

**PROCESS FOR DEVELOPING
AN ALCOHOL & DRUG STRATEGY
FOR NANAIMO**

**Prepared For:
NANAIMO ALCOHOL & DRUG ACTION COALITION
(NADAC)**

**Prepared By:
NADAC STRATEGY WORKING GROUP
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The starting point for the Strategy (Outline) came from the Youth Action Project (YAP) community conference report written by Carol Matthews (Facilitator) in November 2005.

The Strategy Working Group (SWG) met initially in December 2005 following the conference.

Initially, strategy development was facilitated by Cathy Loewen (to March 31, 2006). Tony White facilitated completion of the Strategy (Outline) April – June 2006.

Alison Millward, (Social Planner, City of Nanaimo) provided SWG process assistance and Kara Balbar, Malaspina University-College Practicum Student, provided research on the impact of alcohol and other drugs on our community and society.

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TABLE OF CONTENTS:

• Executive Summary	... pg. 4
• The Impact of Substance Abuse	...6
• Introduction to the Strategy Outline	...18
• Context	...20
• Major Themes	...21
• Suggested Strategies	...21
• Guiding Principles	...23
• Vision	...23
• Goals	...23
• Objectives	...24
• Community Consultation	...27
• Proposed Organizing Framework and Process	...28
• Implementation and Evaluation	...29
• Budget	...29

EXECUTIVE SUMMARY:

Nanaimo has a significant substance abuse problem consistent with other Canadian cities its size.

The community currently has a variety of resources with numerous in-house strategies to address the problem. However there is no comprehensive community based strategy

The Youth Action Project (sponsored by NADAC August 2005 – March 2006) included an objective to initiate a community-based strategy.

To reduce the harm caused by alcohol and other drugs, NADAC recommends the community adopts a comprehensive, long-term, community-based strategy.

Phase I of this strategy (2007 – 2012) would focus on youth.

Specifically, the strategy will:

- Identify gaps and duplication of services,
- Build capacity and set priorities,
- Identify opportunities for collaboration,
- Offer made in Nanaimo solutions,
- Serve as a guide to stakeholders at all levels.

Framework for Action:

- Initiate a community consultation process.
- Involve all related stakeholders in implementation.

Major Themes:

PHASE I - Focus on Youth:

- Prevention
- Education
- Housing
- Programs and Services
- Community Collaboration
- Youth Action

Guiding Principles:

- Comprehensive
- Collaborative
- Coordinated and Complimentary
- Sustainable Initiatives
- Evidence-based Practices

Goals & Objectives

Goal #1: Enlist the support of major players to ensure the implementation of the strategy. (strategy development)

Objective 1.1: Bring together elected officials, elders, business leaders, representatives from youth communities, seniors groups, youth and parent groups, service clubs, senior management and related stakeholders to publicly endorse the strategy and eliminate disconnect.

Objective 1.2: Ensure plan financial stability.

Goal #2: Ensure current resources are evidence-based and gaps and duplications are eliminated. (strategy development)

Objective 2.1: Examine all existing alcohol and drug services to determine effective utilization and conformity with ‘best practices’. Include an assessment with current contracting practices and the expressed need for closer collaboration to maximize service delivery.

Goal #3: To prevent and reduce harms related to alcohol and other drug use in Nanaimo. (Phase I Focus)

Objective 3.1: To encourage a healthy sense of self throughout life.

Objective 3.2: To decrease the number of youth who experiment with alcohol and other drugs and delay the age of experimentation.

Objective 3.3: Increase treatment availability and options for youth.

Goal #4: Sustain and enhance current safe, affordable, supportive housing for youth (and adults) at risk. (Phase I Focus)

Objective 4.1: Ensure the federal government’s ‘National Homelessness Initiative’ (SCPI) continues funding youth, women and men’s Supportive Recovery residences and ‘wrap-around’ housing program.

Objective 4.2: Support the Nanaimo Working Group on Homelessness Issues (NWGHI) pursuit of additional related housing.

Goal #5: Explore the use of innovative criminal justice measures for those harmfully involved with alcohol or other drugs. (Phase I Focus)

Objective 5.1: Support lengthy sentencing of offender’s supplying alcohol or other drugs to youth through organized criminal activity.

