programs based on culture, customs, tradition and language of the First Nations people concerned.

***ACTION 17*: Development and implementation of a comprehensive strategy to provide complete access to services and resources to alcohol and drug users who also have mental disorders**

Definition and Background:

Some people who use alcohol and drugs also have mental health disorders. They often have unique needs that often go unrecognized and/or unmet within the traditional addictions, health, mental health, and enforcement systems. In addition, addictions, treatment and health services often contain barriers that prevent complete access by those with dual or multiple diagnoses to a comprehensive range of services. Using alcohol or drugs should never be a reason for barring people from being eligible or accessing services they request or require.

Addictions and treatment systems are often narrowly focussed and do not appropriately encompass all the medical or mental health issues related to multiple diagnoses.

One tragic result of this lack of appropriate treatment is that people with multiple diagnoses are often more likely to become criminalized as a result of their alcohol and drug use. A large proportion may end up imprisoned as a result of what is essentially a medical condition.

Drug use can contribute to mental health problems but this relationship is not always understood and the outcomes are not appropriately addressed. Mental health services (including beds) must be available for those experiencing drug-related mental health difficulties. Equally, it should not be assumed that the presence of drugs precludes the presence of physically based mental health issues.

Those with different cultural backgrounds (e.g., aboriginal people) or those with medical problems (e.g., HIV/AIDS) who use alcohol/drugs and have mental health disorders are most seriously in need of services but are the most likely populations to face barriers and discrimination.

The development of a comprehensive strategy to address the needs of those with dual disorders is complex. However, these preliminary approaches are recommended:

- The systematic removal of all barriers to treatment, health and addictions services for all those with multiple diagnoses.
- The development and implementation of training for those working in the addictions and mental health fields (particularly mental health clinic staff or team members) in order to increase their understanding of addictions, mental health and the inter-relationships that may exist.
- Increased allocation of mental health dollars towards the development of services and resources for those with mental health and addiction problems.

Key Implementation Issues:

- Impact of removal of barriers on service delivery.
- Definition of needs and service priorities.

ACTION 18: Increase in the number and program capacity of recovery houses

Definition and Background:

Recovery houses help drug and alcohol users stabilize and manage their lives. They provide psychosocial rehabilitation assistance and re-integration that helps users establish a normal life. Recovery Houses need to be seen playing an important role in rehabilitation and re-integration. However, all too often they are simply seen as providing a living space for people trying to quit or reduce their use of alcohol and drugs.

Although Recovery Houses are an important part of the treatment continuum too often they are understaffed, under-funded, under-monitored and not well integrated into other services.

Recovery services also sometimes are inflexible in terms of their approach. Policies and programs should reflect principles of harm reduction, not solely abstinence.

Specific recommendations to expand and improve recovery houses include:

- A need to expand the total number of recovery houses and their access to residents in the Downtown Eastside/Strathcona.
- The development of minimum standards relating to health, safety and human dignity (e.g., one person per bedroom) and methods of enforcing these standards.
- Changes in regulations that would eliminate the policy of cutting off welfare payments to clients and development of appropriate standards of refunding funds to clients not completely a full month of residence.
- Improvements to the quality of food and nutrition.
- Improvements in staffing levels and staff training.
- Integration of recovery houses into a coordinated system of care, and ensuring their integration with post-recovery services.
- A method to ensure ongoing consumer and professional evaluation of recovery programs.
- Incorporation of peer counselling into recovery services.
- The development of a more flexible range of recovery houses from (dry to damp) to meet the needs of different users.
- The covering of all costs associated with recovery by MSP.

Spiritual issues are an important part of recovery for some alcohol and drug users. Chaplaincy services should be available when needed to residents of recovery houses to fulfil

their spiritual needs. A range of spiritual services should be available, including, but not limited to, Aboriginal spirituality, Christianity and Buddhism.

Key Implementation Issues:

- Definition of training and policy needs.
- Methods of coordinating recovery services.
- Requirements for changing regulations.

ACTION 19: The development of a community medical short stay unit

Definition and Background:

There is a need for a community-based medical facility in the Downtown Eastside/ Strathcona to address medical problems that do not require standard emergency or hospital care but are beyond the scope of clinical services. One of the main functions of this unit would be to provide diagnostic or triage services. Alcohol and drug users with health problems are often under or misdiagnosed due to the lack of knowledge or prejudice of health care providers working in traditional health care settings (e.g., hospitals).

This unit would also provide emergency back up to other services that may require medical support. These include drug injection sites, detox facilities or the sobering centre.

Medical short stay units of this type have been implemented in other jurisdictions and are considered to be highly cost effective.

