

Downtown Action Plan?

A safe injection site supporter and former VARCS board member questions whether Mayor Lowe and his Council have abandoned their "Downtown Action Plan".

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"I would like to see a safe injection site with housing, with a drop-in centre and with medical treatment."

- Mayor Alan Lowe, Victoria Times Colonist. May 15 2005.

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By former VARCS board member Rick Barnes

Sitting council members who support the plan we have are gone or going, while a new slate of candidates is gearing up for a fall election. Most worrisome for Mr. Barnes are the shifting goalposts and Clintonian definitions.

Mr. Mayor, what is harm reduction? Well, I suppose that depends on what your definition of is, is.

Do Victoria politicians support a safe injection site or is the election just too close for comfort?

On July 19th the City of Victoria (represented by Mayor Alan Lowe) and VIHA hosted a public meeting where they handed out material that posed this question, "What is harm reduction?" The list

included several examples -- from straight ahead descriptions like brushing your teeth, to using a condom during sex. Not a bad beginning but what about supervised injection sites? The paper stated, "(harm reduction) is not a supervised injection site (unless the community wants it to be)."

Has something happened on Vancouver Island since I left the land of BC ferry hostages? Last year while I was on the Board of VARCS, (the best little non-profit AIDS service and support agency in Canada) in Victoria, the Mayor was sounding very supportive of supervised injection sites...

"We've been hearing about people shooting up in the alleys, people shooting up in people's front yards, around people's businesses and schools. In order to deal with some of those problems, we do need a safe injection site." Mayor Alan Lowe, CBC Radio,

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"The city needs to talk to people, a safe injection site is not yet what we're looking at."

- Mayor Alan Lowe, Public Info Session, July 19 2005.

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March 19 2004.

The Mayor of Victoria was not expected by many to be supportive of the idea and received praise from then Victoria Civic Electors (VCE) city councilor, Rob Fleming: "I'm pleased that the mayor is an admirer and supporter of it (supervised injection site) and that there seems to be people from across the political spectrum and the community with



Sukhi Lalli B. Sc. Pharm.

This issue focuses on the problem of addiction. At our clinic/pharmacy we treat many people who's lives are threatened by this disease. We also have some contact with the people who love them and have had their lives similarly overturned. Though crime and violent assaults aren't uncommon to those abusing substances, the more information and evidence we gather, the more these crimes appear to be the result, rather than a cause of drug use.

This newsletter explores some of these issues from different perspectives. Please send me your comments if you have any.

- Sukhi. email:sukhi@slpm.ca

In the September issue of

for your health

Downtown Action

Plan? Has the upcoming civic election scared Victoria politicians from their harm-reduction platform? Page 1-2

Canadian Culture War: Battling Addiction.

With politics an ever-present force in major social issues, we explain the two prominent policy approaches to dealing with drugs and crime. Page 3

Emotional Tsunamis. Dr. Marlene Hunter shares her expertise on trauma survivors and preventing addictions.

Page 4

Care Clinic Insert: Pictures of our clinic, acupuncture detox info, an addiction assessment quiz, crossword puzzle and more.



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Sukhi Lalli



"In order to deal with some of those problems, we do need a safe injection site." - Mayor Lowe



...continued from page 1

an interest at looking at it," Fleming told the Mark Browne of the VicNews Weekend Edition, April 5, 2004

How tough has the opposition been Mr. Mayor?

Lowe mentioned that some people have told him the city shouldn't be "going down this route." But when they hear about the needles on the street and addicts shooting up in front of downtown businesses, they change their tune. - City looks to drug strategy of Vancouver, Times Colonist Friday, April 23, 2004.

So far you would think that the entire Victoria City council supports the supervised injection site. However there can be no doubt that it was the leadership of VCE and councilors Fleming and Denise Savoie that prompted City council to address this issue seriously. Now Fleming is gone, and Savoie looks to have an excellent shot at being elected Victoria's MP, where is leadership to come from on this issue?

