

# A Dialogue on the Prevention of Problematic Drug Use

February 2004

A SUMMARY OF THE PROCEEDINGS FROM THE SYMPOSIUM  
**VISIONING A FUTURE FOR PREVENTION: A LOCAL PERSPECTIVE**  
HELD NOVEMBER 20 AND 21, 2003 AT THE WOSK CENTRE FOR DIALOGUE  
VANCOUVER, BRITISH COLUMBIA



## Message from Mayor Larry Campbell



The Forum on the prevention of problematic drug use held at the Wosk Centre for Dialogue on November 20 and 21, 2003 marked the beginning of a new challenge for all of us. Titled *Visioning a Future for Prevention: A Local Perspective*, it was a first opportunity for the Four Pillars Coalition to bring together a diverse group of citizens and local and international experts to participate in a dialogue on the prevention of problematic drug use.

*Visioning a Future for Prevention* was a chance to step back and consider problematic substance use from a broader societal perspective, and to work towards developing an overall prevention strategy for Vancouver.

We know from experience that the issues of problematic drug use, addiction, and mental health are complex and cannot be solved by any one group or level of government. Prevention efforts require a strong commitment, leadership and involvement by the whole community.

If the people of Vancouver are serious about preventing harm from the use of psychoactive substances, we have to step back and take a hard look at the way we live, and the values that we cherish in this city. We must reflect on how we involve youth in our dialogue about drug use, and look beyond the traditional messages targeted at young people alone, and acknowledge that prevention is a life-long challenge and health priority in this community. We need to value diversity, and respond to the many different cultures and communities in our city.

As a community, the challenge ahead is to address many of the fundamental questions that were raised at the prevention forum. Some of these questions challenge the way we approach prevention today. Some challenge us to work better together at every level of government, and others challenge everyone in the community – including those in government – to act immediately to support individuals and organizations across the city that are engaged in efforts to prevent drug-related harm.

I hope you find this report on the prevention forum a useful resource, as you participate in the City of Vancouver's prevention planning process. With your help, we can develop a strong policy that will help prevent harm to our citizens and communities from the problematic use of psychoactive substances.

Sincerely,

A handwritten signature in black ink that reads "Larry Campbell". The signature is written in a cursive, flowing style.

Larry Campbell  
Mayor

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*held November 20 and 21, 2003  
at the Wosk Centre for Dialogue  
Vancouver, British Columbia*

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**NOTE:** The language used in this report attempts to capture the evolving thinking in the field of prevention, its scope and subtle nuances, and to steer away from stigmatizing and simplistic terms. The terms drug use/substance use/psychoactive substance use are used interchangeably and refer to all substances, legal or illegal that directly alter the normal functioning of the central nervous system. Furthermore, it is problematic use and dependence this report is concerned with when talking about prevention. This report reflects the thinking that not all drug use is problematic use and not all problematic use results in dependence or addiction. The terms addiction/substance dependence/drug dependence are used interchangeably.

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## 1. The Four Pillars Drug Strategy

On May 15, 2001, Vancouver City Council unanimously endorsed the *Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver*. In doing so, City Council supported a comprehensive and evidence-based strategy to reduce harm from the sale and use of illicit drugs in the city, and committed itself to work with all levels of government towards implementing the Four Pillars strategy.

The Four Pillars strategy was developed as part of the City of Vancouver's effort to gain support for action by senior levels of government and the community, to address what had become a serious public health crisis in Vancouver's Downtown Eastside. Throughout the 1990s, deaths from drug overdoses had increased to historic numbers. HIV and hepatitis C among injection drug users were at epidemic levels. An open drug market had firmly established itself at the corner of Main and Hastings, and the level of property crime had become intolerable to those who lived and worked there and across the city.



*Participant listens intently to proceedings.*

The Four Pillars Drug Strategy is a balanced, comprehensive plan that calls for a public health approach in dealing with issues of problematic drug use and addiction, and for increased enforcement efforts targeted against those involved in the drug trade. The strategy supports the belief that problems related to problematic drug use in society are primarily issues related to health and social reintegration, and therefore cannot be addressed by the criminal justice system alone.

The strategy also acknowledges that because of the relationship between problematic drug use and crime, criminal justice interventions are an important part of a successful strategy, both for those involved in crime as a result of problematic drug use, and for those involved in the illicit drug trade. Enforcement must also be targeted at individuals and businesses that do not conform to current regulations regarding the sale of alcohol, tobacco and other legal drugs. The involvement of organized crime in the production, distribution and marketing of illegal substances is of major concern to our community. The four pillars of prevention, treatment, harm reduction, and enforcement represent the components necessary to implement a comprehensive approach.

The first focus for the Four Pillars strategy was on harm reduction, related to injection drug use and the open drug market in the Downtown Eastside. The urgency of addressing the deteriorating conditions for drug users and others made this a pressing priority. Through the Vancouver Agreement, signed between the City of Vancouver and the federal and provincial governments, work proceeded to respond to conditions in the Downtown Eastside. Vancouver Coastal Health expanded health services, including addiction treatment services and harm reduction services.

As a result, North America's first supervised injection site opened in September 2003. Needle exchange services were decentralized, a policing strategy targeting the open drug scene was developed and implemented, and enforcement efforts against licensed premises, pawn shops and retail businesses involved in the drug trade were increased.