The community-based medical short stay unit would be open 24 hours a day and would include a small number of overnight beds.

Specific components of a community medical short stay unit would include the following:

- Triage and diagnostic services.
- Support to those with chronic illnesses (who are normally living in the community).
- Outreach and liaison to other services that may require emergency medical back up (e.g., safe injection sites).
- Supervision of medications.
- Pain management.
- Short-term overnight assessment and/or treatment.
- Post-release from hospital support and transition

Key Implementation Issues:

- Scope and mandate of unit.
- Interrelationship with other medical services (e.g., clinics).
- Location.
- Number of short stay beds.

ENFORCEMENT

ACTION 20: ***The development of a community-based enforcement strategy that is based on a community – police partnership and that supports prevention, treatment and harm reduction values and approaches***

Definition and Background:

Many residents and representatives of organizations in the Downtown Eastside / Strathcona believe that enforcement has always been the dominant approach used to address alcohol and drug problems in the community. It has been the "Pillar" that has received the most funding and resources to the detriment of prevention, treatment and harm reduction. Despite the strong focus on enforcement the number of users and the negative consequences of alcohol and drug use has increased, rather than decreased. As a stand-alone approach enforcement has been a failure.

The enforcement pillar needs to be rethought and reorganized to become an equal rather than the dominant component of an alcohol and drug strategy. This will require the development of a stronger partnership between the community and police and an increased understanding and direct application of harm reduction principles by the police.

Enforcement efforts should focus on the targeting of those who organize and profit from the drug and illicit alcohol trade rather than those who are personal users. A legislative shift decriminalizing the use of drugs (for personal use) would assist in re-orienting enforcement efforts.

Specific recommendations to bring about a change in approach include the following:

- A significant re-direction of funding and resources from enforcement efforts towards prevention, harm reduction and treatment options.
- The development and funding of a Harm Reduction Coordinator within the Vancouver Police Department. The role of this person would be to inform the police about harm reduction approaches and strategies and to be accountable to the community.
- The establishment of support for and enhancement of community liaison mechanisms
- The implementation of ongoing police training for Vancouver City Police in order to provide information on:

  The philosophy and elements of harm reduction.

  Prevention, harm reduction and treatment services and resources available regionally and in the community.

- The development of a police education package that would be comprehensive and present the complexity and diversity of the community not simply the stereotypical view of "addicts, tourists, yuppies and business owners." This would be mandatory for all officers working in the City of Vancouver.
- Development of a community policing unit relating directly to the entire Downtown Eastside / Strathcona area. As well as being highly visible, focussed on harm reduction and educated about the community, community police would work in close partnership with a community-based Advisory Group.
- The development of a community-based review and advisory committee that would identify and address policing issues and problems. This committee would relate directly to the community policing unit.
- An overall improvement in the "style" of policing towards a more informal, compassionate and supportive approach. This approach would incorporate an understanding of addiction and its consequences and would be focussed on harm reduction rather than punishment.
- The development of an ongoing system of measuring the impact and effectiveness (including cost-effectiveness) of drug enforcement initiatives. The evaluation framework would be developed with public input and the results would be made public.
- The decriminalization of (personal) drug use.

Key Implementation Issues:

- Establishment and maintenance of liaison mechanism
- Linking and building on the experiences of existing community policing offices.
- Requirements for legislative or police policy changes.
- Development of a training and training delivery package.

ENFORCEMENT

ACTION 21: Ensure that any introduction of drug courts is accompanied by new funding for the courts and any related services and does not consist of re-allocations from existing or other planned harm reduction or treatment services.

Definition and Background:

The development of drug courts has not been requested or approved by the organizations or residents in the Downtown Eastside / Strathcona that make up Community Directions. In addition, the opinions of residents and community organizations on the development or implementation of drug courts have not yet been heard.

Although there is generally wide support for treatment over incarceration, drug courts are seen as a way of strengthening the enforcement pillar which has always received a disproportionate share of funding and resources. The establishment of drug courts without the expansion of widely available voluntary treatment demonstrates a lack of commitment to a balanced (Four Pillars) approach to alcohol and drug use.

There is also serious concern that the establishment of drug courts will use funding from existing (particularly treatment) services that are already lacking in resources. Funding for new community based prevention, harm reduction and treatment approaches could be jeopardized.