It appears that leadership on this issue is no longer coming from the current gang of VCE or the Mayor.

Mayor Lowe noted at the July 19 meeting that Vancouver's

InSite facility was experiencing great success, but in the same sentence, he added that Victoria is not the Downtown Eastside. We need a "made-in-Victoria solution." My question here is what does this mean? Harm reduction isn't a safe-injection site, but it might be if the community says so? Safe-injection facilities are working in Vancouver, but they won't work here? What is the city saying? Does Mayor Lowe favour having a site here in Victoria or not?

One person at the meeting asked Lowe what others have avoided. Paul Lidgate, candidate for a VCE nomination asked the Mayor if he supported a stand alone safe injection site or an integrated health-care site like he saw in Europe.

Has the city changed its position?

The Mayor who only eight weeks previously stated Victoria needed a safe injection site with the additional support and medical services responded somewhat differently this time. "The city needs to talk to people, a safe injection site is not yet what we're looking at." Lidgate restated what he heard the mayor say, "...that what I heard you say was that you (Mayor Lowe) didn't have a definitive

answer on the question of whether we should have a safe-injection site." Mayor Lowe responded that was correct.

Just where is this city council at? The Mayor and councilors were happy in 2004 to have everyone believe they were all on board and moving toward adding a supervised injection site to the harm reduction services in Victoria.

Paul Lidgate told me in an interview Friday "I'm expressing the same frustration evident in the Weekend Edition's editorial of July 22, that continued waffling and fence-sitting on this issue is doing harm to the issue itself. I know we need to build community support before proceeding with a safe-injection site, and I know there would be a great deal of bureaucracy to overcome to make it a reality."

Lidgate credits the progressive voices in the VCE for advancing the (safe-injection) issue and very likely pressed Mayor Lowe and others on council to address what might otherwise have been ignored.

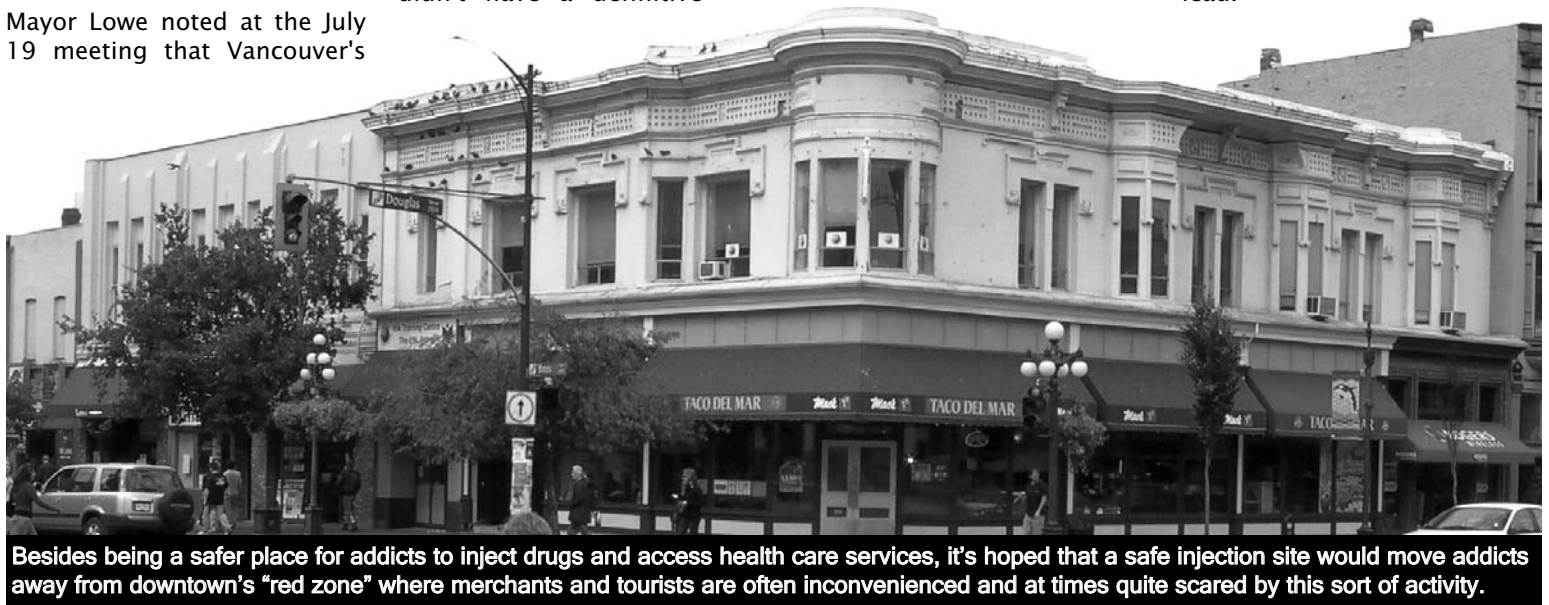
Yet Lidgate is concerned that some of those progressive voices may have backed away