Objective 5.2: Support Drug Courts and related treatment options for non-violent addicts.

Objective 5.3: Encourage community collaboration to research and develop new solutions.

Note: This Strategy Outline is presented to NADAC to:

1. Support the Strategy Outline,
2. Engage a consultant to initiate focus groups and receive input from “major players”,
3. Adopt the Strategy, once completed

4. Secure the ways and means to implement Phase I.

THE IMPACT OF SUBSTANCE ABUSE ON OUR SOCIETY

Community Safety

- On most weekends, the RCMP is required to dedicate the bulk of its on-duty resources to deal with the public disturbances that occur outside of the various nightclubs in the downtown core. Incidents of public disorder in Nanaimo are primarily associated with the city's high concentration of nightclubs and bars. The financial cost to taxpayers associated with policing the nightclub scene is surely great. To date, the Detachment has been able to avoid incurring overtime charges, but only by re-directing resources from other parts of the City to assist in controlling the downtown disturbances. Property owners outside of the core, in other words, are forced to subsidize the nightclub scene's demand for police services. (*Liquor Control Strategy Draft Report 2002*)
- Women and seniors felt most at risk in downtown Nanaimo and avoid downtown due to safety and security (*SDS*)
- Nanaimo safety audit (telephone survey) stated that the primary deterrent to visiting downtown Nanaimo was the possibility of encountering open alcohol and drug use (*SDS*)
- Eighty-two percent (82%) of Nanaimo survey respondents reported that the Police/RCMP should have significant responsibility in improving and/or maintaining safety in Nanaimo, followed by the City and then business owners. (*S.A.F.E.R. DOWNTOWN NANAIMO PROJECT*)
- Approximately 45% of the Nanaimo survey respondent's say that their primary source of information on crime on the downtown is the media. (*S.A.F.E.R. DOWNTOWN NANAIMO PROJECT*)
- It appears that crime occurs with similar frequency throughout the four areas of Nanaimo, with a somewhat higher incidence in the South End. The vast majority of these crimes are property crimes. (*S.A.F.E.R. DOWNTOWN NANAIMO PROJECT*). Note: RCMP report the majority of property crimes are related to drug use.
- With respect to crime, the Nanaimo Regional District ranks about average in BC. Nanaimo ranks number 16 of 27 BC communities for the amount of "serious drug offences" that take place. (*S.A.F.E.R. DOWNTOWN NANAIMO PROJECT*)

Drug Use

a) Youth

- In the 12 months before the Canadian Addictions survey, 79.3% of Canadians aged 15 or older report consuming alcohol, 14% are former drinkers and 7% lifetime abstainers. Of the past-year drinkers, 44% report drinking weekly. The rate of past-year drinking is significantly higher among males than females (82.0% vs. 76.8%, respectively). Past-year drinking rates peak among youth 18 to 24 years of age, with about 90% of people in that age range consuming alcohol during the course of the year. (2004, Canadian Addiction Survey)
- Younger people are more likely to have ever used cannabis in their lifetime, with almost 70% of those between 18 and 24 having used it at least once. Younger people are also more likely to be past-year users. Almost 30% of 15-17 year olds and just over 47% of 18 and 19 year olds have used cannabis in the past year. (2004, Canadian Addiction Survey (CAS))
- Over 60% of children in grade 6 have tried alcohol. 90% of youth by grade 10 have tried alcohol. Over 30% of Canadians aged 15-24 have used marijuana (NADAC)
- Children and youth also are at risk to be involved in crime, if they live in situations of relative disadvantage, or are marginalized due to factors such as race, Aboriginal status, class background, disability, homelessness, and addiction or fetal alcohol effects. (2000, National Strategy on Community Safety and Crime Prevention)
- Youths are at risk in Nanaimo, and the criminal manifestation appears to be related to the drug trade. (*S.A.F.E.R. DOWNTOWN NANAIMO PROJECT*)
- More male youth become involved in problematic use than other population groups (Alcohol & drug related problems: A practical guide for counselors-3rd edition)
- In a recent survey, 14.6 percent of Caucasian high school students drive after drinking alcohol, compared to 12.7 percent for Hispanic and 7.9 percent for African Americans. (CDC, 1999) (MADA)
- An early age of drinking onset is associated with alcohol-related violence not only among persons under age 21 but among adults as well. (Hingson et al, October 2001) (MADA)
- Research continues to show that young drivers are more often involved in alcohol-related crashes than any other comparable age group. Alcohol-crash involvement rates, share of the alcohol-crash problem and alcohol-crash risk

all reach their peaks with young drivers, with the peaks for fatal crashes occurring at age 21. (NHTSA, 2001) (MADA)