The Four Pillars strategy was developed as a blueprint for the entire city. Throughout our public consultation, individuals from across Vancouver made it very clear that although the public health crisis in the Downtown Eastside was an urgent issue to address, it was not solely a problem of one neighbourhood. Problematic substance use and resulting harm was a problem for the whole community, and the Four Pillars strategy needed to apply to all neighbourhoods in Vancouver.

The work that Vancouver is doing is part of an evolving 'bigger picture' across this country. The overall aim of Canada's National Drug Strategy is to create a society that is increasingly free of the harms associated with problematic substance use.



*Asia Pacific Hall,  
Wask Centre for Dialogue*

## 2. Why a Prevention Symposium?

The idea of a symposium to discuss problematic substance use prevention was put forward at the inaugural meeting of the Four Pillars Coalition (formerly known as the Coalition for Crime Prevention and Drug Treatment) in April 2003, by participants who wished to move to a broader discussion of problematic substance use in our community. Over the past several years, there has been a significant amount of attention devoted to the crisis of the Downtown Eastside, and Coalition members wished to move the focus of discussion to the root causes of problematic drug use and addiction. Since substance use is so prevalent in our society, the group also wished to acknowledge that a prevention strategy must include all psychoactive substances—both legal and illegal.

The small working group formed out of this meeting convened over the summer and into the fall to put together a program for the symposium. This group comprised individuals from Health Canada, the BC Ministry of Health Planning, the City of Vancouver, Vancouver Coastal Health, AIDS Vancouver, From Grief to Action, WATARI Research Society, Renfrew Collingwood Drug and Alcohol Committee, BC Centre for Excellence in HIV/AIDS, Keeping the Door Open Committee, Alcohol and Drug Education Services, BC Centre for Disease Control, and the Kaiser Foundation.

Focusing on problematic substance use prevention allows us to step back and consider an array of issues that are central to understanding the complexity of this subject. The symposium was a chance to share ideas and expertise and to challenge each of us to create a vision of what a prevention strategy for Vancouver might look like.

### 2.1 The Symposium

*Visioning a Future for Prevention: A Local Perspective* brought together over 150 people from across Vancouver representing a wide range of organizations and institutions. The dialogue took place on the evening of November 20 and for the full day of November 21, 2003. Local and international experts in the field of problematic substance use prevention and drug education made presentations, which were followed by facilitated dialogue where all participants were given an opportunity to speak.

Presenters at the symposium included:

**Neil Boyd**, Professor, Department of Criminology, Simon Fraser University, Vancouver, BC

**Monika Chappell**, Executive Director, Youthquest!, New Westminster, BC

**Pam Cooley**, Parent of a teenager, Vancouver, BC

**Dr. Lorraine Greaves**, Director, BC Centre of Excellence for Women's Health, Vancouver, BC

**Tom Hetherington**, Manager of Addictions Services, Pacific Community Resources, Surrey, BC

**Dr. Perry Kendall**, Provincial Health Officer for BC, Victoria, BC

**Barbara Kennedy**, Office of Demand Reduction, Health Canada, Ottawa, On

**Amy Liu**, President of Student Council at Windermere Secondary School, Vancouver, BC

**Taro O’Sullivan**, Executive Director, Asian Society for the Intervention of AIDS, Vancouver, BC

**Dan Reist**, Director, Information Programs, Kaiser Foundation, Vancouver, BC

**Robin Room**, Professor & Director, Centre for Social Research in Alcohol and Drugs, Stockholm, Sweden

**Rodney Skager**, Professor, University of California at Los Angeles, San Francisco, USA

**Victor York**, Addictions Counsellor, Vancouver, BC

The event proceedings were recorded and transcribed<sup>1</sup>, and the major themes have been summarized, forming the main body of this report. The ideas articulated under each theme, as indicated by preceding quotes, were drawn directly from what was said at the symposium by participants and presenters.

This report does not claim to capture every idea put forward. However, it does attempt to reflect the main questions and issues raised about the concept of problematic substance use prevention and the development of prevention strategies for Vancouver.

This report represents the beginning of a public discussion on prevention strategies in Vancouver planned over the next several months, which will provide many more opportunities for those in the community to engage in further discussion about this critical issue for our city. The themes outlined in this report will be explored and expanded through constructive community dialogue. This process will be complemented by working with partners – government, non-profits and business – to create a blueprint for an evidence-based, integrated and comprehensive strategy to address problematic drug use for the city of Vancouver.



*Larry Campbell,  
Mayor of Vancouver*

<sup>1</sup> Transcripts of presentations and PowerPoint presentations can be viewed on the City of Vancouver’s Four Pillars website at <http://www.city.vancouver.bc.ca/fourpillars/>

### 3. Major Themes of the Symposium

It was acknowledged in the course of the dialogue that prevention opportunities exist across all the four pillars of prevention, treatment, harm reduction, and enforcement. This section outlines some of the key themes expressed at the symposium.