from this issue because of a possible public backlash. "Having put the issue on the agenda, progressive councilors should overcome partisanship and work with others on council to ensure the issue is properly and fully addressed, for the benefit of our city, for the sake of injection drug users, for all of us."

The question for voters in Victoria is what will happen next. Is this council hoping to put off the tough debate on this important issue until after the election? Voters will be electing people in the fall that will be making decisions on how the city advances harm reduction services and supports for drug users or if endless rounds of studies keep it from occurring.

Mayor Lowe and council have been supportive of advancing a harm reduction model similar to what the Mayor saw in Europe. The mayor has repeatedly referred to the successes in Vancouver. So why is VCE alarmingly quiet as the Mayor backpedals just months before an election?

This election is the time to have the debate with the citizens of Victoria. Councilors and the Mayor are supposed to lead.



Besides being a safer place for addicts to inject drugs and access health care services, it's hoped that a safe injection site would move addicts away from downtown's "red zone" where merchants and tourists are often inconvenienced and at times quite scared by this sort of activity.

Cdn. Culture War: Battling Addiction

The well-known societal approaches to addiction couldn't be more different. We offer descriptions of each:

On the left...The Four Pillars

"No one should expect the Downtown Eastside drug scene to change over night. However, in combination with other prevention, treatment and policing efforts, we hope to reduce drug related deaths, and see injection drug users get the health care, treatment and support they need to live healthier lives." – Vancouver City Mayor Larry Campbell during the opening of North America's first supervised injection site.

In case you live in a cave, the notorious 'Downtown Eastside' he's referring to is a crime ridden Vancouver neighbourhood with the highest HIV infection rate in North America. Drugs are sold and consumed on the street, and violent outbursts are common. As a focus point for the debate you couldn't pick a more visible or challenging, example.

Former Vancouver Mayor Philip Owen took up that challenge by adopting, "A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver" in April 2001.

The four pillars are harm reduction, enforcement, treatment and prevention (see page 4 sidebar for definitions). The idea is to put the dealers in jail and the users in either harm reduction facilities (like the supervised injection site) or treatment, while prevention strategies reach young, vulnerable, potential drug addicts. As current Mayor Campbell insists, "this is a health problem not a criminal problem".

During a July 19 information session by the City of Victoria, BC Chief Medical Health Officer Dr. Richard Stanwick discussed the rationale for one of the pillars, harm reduction, "it keeps people alive so that they can avail themselves of services that will hopefully allow them to live a life that will eventually be substance free and they can determine their own life course."

According to Stanwick even the current approach to treatment is far too prohibitive, placing an emphasis on abstinence when this often takes more than one attempt, "Too many programs require you to be substance free...but if you can keep them alive until their forties, many before then, you will often see them stop using drugs. It is a process of keeping people alive using every tool at our disposal."