- Each year, college students spend approximately \$5.5 billion on alcohol- more than they spend on soft drinks, milk, juice, tea, coffee and books combined. (Drug Strategies, 1999) (MADA)
- About 9.7 million persons aged 12 to 20 reported drinking alcohol in the month prior to a nationwide survey in 2000. Of these, 6.6 million were binge drinkers and 2.1 million were heavy drinkers. (SAMHSA, 2000) (MADA)
- The median age at which children begin drinking is 13. Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21. (CADCA, 1996) (MADA)
- A College Alcohol Survey of four colleges indicated that binge-drinking levels are associated with ease of access to alcohol, price, special promotions, and outlet density in college communities. (Weschler et al, 2002) Binge drinking has been defined as at least five drinks in a row for men and four drinks in a row for women. (Weschler et al, 2002) (MADA)

b) Adult

Canadian Mortality rates by alcoholic liver disease, rate per 100, 000 (both sexes). Stats Canada

2000	2001	2002	2003	
3.3	3.2	3.2	3.1	

- Someone who makes it to age 20 without abusing drugs is less likely to develop a drug abuse problem (p47) (NADAC)
- Over 30,000 Canadians were charged with possession of cannabis in 2000 (JHS Canada)
- 1.5 million Canadian citizens now have criminal records for possession of cannabis. (JHS Canada Canadian Cannabis Policy-Factsheet 1 August 2002). Note: Possession on cannabis may have been included in other charges resulting in conviction.
- Among past-year drinkers, an estimated 17% (13.6% of all Canadians) are considered high-risk drinkers. (Males are more likely than females to have used cannabis in their lifetime (50.1% Vs 39.2%) and during the past year (18.2% vs.10.2%).

- Laboratory research demonstrates that intoxicated people are more aggressive than sober people. Women who experienced violence in bars were found to consume more alcohol in general and score higher in anger-proneness than women who did not (Alcohol Use and Violence Among Young Adults (Brian M. Quigley, Ph.D., and Kenneth E. Leonard, Ph.D.))
- Overall, 44.5% of Canadians report using cannabis at least once in their lifetime, and 14.1% report use during the 12 months before the survey (2004, A national survey of Canadians' use of alcohol and other drugs: Canadian Addiction Survey (CAS))
- Morbidity-addiction can lead to premature death. Motor vehicle accidents are the leading cause of alcohol-related deaths (NADAC Info Guide p.26)

Number of alcohol-related deaths per 10,000 population in Nanaimo LHA:

Stats Canada

1998	2000	2002	2004	2006
3.47	5.07	6.81		

- *People often become intoxicated before getting into conflict. Evidence from experimental, survey, longitudinal, and event-based research suggests that alcohol intoxication contributes to violence. (Alcohol Use and Violence Among Young Adults Brian M. Quigley, Ph.D., and Kenneth E. Leonard, Ph.D.)*

Number of illicit drug deaths per 100,000 population for Central Vancouver Island Health Region

1998	2000	2002		
8.31	4.36	8.93		

- Diseases such as HIV and hepatitis can be spread through needles. Injection drug users (IDUs) are at particular risk for some STDS. (www.stdresource.com)
- More than 45 % of new HIV infections in Canada and the United States are related to the injection of drugs. Prohibitionist attitudes have prevented the expansion of vital programs such as needle exchange and have increased the sharing of dirty needles, causing the spread of HIV and other deadly pathogens not only among users but among the general population as well. (Canadian Foundation for Drug Policy)
- More than 3,000 cases of Hepatitis-C have been reported in Nanaimo, many due to injection drug use (VIHA Public Health Clinic)

c) Seniors

- Beyond age 45, less than 10% of the population has used cannabis in the past year. (2004, *A national survey of Canadians' use of alcohol and other drugs: Canadian Addiction Survey (CAS)*)
- Abuse and addictions of prescription drugs is on the increase, particularly with the senior population (NADAC, p22)
(Note: More research required)

