Addictions

Addictions were among the issues raised by many participants during the Conversation on Health. Access to and delivery of addictions services, public perceptions, education and awareness, legal implications, and harm reduction were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of addictions.

Access to Addictions Services

Many of those involved in the Conversation on Health think that addictions services should be more available throughout the province. Northwest British Columbia, the Sunshine Coast, the West Kootenays, the Okanagan, the Peace district, Victoria and Prince George were mentioned as areas in particular need of increased services and facilities. Some people identify travel as a barrier to people in rural areas who want to receive treatment. Submissions about access to addictions services also extend to issues of staffing and cost. Several people indicated that too few trained professionals work for rehabilitation services; others noted that these services are too expensive. These factors are identified as additional reasons that people are unable to access treatment.

Some participants feel that the lack of accessible addictions services result in people with substance abuse issues seeking treatment from hospitals. They comment that an increase in appropriate substance abuse services will reduce wait times for other patients in emergency rooms.

Delivery of Addictions Services

Many participants indicate that the delivery of addictions services is not designed to maximize treatment success, and that there are too many rules for entering rehabilitation. Others emphasize that waiting lists are too long and that there is a lack of ongoing care for people who had been discharged into the community. Most participants feel that services are not comprehensive enough, and not designed for the particular needs of people with addictions issues.

Make the system easier. Ease of connecting with needed help [and] support is imperative.
–Regional Forum Written Submission, Castlegar
Several ideas are proposed to improve service delivery. Many people indicate that an advocate can assist people seeking treatment to navigate their way through the system. Others note that creating services with fewer entrance criteria will encourage more successful recovery. Mobile nurses and community support workers are also identified as a particular method of ensuring better patient outcomes, particularly in rural areas.

Public Perception, Education and Awareness

There is general consensus that awareness of the issues and services around substance abuse is low. Most participants agree that the public does not know how and where to access help for addictions and that greater promotion of available supports is needed. The stigma surrounding people with addictions is one of the reasons cited for this lack of public awareness.

Many contributors indicate that three specific groups, First Nations, youth, and those who suffer from Foetal Alcohol Spectrum Disorder (FASD), require better education and support related to addictions. Not only do several submissions indicate that these groups need more actual addictions services, but they also suggest that youth, First Nations and Foetal Alcohol Spectrum Disorder patients require more discussion groups, recreational activities, positive advertisements and support from parents and elders.

I would like to see some aggressive advertising on the dangers of excessive alcohol consumption - something aimed at children and youth to counter the sexy, cool, even athletic image of beer drinkers portrayed in commercials.
– Web Dialogue, Duncan

Legal Implications

Many submissions address the debate about prohibition and legalization of alcohol, tobacco, and other addictive substances. Some participants note that banning substances is not effective and does not necessarily prevent addictions; however, others indicate that addictive substances are easily accessible and poorly regulated.

Get tobacco products out of health care provider facilities such as pharmacies as a minimum standard. Ideally, restrict tobacco sales to specially-licensed, adult-only venues.
– Web Dialogue, North Vancouver
Enforcement is an important issue to many. Some people want stricter penalties for drunk drivers and people who sell illegal drugs; some think more control over the production and distribution of addictive substances is a better approach. Other submissions also identify de-criminalizing drugs as an important step in assisting people to recover from their addictions issues.

**Harm Reduction**

The use of harm reduction strategies was heavily debated by participants in the Conversation on Health. Some believe that needle exchanges should be more controlled or completely not available, while other respondents think needle exchanges should be expanded and given permanent status.

Of the people who believe that harm reduction is important to treating addictions, many propose that needle exchange sites develop new services. Some of the suggestions include starting drug purity testing and point-of-care HIV screening.

> So it's an injection site where drug users are going several times a day every single day for one reason, but if you do point of care instant test HIV screening there, and then a quick diagnosis and access to care, suddenly it's more than that.