The questions used to introduce each theme below were posed by participants in a facilitated session that addressed the topic: **What are the key questions we have to consider in developing a prevention strategy for Vancouver?**

#### 3.1 The Need for An Ethical Framework

**Q. How do we develop consensus for an ethical framework? How do we ensure it is clear and transparent?**

Dr. Perry Kendall began his presentation by stating that the creation of an ethical framework was essential to the development of sound public policy. He referred to the following recommendations of the Senate Committee on Illegal Drugs:



Dr. Perry Kendall,  
BC Provincial Health Officer

*“Public policy on psychoactive substances must be structured around guiding principles respecting life, health, security, and the rights and freedoms of individuals who, naturally and legitimately seek their own well-being and development and can recognize the presence, difference and equality of others.” – CANADIAN SENATE COMMITTEE ON ILLEGAL DRUGS, 2002*

Dr. Kendall went on to suggest that policies should seek to: promote the welfare of all in the community; consider the greatest benefit to the greatest number in society (but it should never become the tyranny of the majority over the minority); do no harm; and respect autonomy and the ability of people to self-determine what they are going to do on the basis of clear, accurate information. Prevention policies must also be sensitive to at-risk, marginalized and vulnerable populations.

#### 3.2 Problematic Substance Use and Harm to Individuals and Society

**Q. How do we know that we are contributing to the public good? [How do we save costs] in the treatment of disease, emergency services, and hospitalization, and what are the barriers?**

Prevention of problematic substance use contributes to the public good by reducing costs to society and harm to individuals and communities. While problematic use of both legal and illegal substances continues to place a growing demand on our health care system, the overall costs to society are much more difficult to quantify. Costs outside of health care from alcohol and illicit drug use are considerable, and include loss of productivity, family breakdown, social services costs, etc. These costs to society vary with each substance. For example, tobacco use is primarily related to health care costs and illness later in life. Costs from over-consumption of alcohol are distributed evenly between the health care system and the criminal justice system, and they have a greater impact on young people. Costs from illicit substance use are greater to the criminal justice system than the health care system.

Robin Room presented data on the costs of psychoactive substance use to the health care system.

*“In Cuba, Canada and the U.S., psychoactive substances accounted for almost 24 percent of the total burden in those regions of the world: tobacco accounted for 13.3 percent, alcohol for 7.8 percent, (that’s after subtracting the benefits for coronary heart disease, which I think they may have over-estimated), and then illicit drugs at 2.6 percent... For ages ten to nineteen, alcohol accounts for 69 percent of days of hospital stay ... and this is not total hospital days, only those attributable to psychoactive substances.”*  
 — ROBIN ROOM, PROFESSOR AND DIRECTOR, CENTRE FOR SOCIAL RESEARCH IN ALCOHOL AND DRUGS, SWEDEN

Overall, the burden of health and social harm from the use of psychoactive substances is immense – and societal costs associated with legal substances is far greater than with illegal substances.

### 3.3 Underlying Concepts of Problematic Drug Use Prevention

**Q. What is it we are trying to prevent? Recognizing that not all use is abuse, how do you define drug use in terms that are acceptable?**

Throughout the symposium there were many comments that illustrated a diversity of opinion regarding key elements of problematic drug use prevention, and the various underlying factors that need to be considered when planning a strategy.

The vision of prevention put forward by the BC Ministry of Health Planning is to support individuals, families and communities in making healthy decisions around substance use, and to reduce dependence and other harms that can result from problematic substance use.

For some in the audience, preventing drug use itself is an unrealistic and utopian goal. Moreover, a public health approach should, in fact, acknowledge that humans have been using psychoactive

substances throughout history for many reasons and that there was nothing necessarily wrong with that.

*“We need to recognize that it's not deviant or pathological for humans to desire to alter their consciousness with psychoactive substances. They've been doing it since pre-history ... And it can be in a religious ecstasy context, it can be in a social context or it can be in the context of symptom management.” – DR. PERRY KENDALL, PROVINCIAL HEALTH OFFICER FOR BC*



Robin Room,  
University of Stockholm

*“... [the use of] psychoactive substances [is] deeply enmeshed, not only in Canada, but more generally in human behaviour. Neurobiology has been teaching us that the pleasure we get from the use of psychoactive substances uses the same kind of pathways in the brain as the pleasure we receive from things that we need to survive, such as eating, sex and other pleasures. We're dealing with something that is wired into our behaviour, in the sense that there are pleasure pathways waiting to be stimulated.” – ROBIN ROOM, PROFESSOR AND DIRECTOR, CENTRE FOR SOCIAL RESEARCH IN ALCOHOL AND DRUGS, SWEDEN*

For others, preventing drug use should be a critical goal of prevention efforts, particularly in young people or, at least delaying the onset of substance use among youth.

Many felt that prevention strategies have to acknowledge that there are issues underlying drug use that need to be addressed, not just the drug use by itself. For example, building individual, family and community capacity and providing early childhood interventions are ways to improve community health. This approach, when put into action in an intensive and sustained way, is what prevention should be all about. And if this is what prevention should entail, then perhaps the term for it is inadequate.

Considerable discussion ensued around the terminology of prevention. Several participants in the symposium suggested that the word “*prevention*” was not helpful because it was a negative concept, when, in fact, the positive notion of creating healthy communities or building community capacity was the real goal of so-called prevention programs and activities. “*Health promotion*” was put forward as a preferred concept. Others supported use of the term prevention as a concrete description of what we are trying to prevent, such as harm from drug use as well as drug use itself, particularly in younger people.