Not surprisingly enforcement and prevention are turning out to be sticking points for the Four Pillars. While Victoria Police Chief Paul Battershill has come on board with Mayor Alan Lowe in support of Victoria's "Downtown Action Plan", local groups representing downtown retailers and communities are demanding increased police presence and the rounding up of "street people".

In Victoria lack of a cohesive prevention policy has been blamed on the provincial and federal governments. Says Dr. Stanwick, "(prevention is) everybody's responsibility, not that they will do it, but everybody needs to engage in this aspect of this problem. I think what the real frustration will be is that we get adequate funding."

And in the right corner...Broken Windows

While Vancouver and Victoria have a Four Pillars plan, opponents have their own. It's called Broken Windows, a policy opponents see is as the same old One Pillar, raised like a middle finger.

Broken Windows was the name of a 1982 Atlantic Monthly essay by James Q. Wilson and George L. Kelling. The concept is simple: disorder leads to serious crime, as surely as marijuana leads to heroin. A broken window—or graffiti, or someone smoking crack on a park bench—sends a signal to hardened criminals that the hood is open for business. Also known as the order-maintenance or quality-of-life approach, Broken Windows has been lauded as "a revolution in policing."

When New York city Mayor Rudy Giuliani took office in 1992 he instructed his police force to follow this 'single pillar' with vigour. Manhattan police officials described their new approach this way: "Small crimes must be taken as seriously as big crimes. You've got an open 40-ouncer? There's a law against drinking in public, and you're outta here. Urinating in the alley, panhandling on the sidewalk, jumping turnstiles in the subway? The old NYPD let it slide. But the new NYPD will nab you, demand to see your ID, run a warrant check, probably run you into the station for a debriefing, and—if anything turns up—you might end up in jail."

Soon murder stats were down 39%, burglary by a quarter. Auto theft was down 36% and on the street muggings dropped by 31%. These were staggeringly positive numbers that gave "Broken Windows" credibility beyond imagining. Incarceration rates soared but this was simply dealt with by building new prisons. Giuliani looked genius.

Surrey Mayor Doug McCallum is a fan of Broken Windows and has made it clear that addicts and criminals had better watch their backs in his city. A needle exchange run by South Surrey Community Services Society has been made officially unwelcome by the so-called Surrey Action Team. Fire and police officials regularly visit house parties in the neighbourhood handing out every infraction possible.

Vancouver Sun columnist Pete McMartin is a fan of McCallum's. In a recent column he wrote that that a recent Surrey crack-down was "logic at its simplest" whereas Vancouver with its softer, gentler Four Pillar program had "waved the white flag" and was "empowering" addicts.

McCallum himself has acknowledged the difficulty of pure enforcement, "It's like a balloon, you put pressure on one area, and it just expands to another", he says. But his solution is persistence, "we've identified ten hotspots on the perimeter of the area we're working on and we're working on those areas just as hard."



Care for our 'emotional tsunamis'

Dr. Marlene Hunter advocates for early education as the best addiction prevention.

Dr. Marlene Hunter is the Director of Labyrinth Victoria Centre for Dissociation Inc. and spends an afternoon every week working with patients at Sukhi Lalli Pharmaceutical Care Clinic. (See sidebar for more information about Labyrinth and Dr. Hunter)

Working with clients at Sukhi Lalli Pharmaceutical Care Clinic as an authorized methadone prescriber, Dr. Hunter seems to have had addiction treatment foisted upon her as a matter of conscience.

"I am a family doctor by trade you know, but soon my trauma related patients became so many I sold my practice in order to treat my trauma patients full time", She told me.

Surprisingly, she is referring to emotional trauma, not physical.

"Whenever there is physical or sexual abuse there is this deep emotional trauma, but you can also have extremely damaging emotional trauma without any physical or sexual abuse." She says.

Dr. Hunter is adamant that this sort of trauma is a major

source of addictive behaviours and most often begins early in life as a child.

"Emotional abuse hits into the heart of that child, and that's where addictions begin. It's very unusual that someone who was addicted did not have

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“Emotional abuse hits into the heart of that child, and that's where addictions begin.”