–Focused Workshop on Primary Health Care, Vancouver

**Conclusion**

Addictions were a source of great debate for contributors to the Conversation on Health. Overall, participants believe that addictions require more attention from the government, from communities and from individuals. Improved education and awareness is needed to combat substance abuse. Though several people believe people with addictions require easier-to-access and more comprehensive care, others think that addictive substances should be more tightly controlled, and the people who use them more severely penalized. Beyond that, the concerns and ideas about addictions are many and various. Participants in the Conversation on Health sought more information and more opportunities for discussion around this complex issue.
Addictions

This chapter contains the following topics:

- Mental Health and Addictions
- Access to Addiction Services
- Delivery of Addiction Services
- Funding/Models of Government Programs
- Youth and Addiction
- Foetal Alcohol Spectrum Disorder
- First Nations and Addictions
- Legal Implications
- Awareness and Public Perceptions of Addiction
- Socio-Economic Factors
- Harm Reduction

Related Electronic Written Submissions

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Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Mental Health Facilities and Deinstitutionalization; Mental Health; Social Determinants of Health; Rural Health Care; Health Human Resources; Training; First Nations; Public Safety; Patient Safety and Collaboration in the System.
Mental Health and Addictions

Comments and Concerns

- People with mental illness sometimes self-medicate with drugs.
- Addictions are a symptom of a society in pain.
- Substance abuse may activate mental health issues.
- Drug and alcohol use should not be lumped into mental health.
- Stealing and vandalism is a problem associated with people who have concurrent mental disorders and addictions.
- The province has recognised that there is a correlation between mental health, substance abuse, crime and social problems.
- There is a need to acknowledge other types of addictions: gambling, credit card spending, for example.

Ideas and Suggestions

- Mental health and addictions services should be linked.
- There is a need for coordination between youth mental health and substance abuse.
- Separate out mental health from addictions/substance abuse.
- We need separate recovery for addicts and the mentally ill; the challenges they face are completely different.

Outstanding Questions

- How do we treat mental health issues resulting from use of illegal drugs?

Access to Addiction Services

Comments and Concerns

- A lack of addictions services was mentioned in the following areas:
  - Regions: the northwest of the province; Sunshine Coast; the West Kootenays; the Peace District; the Okanagan, past Nelson to Nakusp; Fort St. John; Victoria; and Prince George; and
• Services: treatment centres; an addiction centre for youth; post-rehab care; services for prison inmates; needle exchange and drug education programs; an addictions helpline; HIV testing and programs; and drug counsellors.

• There is an urgent need for increased addiction services, such as hospital treatment, day programs and extensive counselling services.

• There are too few people doing too much work; addictions services do not have enough well-trained people.

• The rehabilitation services needed to overcome substance abuse are too expensive.

• Substance abuse patients take up a lot of bed space in hospitals and delay treatment for other patients.

• Crystal meth is a big problem in British Columbia.

• The government continues to enable the use of more liquor and more gambling.

• Northern weather conditions prevent substance abuse patients from travelling to access services.

• Addiction should not affect access to health care services.

• Treatment centers are available.

• Substance abuse is as a bigger health concern on Vancouver Island than in the Lower Mainland.

Ideas and Suggestions

• British Columbians mentioned a need for more of the following addiction services:
  • Regions: northwest British Columbia; Terrace; Fort St. John with access for Fort Nelson, Chetwynd, Dawson Creek, and Hudson Hope; and North Vancouver.
  • Services: mobile services for rural communities; crack, cocaine, and crystal meth treatment centres; treatment centres for women; out-patient addiction services; a 24 hour addiction help line, a family helpline, and a pregnancy helpline; smoking cessation programs; street level primary health care; social rehabilitation and a full-time work skills program; and addiction advocates.
  • Substance abuse treatment centres would reduce emergency room admissions and free up acute care beds.
  • I think we should build a facility in the Northwest Territories for addicts. A certified health professional should ride along with a policeman and when they come across a drug addict the health professional should have the power to say they can be
arrested. From there we put them on an airplane that makes daily trips up to the facility. The facility would have an entry level detox station followed by rehabilitation. After that, patients would have to learn about money and finances, nutrition and cooking and shopping. Perhaps there could be a huge greenhouse so they could learn to grow their own food. There should also be creative outlets, photography, animation at the centre.

**Delivery of Addiction Services**

**Comments and Concerns**

- There is no coordination to develop a strategic approach for dealing with the issues of addictions and mental health.

- Treatment facilities have too many rules, which may prevent a patient from receiving timely service.

- Services are not necessarily aligned with the individual needs of people.

- Drug addiction prescriptions are not available for long enough periods of time to be effective.

- There are several barriers to treating addiction: lack of treatment options; wait lists; insufficient length of stay; and the requirement for sobriety to commence treatment.

- Health professionals are not referring substance abusers to support groups and/or services.

- If people with substance abuse issues do not want help, there is no way to help them.

- There is no ongoing care for substance abuse even though alcohol and drug addiction has been touted as a chronic illness: clients leave treatment without supports.