Possible Contributing Factors

a) Peers

- Factors in the initiation of substance use and in the **continuation and escalation of use** may be very different. Peers may play a major role in initial use, but less in continued use. (Public Health Agency of Canada)
- **Risk factors vary among substances.** Socio-economic class is highly related to smoking, but less so to other drugs. Deviant behavior is more closely associated with illicit drug use than with alcohol. (Public Health Agency of Canada)
- Tobacco may be a *gateway* drug. Alcohol and illicit drug use are far higher among smokers than nonsmokers. (Public Health Agency of Canada)

b) Poverty/Housing

Average personal income in Nanaimo (SDS)

1998	2000	2002	2004	2006	
35, 154		28, 078			

- In December 2004, the average price of a single family home in Nanaimo was about \$206,647, an increase of 8% from the previous year. 2005 has already seen an increase in prices compared to 2004 (Nanaimo Community profile 2005)
- The vacancy rate in Nanaimo increased slightly from 1.2% in 2003 to 1.4% in 2004. Average rents for apartments increased by 3.3% overall with the largest increase for 3+ bedroom row housing.

Nanaimo — October 2004

	Average rent	Changes in the past year	Average Vacancy Change
Apartments			
Bachelor	\$ 408	+3.0%	4.2%
1 Bedroom	\$ 518	+2.8%	.8%
2 Bedroom	\$ 629	+4.7%	1.4%
3+ Bedroom	\$ 737	+5.4%	1.7%
Housing			
1 Bedroom	\$ 449	** **	4.0%
2 Bedroom	\$ 666	+6.1%	1.9%
3+Bedroom	\$ 807	+12.9%	4.0%

Source: CMHC Rental Market Report

- Homelessness and the risk of homelessness is on the rise in Nanaimo (SCPI 2005).

Percentage of population (19-64) who receive provincial income assistance and federal employment insurance in Nanaimo *Stats Canada*

1998	2000	2002	2004	2005	2006
14.6 %	12.9%	10.6%			

- Stakeholders agree the decrease in Income Assistance and Employment Insurance is not reflective of the number of residents who do not qualify for benefits (NADAC 2006).

Percentage of economic families living below the low-income cut-off in Nanaimo *Stats Canada*

1991	1996	2001		
15.3%	16.8%	14.1%		

Percentile of rented households who paid over 30% or more of their gross household income on rent in Nanaimo *Stats Canada*

1996	2001			
55.6 %	52.5 %			

- It was noted that emergency shelter usage is increasing-between 1997/98 and 2001/02 the number of clients increased by 24.3 % from 922-1146. Total number of bed nights increased by 54.1% from 3193-4922 (SDS)

c) Accessibility

- **Liquor Licenses in Nanaimo:** **Holding capacity 7114**
 - Lounge/Pub 38
 - Restaurant 94
 - Cabaret/Nightclub 6
 - Neighbourhood Pub 8
 - Public Venue 5
 - Marine Pub 3
 - Licensee Retail Store 6
 - Restoration Pub 1(Liquor control strategy Draft report 2002)

A revision of available research confirmed mixed results regarding availability and increased consumption and substance abuse.

It would appear availability is not **the** issue but rather current over consumption and related problems (NRJHS 2006.)

d) Marketing/Advertising/Modeling

- Advertisements on radio or TV and in magazines or newspapers, product sponsorship of sporting and artistic events, portrayal of substance use in plays and films and availability of information on the Internet can all affect the way people think about drugs in general, including how they regard illegal drug use. (<http://www.hc-sc.gc.ca/ahc-asc>)
- Advertisements may promote drinking or smoking as a social activity or link use to the achievement of success; magazine and TV advertisements may also promote use of over-the-counter medications as treatments for minor ailments; characters in plays or films may provide models for healthy or unhealthy substance use; the Internet provides access to information on drugs through sources ranging from government public awareness materials to "how to" manuals advising on the illegal use or manufacture of drugs. (<http://www.hc-sc.gc.ca/ahc-asc>)