*“I think the cure to our problems of addiction doesn't lie in “prevention”. I think we should get rid of the word. I think it lies in the invention of a culture that makes ruinous forms of addiction – drugs or anything else – unimportant because people have other things to do.” – BRUCE ALEXANDER, PROFESSOR, DEPARTMENT OF PSYCHOLOGY, SFU*

Elements of an effective prevention strategy were expressed in various ways. The definition of prevention as meaning “to come before” or to “anticipate” was also discussed. Many felt that that this understanding was critical to imparting urgency to the task, specifically with respect to substance use and addiction among the young.

*“Prevention is an anticipatory state of mind ... No matter where I am on the spectrum of issues, it's thinking about the future, and it's thinking about how I shape the future. So if I'm dealing with young children, I might be thinking about how do I prevent early onset of use because I know the impact that certain substances might have on brain development. That's a very meaningful, important way to think. If I'm dealing with a 13-year-old who's already using, it's probably not very helpful for me to think in that way. But I still have a future to think about ... the patterns of use that this child may get into and how do I intervene in a way that ensures and helps and provides.”*

— DAN REIST, DIRECTOR, INFORMATION PROGRAMS, KAISER FOUNDATION

### 3.4 Diversity and Inclusion

**Q. How do we ensure that the models used are truly inclusive of all groups and the multifaceted diversity of voices? What is the best way to tailor messages for different audiences?**

In planning any strategy, it is imperative to keep in mind the diverse nature of our social fabric, including age, ethnicity, gender and sexual orientation. Several individuals put this issue forward emphatically and articulately during the dialogue. Dr. Lorraine Greaves, director of the BC Centre of Excellence for Women’s Health, expressed this very effectively in what she termed “*diversity analysis*.” This referred to the gender aspect in policy planning and service provision, which must recognize that the same issues pertaining to drug use affect men and women differently, both physiologically and socially. This thought was also echoed by other participants who talked about inclusive policies that factored in other variables, such as discrimination, poverty and ethno-specific barriers faced by minority groups, whether they are aboriginal, queer (gay, lesbian, bisexual, transgender, two spirited), youth, ethnic minorities, seniors, or marginalized women.

*“We talk about the reasons why we have a lot of alcohol and drug problems amongst native people. Well, it’s because we are poor! Where are the opportunities? Understanding what we can do to make this a healthy community is one of the first steps.”* — VICTOR YORK, ADDICTIONS COUNSELLOR



Participants from Windermere Secondary School



Monika Chapell,  
Youthquest!

*“...Queer youth experience tremendous isolation, discrimination and homelessness, and are affected by bullying. All these things lead them to having high-risk sexual behaviours, high risk of suicide and high risk of drug and alcohol abuse—and also high risk of child sexual exploitation. You might ask: Is that any different from any other youth? And in some ways it is not; but in some ways it is. The unique factor that queer youth face is that they are routinely rejected by their families, religious supports and by social services, and end up on the streets, end up with low self esteem, end up without ... coping mechanisms.” – MONIKA CHAPPELL, EXECUTIVE DIRECTOR, YOUTHQUEST!*

It is also important that a future prevention strategy make note of the fact that although tobacco use in Canada has been decreasing significantly, young girls are smoking more than young boys for the first time in history. In addition, aboriginal people in BC and Canada have some of the highest rates of smoking in the world.

### 3.5 Focus on Youth and Children

#### **Q. Are adults being honest? [Are programs] youth-driven and youth-friendly? How do we reach parents in order to reach children more effectively?**

There was a great deal of focus on youth throughout the symposium, and agreement that young people were a primary audience for prevention strategies. The dialogue raised major concerns about youth involvement in – and understanding of – prevention issues. However, there was also broad agreement among participants that prevention strategies targeting all developmental stages of life were critical to a comprehensive approach. While it is essential to engage youth in prevention strategies, these efforts are necessary throughout life, as issues of problematic drug use change over time.

Many participants expressed the failure of adult-controlled, school-based prevention efforts. In order for prevention strategies to work, authentic dialogue is essential. This involves young people and adults listening to each other in an environment of mutual respect. If many prevention strategies for youth have been unsuccessful in the past, it is because they have failed to incorporate these important elements in their strategy. Using scare tactics, indoctrination, or having unrealistic expectations only further alienates youth or makes them disrespectful of the process.

Robin Room referred to the school as an adult-controlled environment, and said there was poor evidence of success for school-based programs. *“I would argue that to focus on school-based education is to be choosing one of the most difficult possible terrains in which to persuade people to change their behaviour.”*

Others insisted that the school programs they worked on were in fact making a difference in the lives of young people. Their evidence of success was based on observations and experience rather than scientific research methodologies.

Prevention messages delivered by peers are often more credible and have a much better chance of getting the attention of youth and winning their respect. Having young people directly involved in the prevention process creates self-esteem and a feeling of being able to make a difference. The peer leader sees that his or her knowledge and experience is respected by other young people and used by the service provider. This partnership between youth peer leaders and service providers is vital to the process.