- Marlene E. Hunter, MD, FCFP(C)

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 some level of emotional distress, otherwise they would not become addicted. It is more than just a physical dependency (on drugs). You know, we're not disconnected at the neck. What goes on in our heads very much affects what goes on in our bodies, and vice versa."

Dr. Hunter adamantly supports

the "Four Pillar" strategy developed in Vancouver and adapted for use here in Victoria. I asked her some questions about those pillars: prevention, treatment, harm reduction and enforcement.

FYH: How do we best prevent addiction?:

Dr.H: "Until we start looking at what's happening in the home, with small children, we're not going to prevent addictions, let alone cure them."

FYH: "What role does enforcement play?"

Dr.H: "I have a bit of a problem with addiction being 'against the law'. I think it is a medical problem. But right now it's very, very connected with legal matters, and I'm not too sure that's the best way to help people cope with addictions. I am personally in favour of legalizing drugs along with (providing) more education that you have to have at a very, very early age. Children need to understand how steep and how slippery the slope is. Education does this, not enforcement."

FYH: "Many people suffering from addiction have their first

contact with treatment options when they are arrested for a drug-related crime. Are you saying it's too late for effective treatment by the time people enter the Justice system? Is this the basis for your legalization argument?

Dr. H: "Yes. If you make somebody go into treatment, it's going to wash off their backs. -- not everyone but most of them. There needs to be far more services available, starting when people are very, very young to help them understand what addiction is about, that it is a reflection of emotional turmoil, among other things but that is the most important one, and needing some way to cope with your 'emotional tsunamis'".

FYH: If prevention and treatment are so critical, why is harm reduction so important? Why must all the pillars be equal?

Dr.H: I'm very much in favour (of harm reduction). We can't neglect the people who are already addicted. So there needs to be a harm reduction program to help them get well, or as well as they can get. But, that's not where we should be beginning, we should be beginning in the home with our children. Until we look to the cause, the trauma, we are playing an impossible game of catch up.



Marlene E. Hunter, MD, FCFP(C)

Currently Director of Labyrinth Victoria Centre for Dissociation, Dr Hunter is a past President of the international Society for the study of Dissociation, and a Past National Co-Chair of the Canadian Society for Studies in Trauma and Dissociation.

From Labyrinth Victoria's website: Many of our patients/clients have some type of Dissociative Disorder, because of the trauma-emotional, physical, sexual or combination of the three. Of the three it is emotional trauma that is the most difficult to heal. However, we know that people can, in fact recover and begin to lead full lives. Besides Dissociative Identity Disorder, these trauma-spectrum problems may include other types of Post-Traumatic Stress Disorder, Eating Disorders, Fibromyalgia and other Chronic Pain Syndromes, Sexual Dysfunctions, Anxiety and Panic Attacks, and Phobias.

Dr. Hunter is an authorised methadone prescriber at Sukhi Lalli Pharmaceutical Care Clinic offering experienced care for those recovering from addiction.

The Four Pillars

Harm reduction – reducing the spread of deadly communicable diseases, preventing drug overdose deaths, increasing substance users' contact with health care services and drug treatment programs, and reducing consumption of drugs in the street;

Prevention – using a variety of strategies to help people understand substance misuse, the negative health impacts and legal risks associated with substance use and abuse, encouraging people to make healthy choices, and providing opportunities to help reduce the likelihood of substance abuse, including affordable housing, employment training and jobs, recreation and long-term economic development;

Treatment – offering individuals access to services that help people come to terms with substance misuse and lead healthier lives, including outpatient and peer-based counseling, methadone programs, daytime and residential treatment, housing support, and ongoing medical care; and,

Enforcement – recognizing the need for peace and quiet, public order and safety in the Downtown Eastside and other Vancouver neighbourhoods by targeting organized crime, drug dealing, drug houses, problem businesses involved in the drug trade, and improving coordination with health services and other agencies that link drug users to withdrawal management (detox), treatment, counseling and prevention services.