(Note: More information needed on the impact of advertising on use of alcohol and drugs).

e) Organized Crime

- Youth are being recruited by organized crime, drugs & prostitution. The drug sex trade is associated with organized crime in Nanaimo. It was noted that drug dealers are actively targeting youth (SDS)

- Crystal Meth is and other illegal drugs are available in most Nanaimo neighbourhoods (SDS)
- More women and youth are working the sex trade. RCMP estimate approximately 150 women in the Nanaimo sex trade, many of whom are involved in drug use. (SDS)
- Our prohibitionist drug laws have encouraged marketers to sell and users to use more potent forms of drugs or more dangerous methods of ingestion in order to better hide the drug; Canada has created a black market for some drugs. g (*www.Canadian foundation of drug policy*)
- An anti-drug Nanaimo RCMP detail known as the Green Team has raided one grow-op, on average, every other day since the team was re-united in January 2004. A typical raid yields 200 plants, enough to yield 100 kilograms of pot. Police estimate the annual proceeds of organized crime at \$6 billion in B.C. alone, and an underground economy that size has huge social costs. (*Feb 2004, Nanaimo News Bulletin*)
- Approximately 600 grow ops in the Nanaimo community were previously reported by the RCMP (NADAC).

Socio/Economic Costs

- The Canadian Centre on Substance Abuse research confirms substance abuse fuels the criminal justice system.
- The Canadian Centre on Substance Abuse (CCSA), Canada's national addictions agency, estimates the total annual cost of substance abuse in Canada to be \$39.8 billion (based on 2002 data), which represents a cost of \$1,267 to each individual Canadian. NANAIMO, population 78,271 (2005) X \$1,267 = \$99,169,357.
- The study reveals that Legal substances (tobacco and alcohol) account for almost 80% of the total cost of substance abuse (79.3%); illegal drugs make up the remaining 20.7%; Tobacco imposes the greatest cost at \$17 billion (42.7%); Alcohol accounts for \$14.6 billion (36.6%); and Illegal drugs cost \$8.2 billion (20.7%). (CCSA website)
- Approximately 11 billion a year spent in the justice system: 2 billion on Corrections (*1995, Stats Canada*)
- Approximately 90% of Nanaimo's 200+ inmate population at Nanaimo Correctional Centre have substance related issues (JHS)

CRIMINAL OFFENCES:

Number of Criminal Code offences per 1000 persons in Nanaimo Stats Canada

1998	2000	2002	
160	141	158	

Number of youth charged with criminal code offences in Nanaimo Stats Canada

1998	2000		
445	353		

- Drug and alcohol addictions remain the predominant contributor to criminal offences (*reducing homelessness A community plan for Nanaimo 2001*)
- Government cutbacks have affected all levels of correctional systems, resulting in cuts to institutional programming and limits on the development of community-based initiatives (*text Canadian Corrections, Curt T. Griffiths, Alison Cunnincham-2000*)
- HIV rates in Canadian prisons are ten times those in the general population; in some facilities, 8% of inmates are estimated to be infected with HIV and 50% with hepatitis C, a disease spread by injection and a marker for HIV. (Canadian federation for Drug policy, 1999)
- Perception of Downtown Nanaimo - The regular incidents of public disorder and the high concentration of nightclubs and bars contribute to the perception of Downtown Nanaimo as an unsafe, unappealing area. This perception, which appears to be widely held, does nothing to encourage residential development, increased tourism or private sector investment in the core. (Liquor control strategy draft report 2002)
- A significant percentage of property crimes, domestic disturbances, spousal assaults, sexual assaults, child abuse and driving offences involve substance abuse.