*“I am part of the Prevention Team Peer Facilitator Group in our community and our job is to educate youth on many issues such as substance use and gang violence, disorder eating and many other issues that the youth express interest in. We try to target high risk youth and we seek them and through this program I’ve gained so many invaluable experiences and developed many skills and learned so much from the resources from our community and also from the youth themselves.... Our program is about giving youth the power to make informed decisions.... Prevention education is really important.”*

— AMY LIU, PRESIDENT OF STUDENT COUNCIL AT WINDERMERE SECONDARY SCHOOL

The message delivered to youth has to be accurate and appropriate. Youth should be empowered to have access to this information and then be allowed to make informed decisions.

Rodney Skager, Professor University of California at Los Angeles, talked about the normalization of drugs such as alcohol and cannabis in high schools, and the challenges this poses for prevention efforts. He conducted a high school survey that indicated drug use was perceived as ordinary and accepted as part of the environment by the majority of youth interviewed — even those who were non-users. In the survey, the most common reasons why young people used cannabis were to have fun and to see what it was like.

Given that substance use is to a great extent normalized in the school environment, the challenge is to construct good prevention strategies that make sense to young people, engage them in the process, and acknowledge their reality and experience. However, many youths prefer not to use drugs. This choice of an abstinent lifestyle needs to be acknowledged too.

Some participants expressed the need to recognize current prevention efforts which were doing meaningful work that had an impact and to build upon these existing models while introducing new ones.



Young forum participants.

*“Our goals have always been to delay early drug use and prevent harm from drug use. There has never been a one-size-fits-all, we’ve always started where kids are and worked from whatever information they need...We still need to do what it takes to make non-drug use a viable alternative in these critical years (of youth)...We cannot lose sight of the fact that despite rising drug use stats and all our mixed messages about societal confusion over drug use, the majority of youth still choose pretty healthy lifestyles. We need to validate those youth and we need to learn from them and we need to be careful not to place all our attention on negative behaviour and inadvertently glamorize and popularize drug use.(...) We need to examine what has worked rather than easy criticism of the past and throwing the baby out with the bath water.” – ELEANOR MAY, PREVENTION WORKER*

### 3.6 Evolving Concepts of Addiction and the Role of Choice

**Q. Recognizing that all use is not abuse, how do you define drug use in terms that are acceptable? How do we hold people accountable for their choices...?**

The nature of the debate on prevention and drug use has been changing over the last few years. Historically, substance use was viewed from a moral perspective which labelled drug users as people who made bad choices, and were, by extension, bad people.

More recently, addiction or substance dependence has been viewed from a medical perspective, and the disease model of addiction has gained popularity. From a disease model perspective, dependent drug users are victims of an illness over which they have no control. Within this model, personal choice is minimized. Individuals are sick and need treatment. The concept of making “bad” choices does not apply as there is no choice.

A third view is emerging — one that acknowledges that individuals will normally make the best choices available to them, given their context. However, many factors such as physical or emotional abuse, poverty, a history of addiction in the family, or the co-occurrence of various mental health problems present serious constraints. This model of substance dependence, built on a new understanding of chronic diseases, respects the autonomy of individuals and their ability to make choices. At the same time, it draws attention to the various constraints that lead to choices which have negative impacts on a person’s health or well-being.

*“[In this model we] begin to recognize that we are holistic beings ... and that choice is important, that people do have choices, and that those choices do impact their lives and their health. We need to recapture that in this field. People are not helpless victims of their past, their genetic makeup or whatever. They make choices and those choices are important.”—DAN REIST, DIRECTOR, INFORMATION PROGRAMS, KAISER FOUNDATION*

### 3.7 Arbitrary Categories of Substance Use

**Q. How do we reconcile the difference between legal and illegal according to today's laws?**

Professor Neil Boyd of SFU explored how the concepts of substance use and problematic substance use have evolved in Canadian society over the past 100 years. A century ago, there were few regulations affecting the use of psychoactive substances. The creation of regulations for some substances and criminalization of others have been relatively recent developments, and are not based on the relative harm to society from the problematic use of each substance.

The current categories between licit and illicit, and hard and soft drugs are arbitrary. These divisions have not been made from a public health perspective. They have little to do with the pharmacological properties or the harm-producing effects of the drugs but rather on artificial constructs of politics, economics, race, and exclusion.

*“We think that there is an important moral difference between a person who goes home at the end of the day and has a glass of wine and a person who goes home at the end of the day and smokes a joint, for example. (And I think that that is a reflection of our cultural blinders....) We have to get rid of the notion that there are “good” and “bad” drugs and, I think more fundamentally, that the line between legal and illegal drugs is premised on some notion of public health, on some notion of harm.”—NEIL BOYD, PROFESSOR, DEPARTMENT OF CRIMINOLOGY, SFU*

Alcohol and tobacco use account for a greater percentage of the health and social costs than the harm from illicit drugs. In addition, problematic use of prescription drugs – particularly among the elderly – is often overlooked as prevention strategies tend to focus more on alcohol, tobacco and illicit drugs.