- Communities often resist the construction of mental health or addiction facilities.
Ideas and Suggestions

- Concurrent disorders need to be treated at the same time; full spectrum treatment is required.
- Substance abuse rehabilitation programs should be much longer in duration, perhaps as long as 6-12 months.
- The system is not easy to navigate for people with addictions issues; they need an advocate.
- The system needs low-barrier services (that is, no entrance hurdles or eligibility criteria).
- Shorten waitlists for drug and alcohol counselling.
- Shorten wait times between referral and consultation.
- Place an alcohol and drug counsellor in Income Assistance offices across the province. People may not go for their medical appointment, but they will pick up their cheque.
- Provide better follow-up in communities: more mobile nurses, community support workers, and criminal support workers.
- Make the system easier to access; connecting with necessary substance abuse support should be easier.
- Keep substance abuse/abusive patients in a separate area away from the general public.
- Rural areas have specific issues and needs.
- Detoxification and rehabilitation should not be separate.
- Set up a "Buddy system" for addiction reduction.
- Do not provide medical services to drug addicts.
- Implement a payback treatment program for drug abusers. If they do not have a job, they should work for the program’s counsellors; if they have a job, they should have to contribute financially to the program.
- Test for addictive personality types early in life.
- Addicts should be given job training. They can then become productive members of society.
- Create community health care clinics and provide multi-disciplinary services.
Outstanding Questions

- Where will addicts be treated, given the shortage of physicians and the lack of treatment, health facilities and basic infrastructure to support their healing?
- Why are addiction services cancelled before they are properly assessed and replaced?

Funding/Models of Government Programs

Comments and Concerns

- The lack of a central office that oversees continuity and quality of care has led to poor, disjointed and disorganized addiction services in British Columbia.
- Communities cannot afford treatment programs on their own.
- The responsibility for addictions continues to be moved between ministries.
- Funding is only targeted at the end of the spectrum, or once people have become addicted. There is no funding for prevention.
- Legislative and policy frameworks for psychoactive substances have not kept pace with established best practices.
- Millions are going into housing and medically attending to people who basically do not want to be housed or made fit.
- Addiction is considered a medical issue, and yet residential addictions treatment is almost exclusively offered on a user-pay basis at a cost of thousands of dollars.
- There is high professional turnover in communities resulting in a lack of continuity of service provision.
- We have invested literally tens of millions of dollars in the expansion of facilities and services across the province for people with mental illness.

Ideas and Suggestions

- Develop a collaborative, cross-ministry, approach to health and substance abuse services.
- Create a steering committee with broad community representation to propose policy and regulatory improvements for tobacco, alcohol, cannabis, opiates, stimulants, hallucinogens, and sedative/hypnotics.
- Recovered addicts could help a lot in the system.
• Leaders should act as role models: test government officials and band council members for substance abuse.

• Service providers need to be more included in medical decisions.

• More of the money that goes into the government coffers from taxes on cigarettes, alcohol and gambling needs to be used to treat people with addictions.

• Public health should fund non-traditional interventions for people with substance abuse issues.

• Funding treatment centres would be a big initial cost, but would result in long-term cost savings due to reduced hospitalisation and emergency room visits.

• Follow the Calgary Dream Centre model for addiction services.

• Explore the Italian model for addiction recovery.

• Treatment programs need to be tailored to specific categories of psychoactive substances.

• Invest more in the treatment of seniors who are abusing alcohol.

• Use old hospitals and abandoned schools as sites for new treatment centres. These facilities could also house ambulance stations, community clinics and community police stations, creating one-stop service centres in our communities.

• Although the focus is on the harm reduction model, there needs to be more funding for abstinence programs.

• Drug companies should pay for their research.

**Outstanding Questions**

• How much does the Vancouver Island Health Authority spend treating addictions?