Alcohol and Drug Trends

- Alcohol is the #1 problem drug (*RCMP / NADAC*)
- Crack cocaine remains the #1 street drug in Nanaimo (*Street Crime Seminar Nanaimo, May 2006*)
- Alcohol and Drug use is beginning at a younger age (*Health Canada*)
- Binge drinking is considered a serious problem (*Health Canada*)
- Consistent use of Cocaine, Crystal Meth (*NADAC*)

(Note: More information needed)

Community Resources

- More than 25 agencies, (public and private) are associated with servicing substance abuse issues in Nanaimo.
- ActNow BC's goal is reducing tobacco use in B.C. by 10 per cent by 2010. On May 31, 2006, Minister Abbott announced a \$550,000 investment in tobacco-free sports. The five-year partnership with PacificSport will promote tobacco-free sports events in British Columbia.
- VIHA 5-year strategy commitment- priority is to provide effective mental health and addictions services to those with greatest health need. Building on recent enhancements to youth addictions services including the addition of 16 new withdrawal management and stabilization beds, will work to strengthen existing services for all people struggling with addictions.
 - 26 bed tertiary adult rehab care facility in Nanaimo;
 - 8 bed psychiatric intensive care unit located at NRGH;
 - 35 community intensive supported living beds in Nanaimo, and 24 in Parksville;
 - 3 new withdrawal management beds in Nanaimo for youth struggling with addiction. Youth with crystal meth addictions will have priority access to 2 of the 3 beds;
 - 3 new supported residential stabilization beds for addicted youth, for a total of 4 in the region. Youth with crystal meth addictions will have priority access to 2 of these beds
- NADAC, a coalition of community, government and non-government agencies concerned with the alcohol and drug problems of Nanaimo, is committed to action that will reduce the harm within our community through the sharing of information, advocacy and the implementation of the proposed Nanaimo Strategic Plan.
- Success by Six: Success By 6 encourages and facilitates collaborations and partnerships to unite our community's businesses, government, service providers, advocates, educators, and families to ensure that our young children are born healthy, remain healthy, nurtured and ready to successfully enter school by age 6.
- FASD Society is a pro-active, non-profit organization dedicated to the significant reduction of the incidence of Fetal Alcohol Spectrum Disorders through building public awareness; providing support and information to parents, caregivers and professionals dealing with FASD, as well as individuals living with FASD; and encouraging new policies and programs for individuals with FASD and their families, women of childbearing age and their partners, and individuals struggling with alcohol and substance abuse issues.

- The recently concluded Crystal Meth Task Force resulted in ongoing community education initiatives and a political response resulting in funds for treatment and related resources.
- Federal homelessness funding continues to provide recovery based transitional housing for men, women and youth.
- Federal, Provincial and Municipal funding of an enhanced emergency shelter and transitional housing by the Salvation Army.

Observations

a) Systematic-Multigenerational, Cycle of Addiction

- Parents are usually the most influential factor in the lives of young people, helping to determine how they will cope with life as adults. Children who live in families characterized by internal violence or a history of mental illness or substance abuse are at high risk for many problems that often develop cumulatively and in an interactive fashion. These problems seem to have two sources. First, living in a family with problems leads to greatly increase stress levels for all family members. Second, children in these circumstances typically do not have the number or quality of skills to deal with this increased stress. As a result, they are at risk of using substances to deal with stress, or developing mental health problems. Not all children from families that experience problems violence or have a history of mental illness or substance abuse experience problems (*Public Health Agency of Canada*)
- Children of alcoholics are at increased risk for a wide rang of behavioral; and emotional problems, including addiction to alcohol and other drugs, depression, anxiety, school failure and delinquent performance, or problems getting along with their peers (*breaking the cycle of addiction: Prevention and Intervention With Children of Alcoholics, Ann W Price, M.A., and James G. Emshoff, PHD, 1997*)
- There is evidence that when parents stop using drugs they become better parents (NADAC p.44).
- Children with an alcoholic parent are four times more likely to abuse or become addicted to drugs than children without an alcoholic parent (NADAC, p39)