Neil Boyd, SFU

### 3.8 Regulation of Markets for Drugs

**Q. What would happen if there were an end to prohibition of illicit drugs and a move toward regulation?**

Prohibition and legalization are the two polarized options that dominate our discussions on drug policy, currently. Both have inherent problems. Prohibition of illicit drugs today, like alcohol prohibition historically, creates problems that subvert many aspects of civil society and threaten the very foundations of healthy communities through organized crime, corruption, street drugs of

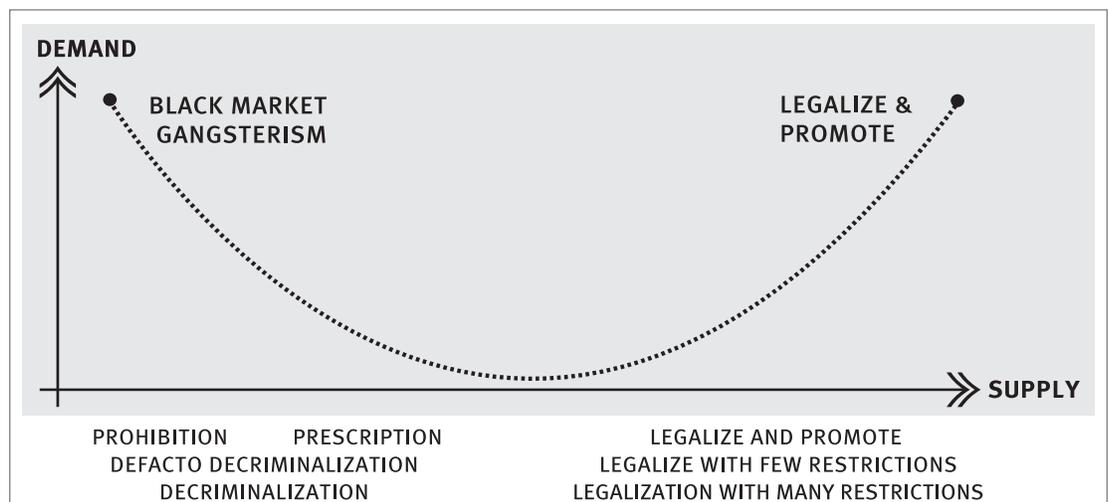
unknown origin or potency, criminalizing ordinary citizens, and contributing to the marginalization of certain populations. Some argue that prohibition of certain substances has failed, since more of all kinds of illicit drugs are readily available in the community.

At the other extreme, legalization left to market forces alone has its own weaknesses. Advertising and media have proved to be very effective in promoting consumption of alcohol and tobacco, causing a significant degree of harm in many who use them.

*“We've conceptualized (drugs) into two inappropriately simplistic categories: there's prohibition and there's legalization. I think we can see some of the weaknesses, some of the mistakes of laissez-faire legalization. And I think we can see some of the mistakes of prohibition in terms of policies that line the pockets of criminal networks, policies (that create risks in terms of more negative health consequences....) I think the better responses lie in between the poles of prohibition and laissez-faire commercial promotion, and I think a sensible prevention strategy must also acknowledge that each drug is different. We get on planes and we're allowed to drink alcohol to a certain extent. We're not allowed to smoke, and that's appropriate. We have very different policies. Each drug deserves its own response, its own regulatory framework. –NEIL BOYD, PROFESSOR, DEPARTMENT OF CRIMINOLOGY, SFU*

The U-curved model below provides an explanation. Developed by a British psychiatrist called Marks, this model explains the relationship between the demand for drugs plotted on the vertical axis, and a continuum of regulatory modes of drug supply plotted on the horizontal axis. The U curve graph suggests the harms and social problems resulting from the relationship between demand and the mode of regulated supply. At the top of the U curve on both ends, demand as well as harms are maximized i.e. at either extremes of the regulatory continuum, under prohibition as well as under legalize and promote.

**The Paradox of Prohibition (Marks, 1984)**



Dr. Perry Kendall, Options for Social Control in the Context of other Licit and Illicit Psychoactive Substances , Special Committee on Illegal Drugs, Parliament of Canada, September 17, 2001.

An effective approach, referred to as the “Public Health Approach” by Dr. Kendall is found at the bottom of the curve. Here, harm is minimized and demand moderated through the regulation of drug markets which takes control of licit and illicit drugs out of the hands of criminals and full free markets. Thus, the regulation of markets based on sound public health and ethical principles could offer some solutions towards the problem of drug use. A sound prevention strategy should recognize this. It must also acknowledge that each drug is different and should be regulated accordingly. Thus, different drugs would require differing levels of social and administrative controls, depending on the degree of their potential for harm. This approach would require a significant shift in the way we deal with the full range of psychoactive substances available.

### 3.9 Strengthening Community Capacity

#### **Q. How do we have a comprehensive, holistic, community-driven strategy in which the community participates in developing?**

Throughout the symposium, discussions emphasized that a prevention strategy should not be merely a collection of programs, but rather a continuous process of community capacity building that creates healthy communities. Many participants felt that prevention efforts should begin much earlier, by building and strengthening relations within the family. Strong families lead to strong extended families, which in turn produce healthy and resilient communities. Such communities constitute a strong nation.