• How do we go about breaking the cycle of passing alcohol addiction from one generation to the next?
Youth and Addiction

Comments and Concerns

- Youth view substance abuse as a much greater concern for children’s health than smoking.
- Substance abuse and lack of exercise are considered to be very important issues; one-in-five children enlist both items as top concerns.
- Getting youth back, once they are addicted to alcohol and drugs is difficult.
- There is fear of putting children in care because it can be hard to get them back.
- Children are experimenting at younger ages (smoking and drinking alcohol).
- Drugs and alcohol are disruptive and result in children being expelled from school.
- Counsellors are being asked to play a parenting role in the absence of parents.
- Talking to students is not working. The reality is the average parent will tell their children that drugs are bad, but alcohol is tolerated.
- The school system has minimal repercussions for drinking.
- There is currently no treatment available for children who absorb heavy metals from mothers with addictions.
- Substance abuse is often a learned behaviour.
- Many youth are getting hooked on drugs and alcohol. This leads to many suicides or attempted suicides in the North.
- The government agencies interfere with First Nations parents who try to get their children away from alcohol. The system dominates; ever since residential school, decision-making has been removed from parents.
- Many foster children have severe Fetal Alcohol Effects (FAE)
- Youth turn to alcohol to hide from previous abuse.
- Pregnant women on drugs produce sick babies who often grow up in foster care.
- Identify high risk kids and keep them incorporated in day care.
- The Drug Abuse Resistance Education (DARE) program has been successful.
- The number of children being born with substance abuse issues, such as Crystal Methamphetamine addictions, is reaching proportions that render the current care systems inadequate.
Ideas and Suggestions

- Provide emergency housing for adolescent addiction.
- Promote education about managing the risks of alcohol and drug use for youth in care.
- Kids do not deserve to live with drug addicts. Fine the addicts, the same as we fine drunk drivers.
- There should be more informal meetings to talk about addiction with youth; use positive reinforcement and do not overwhelm them.
- Parents should be allowed to physically discipline children.
- Early, pre-teen intervention may reduce health care costs as well as the severity of addiction problems.
- There should be incentives for parents to prevent their kids from drinking.
- Children need a youth or recreation centre to provide healthy activities, such as basketball.
- Establish activities in school rather than using suspension or expulsion to discipline students.
- Control situations where drinking occurs (bush parties, school graduations).
- Provide day care for people with addiction issues.
- Put nurses in schools.
- Drug safety houses are useless and give young people the idea that drug are acceptable.
- Show children what a drug addict’s or an alcoholic’s life looks like.
- Parents need to let their children take responsibility for their actions.
- Support positive parenting and parenting skills development at the community level.
- Provide a better program to help police deal with those they find abusing drugs or alcohol.
**Foetal Alcohol Spectrum Disorder (FASD)**

**Comments and Concerns**

- The 2003 provincial Foetal Alcohol Spectrum Disorder Strategic Plan for British Columbia indicates that each child affected by Foetal Alcohol Spectrum Disorder may require an estimated $1 million to $2 million over the course of their lifetime to support remedial medical, educational and social costs.

- Many individuals do not know what Foetal Alcohol Spectrum Disorder is, how it is caused, what limitations it can create or how to prevent it.

- It is very difficult to get a diagnosis for Foetal Alcohol Spectrum Disorder. There are lengthy wait lists and high costs associated with getting a diagnosis.

- It costs approximately 1.3 million dollars to sustain an individual with Foetal Alcohol Spectrum Disorder over a lifetime.

- There is very little support for individuals with Foetal Alcohol Spectrum Disorder after the age of 18.

- There is stigma attached to Foetal Alcohol Spectrum Disorder (especially towards the birth parent) because it is preventable.

- There is inadequate support for Foetal Alcohol Spectrum Disorder in Burns Lake.

**Ideas and Suggestions**

- Foetal Alcohol Spectrum Disorder patients need life skills, financial, and educational support, and counselling to deal with the limitations they will face for their life time.

- People with Foetal Alcohol Syndrome need early intervention.

- Foetal Alcohol Spectrum Disorder is not recognized as a disease and, therefore, there is very inadequate funding for services targeted to those with Foetal Alcohol Effects (FAE).

- There is a need for prenatal programs for marginalized women to decrease the number of foetal alcohol disorder and drug affected infants.

- Increase coordination between Foetal Alcohol Spectrum Disorder services and other community services.

- We encourage the development of a provincial Foetal Alcohol Spectrum Disorder prevention strategy, including community development, health promotion and targeted strategies to raise awareness of the disability and risks associated with alcohol and substance use during pregnancy.
• Alcohol consumption during pregnancy is probably the most common preventable cause of congenitally acquired mental and behavioural disabilities in children in British Columbia.

• Mothers of Foetal Alcohol Spectrum Disorder patients should be criminally charged.

• Provide a helpline for women who are both alcohol dependant and pregnant.

• We welcome the provincial government's recent ActNow initiative, which aims to increase access to services for women at risk of using alcohol during pregnancy.