Community Directions has serious concerns about the value and effectiveness of drug courts for the following reasons:

- Drug courts may take an extremely narrow view of drug use based on a criminal/punitive model that does not recognize social or health factors.
- Continuing to handle drug use using an enforcement approach may criminalize and stigmatize drug users and may also increase public prejudice and hysteria.
- Drug courts may be very expensive and may often not be cost-efficient with respect to certain outcomes (for example, the overall numbers of drug users not completing the requirements of drug court programs may be low).
- Drug courts may remove or seriously diminish the civil and human rights of drug users.
- Drug courts may impact negatively on treatment, which tends to be more effective when it is voluntary.
- Drug courts seem to lack an understanding of, and typically do not incorporate concepts of restorative justice or healing that are central to a First Nations approach.
- There is a shortage of convincing, long-term evaluation data that demonstrates the value and cost-effectiveness of drug courts.

ALL PILLARS

ACTION 22: Development of a coordinated housing strategy that includes a response to the general and treatment/recovery needs of alcohol and drug users

Definition and Background:

The Community Directions Working Group on Housing has already adopted a Downtown Eastside Housing Plan, which has identified policies and actions to ensure the maintenance and renewal of the existing low income housing in the Downtown Eastside / Strathcona. The Alcohol and Drug Working Committee endorse all of the recommendations included in the Downtown Eastside Housing Plan.

Drug and alcohol users have both general and specific treatment/recovery related housing needs. In many cases they may be ineligible for standard social housing. To meet these specific needs the following actions are considered priorities:

- The provision of medically supported housing for those who need it.
- The development of more post-treatment housing for alcohol and drug users within the Downtown Eastside/Strathcona and throughout the Lower Mainland that is accessible to residents.
- The repair and renovation of existing housing to acceptable standards.
- Increased eligibility for housing by alcohol and drug users within the Downtown Eastside/Strathcona and Vancouver region. This would involve creating a more welcoming attitude and changing policies or eligibility requirements.
- The provision of housing to specific groups (e.g., families, the mentally ill, people with HIV/AIDS, the homeless and youth and gender-specific housing).
- The establishment of a quota (5%) of existing non-profit housing stock that would be available to alcohol and drug users.
- The provision of respite beds in existing housing stock for those requiring temporary refuge from crisis (e.g., prostitutes).
- The provision of treatment and recovery housing that can accommodate users and their families.
- The provision of housing that allows for the separation of current users from former users or those trying to stop their alcohol or drug use.
- The provision of supports for people so that they can retain their housing.
- Provision of a range of housing that takes into account different levels of drug and alcohol use and considers both the needs of users and non-users (e.g. dry, damp and wet housing options)*.

- Ongoing evaluation of housing by residents is also considered a priority. A report card system enabling consumers to provide continuous feedback in the management and operation of housing is recommended.

Key Implementation Issues:

- Coordination of planning.
- Strategies for changing existing policies (e.g., B.C. Housing).
- Determination of quota (housing stock) within existing non-profit.
- Methods of keeping information on housing services current.
- Addressing the impact of moving tenants with specific needs into existing housing.

**Wet housing* is housing for those who are continuing to use alcohol and drugs, *damp housing* includes both users and non-users; *dry housing* is specifically developed for non-users or former users.

ACTION 23: Increased collaboration and coordination of services and resources

Definition and Background:

There is a need for improved structures and processes for coordinating services and service delivery to alcohol and drug users. Specifically there is a need for:

- Organizations to know what others do and how they “fit in” to a coordinated approach.
- More joint collaboration on service delivery.
- More ongoing sharing of information about service capacity and resources.
- Increased access to services by clients.
- Increased evaluation of the degree to which services are accessible and well coordinated.

Funding of services should be non-partisan and not based on specific political interests as this affects service development, coordination and collaboration.

Although many services and resources are lacking in the Downtown Eastside / Strathcona there is also a lack of coordination of existing services. There is also the view that some services are not used to their full potential. Outreach workers and transportation services are two services that were mentioned as not being well coordinated. Services (e.g., personal counselling) provided by Christian organizations were considered by some to be under-utilized.

Some of this coordination and under-utilization is based on a general lack of knowledge of available services and the compartmentalization of services.

Specific methods of improving the coordination of services have been identified. These include:

- The development and circulation of an information and service inventory in both print and digital format and both on-line and off-line on a dedicated and well-maintained web site. This would describe the range, scope and availability of services throughout the community and region.
- The development of a centralized service referral and coordination office. This office would organize and maintain the service inventory and help identify gaps and supplementary services.
- The development of a publicly accessible on-line access service.
- Development of multi-site entry points for alcohol and drug users to access services.

- The development of a framework for evaluation that all services need to commit to (if receiving specific funding).

Key Implementation Issues:

- Scope of service inventory (services, government policies and programs, research).
- Maintenance and updating of inventory.
- Mandate and organization of centralized office.