*“What we are talking about is the capacity of our communities to be able to absorb or facilitate people exploring what they want to do, in a way that permits the dialogues that allows that exploration ... I think the problem we have set for ourselves is enormous. We are talking about changing the way we live as a society, which is not to say that we can’t do it, but our expectations need to be in line with the fact that we are talking about mobilizing the community capacity. That will take many years.” –*

**WARREN MICHELOW, SFU STUDENT**

Although many participants believed in the concept of creating healthy communities, they questioned the process of how to create them.

*“Our vision (as a health authority) is focused on supporting people to have healthy lives in healthy communities. It is not just about treating disease. One of the very fundamental truisms in our health system is that we cannot support people in having healthy lives if we only focus on treating the disease. We absolutely must treat the disease or minimize... the effects of the disease, but we really have to look at how we can support people to live healthy lives ...”*

**– IDA GOODREAU, CEO, VANCOUVER COASTAL HEALTH**

*Ida Goodreau, CEO,  
Vancouver Coastal Health*



Opportunity was identified as a key component of community health. This refers to the range of options an individual can access in order to improve their quality of life. These could include education; vocational training; art and culture; affordable housing; skills to combat poverty; mental, physical and emotional health services; and many other measures that can enable an individual to seek refuge, support, or find solutions to problems through other means than through the use of drugs. When asking a user to give up drugs, society should be prepared to offer options like these in exchange.



Dr. Lorraine Greaves,  
BC Centre of Excellence  
for Women's Health and  
Donald MacPherson,  
Drug Policy Coordinator,  
City of Vancouver

*“We have to bear in mind that, at the end of the day, we do have to give something back. We have to provide avenues for people, whether women or men, to say, yeah, you can live a life in a different way and we'll provide the supports and structures to make that happen. And if that's an issue of housing or poverty or discrimination, or if it's an issue of abuse or mental health, then we have to look at it. In other words, we can't look at one thing in isolation, one substance in isolation or even one issue in isolation.” – DR. LORRAINE GREAVES, DIRECTOR, BC CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH*

In the case of youth, presenting them with these options creates alternatives that provide a sense of purpose and a sense of self. One participant clearly expressed a poignant lack of opportunity in the Downtown Eastside. Until recently, there was not a single soccer team for kids.

### 3.10 An Evidence-Based Approach

#### **Q. What's happening today that we could be learning from?**

Many good programs exist, and some important work on evaluation has been done in other jurisdictions. However, we need to build the capacity to properly evaluate our programs and disseminate the results in order to develop an evidence base. Otherwise there is little point in talking about evidence-based prevention strategies. This will require investment in full-scale evaluative studies of policy initiatives, community prevention trials, and common prevention practices none of which have been evaluated in any comprehensive way in BC. A commitment to monitoring and evaluation will facilitate the move *“from evidence to action.”* We must remember that there are several kinds of evidence, each with its own values and short-comings. We need to collect evidence based on scientific experiments as well as evidence arising out of experiential knowledge and understand how each can inform policy and practice.

### 3.11 A Coordinated Approach

**Q. How do we connect all the pieces of policy, legislation and implementation? How do we get all the different Ministries “on the bus” and agree to go to the same place?**

Coordination of efforts among partners in the local community, within the region and across the country was seen as a critical issue. An effective prevention strategy should be comprehensive and integrated. It should provide appropriate education, use persuasive techniques rather than dictating terms, involve community action initiatives, and be supported/advocated through effective policy leadership.

*“The more coordinated the approach can be, the more all the various partners who are concerned about this issue... can come together, the more effective we will be in actually making a difference.” – IDA GOODREAU, CEO, VANCOUVER COASTAL HEALTH*

Barbara Kennedy of the Office of Canada’s National Drug Strategy said the strategy’s overall aim “...is to have Canadians living in a society increasingly free of the harms associated with substance abuse.” The success of the national strategy will depend on the ability of the federal government to coordinate efforts among as many as eleven federal departments, and build strong partnerships with provinces, territories, communities, and other stakeholders.



Barbara Kennedy,  
Health Canada

*“Prevention of substance abuse is much bigger than the ability of any one organization or agency or individual to be able to address. The root causes of substance abuse are myriad; they involve family, community, economic issues, ethnic issues and so forth. No one agency or organisation can address all of these problems. This is clearly an issue where we need partnership, where we need people to work together and come together and share their experiences and expertise.” – IDA GOODREAU, CEO, VANCOUVER COASTAL HEALTH*

### 3.12 What Works and What Does Not

**Q. How can we empower teachers? What information can I give my teachers regarding the direction in which we are going?**

Before planning for a prevention strategy, it is first necessary to critically analyze existing or envisioned effective practices, extract the elements that make them effective and use these elements as building blocks for the future strategy. Dr. Perry Kendall and Robin Room provided listeners with some such elements, either from current models or from potential scenarios.

Dr. Kendall discussed some elements of a successful strategy in planning for school-based prevention education. An effective prevention strategy:

- starts as early as kindergarten and maintains a focus on building healthy and resilient kids;
- encourages the child to develop coping skills and social skills systematically throughout all levels of schooling;
- demands involvement from the target group;
- engages a wider participation from the school, family and community in developing and executing the program;
- is age appropriate;
- is interactive, in that education is not imparted in the form of a one-sided delivery of information from an outsider, but is rather led by a credible peer leader whose experiential knowledge involves all in the process of learning;
- is contextualized in the values of the broader community, which means that it should not have a different set of rules of conduct for the youth, while the larger community follows a different set or even breaks them;
- invests in the training of teachers;
- is ideally focused on harm minimization as an end goal.