**First Nations and Addictions**

**Comments and Concerns**

• One of the biggest problems that First Nations and Aboriginal communities face is the scourge of drugs, drug trafficking and all of the associated illnesses that come with it. Intravenous drug use has contributed to an increase in HIV/AIDS and Hepatitis C.

• When a person has completed addiction treatment, they come home and back into the war zone.

• Issues related to drug-use and alcohol consumption in First Nations communities must be confronted.

• I am concerned about the ratio of liquor outlets and gambling establishments to recovery and treatment centres.

• There is a lack of on-reserve addiction services; on-reserve and off-reserve patients do not have equal access.

• There are not enough properly trained counsellors to deal with the current volume of problems.

• Residential schools are a major source of addiction in native communities.

• There are so many young getting involved in the chemical drugs and the time frame is five to eight years for the drugs to kill them. However, we do not have time to wait until they are adults and I do not see enough treatment centres in place.

• Drug users who ask for help do not receive it.

• Kermode Friendship Society is trying to get back its Aboriginal addictions counsellor. Funding for the counsellor was pulled without any community consultation.
• First Nations people need a place to have informal discussion with no Chief present. Children also need a place to discuss issues with no influence from an authority figure.

• Agencies are starting to pull in Elders to speak in schools and in agencies themselves to provide a better idea of the unique culture in Aboriginal communities and what goes along with it.

Ideas and Suggestions

• A systemic approach to drug and alcohol issues and treatment programs is required; treat the whole, not just the symptom.

• Meet the client where they live with the intent to empower them to make a positive decision.

• There is a need for post-treatment facilities in First Nations communities, where people have a better environment to continue on with their success and recovery.

• Relapse is part of drug and alcohol recovery; people need to acknowledge and prepare for it.

• There should be more treatment centres and they must be operated by community members.

• Provide more education in the community on how to recognize the symptoms of addictions versus those of mental health issues.

• There should be forums to develop strategies to seek solutions to addictions issues between bands that are sustainable. Health Canada could fund these forums.

• Provide detoxification training on reserves to deal with emergent cases.

• Create youth healing programs, including incentives for detoxification, in First Nations communities.

• Involve more parents in prevention and provide more education. Close the gap between Elders and youth to give them cultural identity.

• There is a need for First Nations communities to have access to training for parents who have youth facing issues like suicide and drugs.

• More treatment centers for families should be opened on reserves. There are not very many, a lot of times they are full, and sometimes access is way beyond some people’s means.

• Ban or evict drug dealers from reserves.
• There should be support for women addicted to prescriptions in First Nations communities. They should have access to a psychiatrist.
• Provide a youth healing centre for those in First Nations communities.
• Foster trust so that people will seek assistance.
• There are plans to build an Aboriginal Healing and Wellness Centre at Centre Creek which will be available to all nations and address all levels of treatment.
• Abolish cigarettes and alcohol from First Nations communities.

Legal Implications

Comments and Concerns

Legalization
Enforcement and the Justice System

• Comments on legalization:
  • Criminalization does not reduce addiction.
  • Theft and prostitution are used as a means to finance addiction.
  • Cigarettes and alcohol are too available; there are no regulations on the chemicals that make people addicted.
  • Prohibition is ineffective in reducing the use of illegal drugs.
  • Smoking and automobiles both contribute to air pollution. If smoking is banned, why not also ban the automobile?
  • The Royal Canadian Mounted Police is often in the position of dealing with addicts and detoxification treatment.

• Comments on enforcement and the justice system:
  • The justice system is too lax on drug dealers.
  • There is a lack of judicial resources for law enforcement to prevent drug trafficking.
  • There has been great progress on eliminating smoking.
  • While the law is a powerful tool for protecting and improving health, failure to use the law appropriately for psychoactive substances has contributed to many problems.
Tobacco abuse, active and passive, is the leading cause of preventable disease and disability. Our province, once a leader in tobacco regulation, is now almost last in Canada.

**Ideas and Suggestions**

**Legalization**

**Enforcement and the Justice System**

- **Ideas about legalization:**
  - Legalize drugs.
  - I would like to see marijuana legalized.
  - Use resources from legalising drugs for addictions treatment.
  - Decriminalize the sex trade.
  - Do not legalize any drugs.
  - The government should be more stringent regarding illegal drug distribution and manufacturing.
  - Ban the drugs and substances used in crystal meth production.