ALL PILLARS

ACTION 24: The affirming of a community-based model for the development and implementation of planning initiatives and services

Definition and Background:

There is concern that the consolidation of health and treatment services under the Vancouver/Richmond Health Board will lead to increased control of services by medical health professionals rather than by the community.

Although there are many small non-profit and other organizations operating presently in the Downtown Eastside/Strathcona, this diversity is one of the community's strengths.

A professionalized medical model is unlikely to be sensitive to, or aware of many of, the needs and priorities of alcohol and drug users, and will not encourage their participation in decision-making.

It needs also to be recognized that the Community Directions Draft Alcohol and Drug Action Plan represents the voice of the majority of organizations and residents in the Downtown Eastside/Strathcona and takes precedence over other plans developed by the City of Vancouver or other government agencies.

ALL PILLARS

ACTION 25: Development of an advocacy system and program policies to ensure that all drug and alcohol users have access to all the services and resources they need

Definition and Background:

Alcohol and drug users are often discouraged or prohibited from using resources and services in the community because they are currently using alcohol and drugs. This includes welfare and health services. Although agencies often cite staffing, training or resource problems as the reason for these barriers, it is felt that these reasons are sometimes used to justify pre-existing policy decisions.

There is no system in place to hold agencies or organizations accountable for policies or practices that create barriers.

Alcohol and drug users lack the advocacy or support necessary to eliminate these barriers. They are also ineligible for certain avenues of redress when access or eligibility to services is denied (e.g., BC Human Rights Code).

A plan to increase access to services / resources and eliminate barriers would include:

- The development of a community-based advocacy service that would provide one-to-one advocacy support to alcohol and drug users to challenge eligibility policies that restrict access to services. The advocacy service would operate under the auspices of the Provincial Ombudsman's Office.
- Development of a specialized advocacy service for aboriginal people.
- Inclusion of alcohol and drug users in the BC Human Rights Code so they have the right to challenge eligibility policies
- Elimination of any program policy that restricts the number of times a person can use a service.
- A stipulation that all operating agreements for government-funded housing and contractual agreements for government-funded organizations and agencies be amended to prohibit discrimination towards alcohol and drug users.

Key Implementation Issues:

- Development/coordination of advocacy/ombudsman service.
- Requirements for legislative change (Human Rights Code).

☐ ALL PILLARS

ACTION 26: Development of a comprehensive targeted communications and media strategy to educate the public about substance misuse, the Four Pillars and to present the strengths and assets of the Downtown Eastside/Strathcona

Definition and Background:

There is consensus that a communications/media strategy within the community and between the community and others needs to be developed. The goals of this strategy would be to:

- Increase public understanding of substance misuse and its individual and social impacts.
- Increase understanding of the cultural and linguistic diversity of opinion as it relates to alcohol and drug issues that exist in the Downtown Eastside/Strathcona.
- Increase understanding and support for all four pillars of the Four Pillar Approach within and outside the community.
- Provide a more positive and more comprehensive picture of the Downtown Eastside/ Strathcona.

It is recognized that the development of an effective communication strategy is complex and needs to be developed in conjunction with those who have specific skills and background in media relations. However, initial components have been identified and would include:

- Expanded use of the existing community "asset inventory."
- Development of a bureau of community-based, informed, and trained speakers to provide both general and specific information. Speakers would include former and current drug and alcohol users.
- Development of a systemic approach (across agencies) to address issues and stories that may arise in the media. This would involve the development of agency or community representatives to speak to specific issues, and the development and distribution of background papers or fact sheets to "back up" story initiatives
- Establishment of consistent network of communications between agencies and resident groups in order to quickly identify appropriate commentators on specific issues.

Key Implementation Issues:

- Content and focus of the campaign.
- Organization and coordination.
- Ways of involving alcohol and drug users in the communication and media strategy.

□ ALL PILLARS

***ACTION 27:* Development of a plan to ensure that all community-based and government organizations implement an evaluation plan that ensures (1) access to services by alcohol and drug users and (2) accountability first to alcohol and drug users and to the community as a whole.**

Definition and Background:

There is strong consensus that there is need for a structure and process to ensure that community organizations and government agencies continually participate in self and outcome evaluation to ensure access and accountability to the community and to drug and alcohol users. In order to support this ongoing commitment to evaluation the development and implementation of a community-based evaluation framework is recommended. Adherence to the framework would be required for all organizations in the Downtown Eastside / Strathcona. The accessibility and openness of a service to alcohol and drug users and a system for reviewing and incorporating community assessments would be components of this framework.

A system for reporting, reviewing, analyzing and addressing results would be included.

Adherence to the framework would be linked to ongoing funding.

Key Implementation Issues:

- Buy-in for agencies and government organizations.
- Coordination of framework.