The opposites of the elements mentioned above constitute some of the most ineffective ways of doing prevention education in schools, including scare tactics, preaching, little involvement of the target group, little or no investment in skills development for teachers and addressing only crises situations.

A successful prevention strategy, whether in schools or for the general public, is supported in a sustained fashion by consistent legal and regulatory frameworks which are formulated and enacted through effective leadership.

Robin Room elaborated on some other building blocks to consider in planning a successful drug prevention strategy for the city, such as situational prohibition as in the case of regulated no smoking areas; deterrents like drinking and driving laws; and regulation of markets which would control, among other things, the price and taxation of the psychoactive substance, and the minimum age of its clients.

By studying both effective and ineffective prevention programs, researchers have identified a number of features that are associated with positive results. Based on this research, it is possible to make the following recommendations to increase the success of school-based programs for the general student population.

#### Structure

- *Programs should be on-going from kindergarten to the final year of high school, and should be especially intensive just prior to the average age of first use.*
- *Different approaches should be used for various subgroups (e.g., those with different levels of drug sophistication, levels of use or demographic characteristics).*
- *Programs should involve students in curriculum planning and implementation.*

#### Content

- *Programs should discuss the reasons people use drugs – e.g., for self-discovery, self-expression or some perceived benefit – and present alternatives to substance use.*
- *They should present honest factual material. Where there are no answers, program leaders should admit it. Programs should present both the dangers and the benefits of using and not using drugs, and focus discussion on short-term effects. Students will dismiss information that they perceive as contradictory to their personal experiences or reflecting adult exaggeration and hysteria.*
- *It is important to discuss and correct perceptions regarding occasional or social use; life-skills development may also be beneficial (e.g., assertiveness, decision-making and communication techniques).*

#### Delivery

- *It is important to provide a tolerant atmosphere, free of moralizing and scare tactics; there should be an open dialogue between the program leader and students.*
- *Programs should emphasize active learning about drug effects rather than relying on passive lectures and films; interactive delivery methods, such as small-group discussions and role playing are best.*
- *Programs leaders should be people the students trust, and who will present the facts accurately and in an unbiased manner. Teachers can be effective with assistance from peer leaders. It is important to choose peer leaders carefully; rigid social groups already exist among students and, consequently, some students may be alienated or plainly “turned off” by the choice of peer leader.*

*From: Best Advice. Alcohol and Drug Prevention Programs for Youth: What Works? - Centre for Addiction and Mental Health, June 1999*

## 4. Furthering the Dialogue

It is clear from the dialogue that there are differing views within the community on the best ways to proceed with prevention programming. Some suggested that prevention efforts will only work well if we focus on the underlying conditions that contribute to problematic substance use, rather than on the substances themselves. Others saw the task of prevention as an uphill struggle in a society that promotes the use of legal psychoactive substances in daily life.

Some participants suggested that the distinction between legal substances and illegal substances is not helpful and that all substances should be the subjects of regulations, which must reflect the toxicity of each substance and the potential for harm from their use. Experts pointed to the lack of evidence of effectiveness of prevention efforts, and the importance of developing evidence in order to evaluate prevention efforts and determine their effectiveness.

This report is a brief attempt to outline some of the many ideas, thoughts and themes that arose during the symposium. If perspectives on problematic drug use prevention have been missed, there will be many more opportunities for individuals and organizations to present their ideas during the upcoming public process.

The task of creating a comprehensive, integrated and evidence-based prevention strategy for Vancouver is an ambitious undertaking. It will require a strong commitment among all sectors of the community in order to develop innovative approaches to problematic substance use and to creating healthier communities.

*Visioning a Future for Prevention in Vancouver: A Local Perspective* was the beginning of this process. The City of Vancouver's Drug Policy Program is committed to continuing this dialogue on problematic substance use prevention at the community level. Creating a problematic substance use prevention strategy for Vancouver will be the subject of community meetings that will take place throughout the city during the months between March and June 2004. These meetings will allow a diverse range of citizens from across Vancouver to participate in determining the key elements of a prevention strategy that will be relevant and effective for their communities. Our intent is to involve all sectors of the broader community in this discussion.

A draft prevention strategy for the city of Vancouver will be released in the fall of 2004. Information on these upcoming meetings will be available on the City of Vancouver Four Pillars website in the coming weeks at [www.city.vancouver.bc.ca/fourpillars](http://www.city.vancouver.bc.ca/fourpillars).



## 5. Feedback Form

(If you attended the Forum) Do you think this document has summarized the important themes discussed at the Prevention Forum in November 2003?

**Yes**     **No**

Please comment:

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Are there any other major themes or issues regarding prevention you think should be considered in the development of the upcoming prevention strategy?

**Yes**     **No**

If yes, what are those themes? Please comment:

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We are interested in learning about prevention efforts in different communities. Please let us know about any prevention efforts currently underway in your community.

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Please clip out and return this feedback form to:

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## Notes



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