- **Ideas about enforcement and the justice system:**
  - When a person is caught using drugs they should be taken to a large treatment centre where there is no way out until they are clean.
  - When a youth is caught using drugs, their sentence could be to work in a place like the Vancouver injection site for a year.
  - People who habitually cause accidents or hurt people need to be put into rehab programs, which includes clean-up and support programs.
  - Pass laws to prevent pregnant women from entering pubs and liquor stores.
  - Drinking establishments should bear some responsibility for alcoholism.
  - Expand the definition of addictions to include gambling and prescriptions, not just drugs.
  - Set a policy for family justice, social workers and health workers to take mandatory drug testing; also test young drivers.
  - Institute the death sentence for convicted drug pushers.
· When we consider billing people whose behaviour puts them at risk, we need to keep in mind that the government is in the business of selling liquor to addicts and providing slot machines to addicted gamblers.

· Get tobacco products out of health care facilities, such as pharmacies; restrict tobacco sales to specially-licensed, adult-only venues.

· Increase the age to purchase tobacco products.

· Eliminate designated smoking rooms and create outdoor buffer zones around workplaces and public spaces.

· People should have to pay for their medical expenses if they cause a car accident if driving while impaired.

· Drug paraphernalia should not be available to purchase in novelty stores in plain sight with no age restrictions.

**Outstanding Questions**

· Why can the government not at least stop cigarette manufactures from adding all those extra carcinogens and nicotine delivery systems to the tobacco?

**Awareness and Public Perceptions of Addiction**

**Comments and Concerns**

· The public lacks information on who is providing which service, where and when.

· There is too much money spent on treatment rather than prevention.

· Substance abuse is not a priority due to bad public perception the fringe status of addicts.

· Addictions are criminalized and stigmatized.

· The village government brings in excellent programs but nobody will walk through the doors to get help.

· The failure rate of interventions is very high.

· The number of high-risk clients is dropping.
Ideas and Suggestions

- Treat addicts with respect and give them support.
- Reduce the stigma of drug addiction.
- Provide more public education such as school program on drugs and alcohol prevention.
- Bring in people who have first-hand experience with drug and alcohol abuse to lead prevention programs.
- Better promotion is needed for the services offered by: Alcoholics Anonymous, Alanon, Narcanon, and depression support groups.
- I would like to see some aggressive advertising on the dangers of excessive alcohol consumption.
- Educate police officers on handling mental health issues, addicts, and sex trade workers.
- Families should have automatic referrals to information and community support once a diagnosis has been made.

Socio-Economic Factors

Comments and Concerns

- The age expectancy among persons suffering from addiction is now lower.
- Literacy barriers can stop people from accessing programs.
- Mental health issues are affected by poverty and addictions.

Ideas and Solutions

- The Downtown Eastside in Vancouver requires more support to improve living conditions, enhance nutrition, deal with mental health issues and provide addiction services.
- Addiction and mental health issues are not only Downtown Eastside issues; they are more prevalent but less visible in many other areas.
- People with addictions are most likely to develop chronic health issues: Hepatitis C and B, and HIV, as well as a range of other health issues that result from living on the street in poverty.
Harm Reduction

Comments and Concerns

• Insite lacks permanent status.

• The government is funding criminal activity under the health system (for example, the needle exchanges).

• Long-term methadone programs are just a source of free drugs for abuse.

• Needle exchange programs are expanding. The Insite facility in the Downtown Eastside is reducing mortality and health crises associated with drug use.

• We are very proud of the Insite Centre in downtown Vancouver, which serves a growing population of drug users who otherwise have little access to health care through traditional resources.

Ideas and Suggestions

• British Columbia should not have drug injections sites.

• Needle exchange sites should be established throughout the province and have long term funding.

• Move injection sites out of the downtown core.

• Methadone use should be limited.

• Methadone should be available at the pharmacy.

• Safe injection sites must also provide a compulsory rehabilitation program.

• Provide additional harm reduction programs (such as drug purity testing).

• Institute point-of-care HIV screening at needle exchange sites.

• Drug addicts should be offered free treatment for their addiction rather than a free shot of narcotics at a public expense.

• Funding for the needle exchange and methadone program is perpetuating a drain on the medical system.

• Methadone programs should be reserved for in-patient drug abuse treatment programs.
Outstanding Questions

- Has the safe injection site reduced the spread of HIV/AIDS and Hepatitis C?
- Has public order been improved in the downtown East Side as a result of the safe injection site?