b) Social/Cultural Norms and Acceptance

- Cultural expectations about substance use in Canada are often ambiguous. Canadians frequently belong to a number of groups with conflicting expectations. In addition, contradictory messages can be received through the media and from close friends and family. Drunkenness, for example, is condemned in some circumstances and condoned in others. (Public Health Agency of Canada)
- In spite of health education campaigns and published material, not enough is known by the general public about substance use. (Public Health Agency of Canada)
- Prevention programs often lack a theoretical base and have generally been poorly implemented, and because of this, some policy makers think that drug education in public schools does not work. Results are expected in a few months or years rather than the more realistic timeframe of a generation. (Public Health Agency of Canada)
- Public drug education focuses almost exclusively on illicit drug use and consequently on the negative aspects of drug use. Because most Canadians use drugs responsibly, drug education must be realistic and balanced in order to be credible. (Public Health Agency of Canada)
- Individuals whose peer groups do not value substance use and who have norms that do not involve problematic substance use, tend to drink and use drugs less frequently and in lower amounts. Peer influence has been researched extensively in relation to both substance use and mental health variables such as self-esteem. The role of peers may be subtle or covert, and fills the social or psychological needs to feel accepted and normal, and to experience camaraderie. (Public Health Agency of Canada)
- The use of drugs such as alcohol, may be part of a family occasion, cultural or religious celebration or practice. (<http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs>)
- The social pressures to use drugs can be very strong. Both young people and adults may feel social pressure to use drugs (e.g., alcohol on social occasions). Children may be especially influenced by their parents' use of alcohol, tobacco or other drugs, and use their parent's use to justify their own drug use. (<http://www.hc-sc.gc.ca/ahc-asc/pubs/drugs>)

c) Risk Factors (Public Health Agency of Canada)

- **Self-esteem**- literature confirms that low self-esteem as a risk factor for both substance use and mental health problems. High self-esteem, however, does not necessarily protect us from experiencing serious problems.

- **Self-efficacy and locus of control-** a strong sense of personal power and control over one's life, and both may protect and promote well being and be antithetical to problematic drug use. Research suggests that people who learn to cope appropriately in high-risk situations will be less likely to use drugs in ways that cause problems.
- **Expectations and sensation seeking** strongly influence both initial and continuing risk behaviors, especially substance use. Drug use can be highly reinforcing. If use produces pleasurable feelings or stress reduction, it will likely continue, further reinforcing the expectations.
- In varying degrees, attributes such as sensation seeking, tolerance for deviance, disregard for social mores, rebelliousness, impulsiveness or intolerance of boredom can result in either problematic substance use or mental health problems, or both.

INTRODUCTION TO THE STRATEGY OUTLINE:

“Problems can never be solved by using the same pattern of thought which created them”.

Albert Einstein

Our Approach:

If we have collectively and individually created the problem of substance abuse in our society; if the enemy is us and despite our best efforts we have somehow become codependent to substance abuse and its abusers; if our institutions and socio-economic balance rely on contributors to the problem to permeate the misery; if we are not content with small victories and expensive, organized chaos; if what we have now is highly skilled professionals and considerable resources coupled with legal and social safety net systems that lack synchronicity, despite their best efforts; it's time to change our approach.

- Time for a paradigm shift in political will and public acknowledgements.
- Time for coordinated, comprehensive action to eliminate the negative impact of substance abuse and related criminal activity in Nanaimo.
- Time to begin a process for all citizens' to become healthy and productive.
- Time for a comprehensive, community-based strategy.

About the Strategy:

The City of Nanaimo (population 2006: 80,000) is generally viewed by the residents as a vibrant, caring community with a variety of attractive features and it's fair share of problems. Poverty, homelessness and substance abuse are as evident here as they are in similar cities both in British Columbia and other areas of the country.

According to Statistics Canada at least 10% of our population exhibits substance abuse problems including tobacco. Those individuals with alcohol and other drug problems also impact family, friends and colleagues.

'Reducing Homeless, a Community Plan for Nanaimo' (2001) and the *'Social Development Strategy for Nanaimo'* (2004) both refer to the significant negative impact substance abuse has on the community.

Police, public health agencies, private (not for profit) agencies, families and individuals have long engaged the negative consequences of activities related to substance abuse.

- The Police are engaged following the Canadian Drug Strategy and locally developed priorities.
- Nanaimo Correctional Centre and Community Corrections (both provincial and federal) have their own strategies.
- The Vancouver Island Health Authority (Mental Health & Addictions) recently developed a list of its priorities.
- Federal Ministries (e.g. Health Canada) and Provincial Ministries (e.g. Children & Family Development) have strategies that include reducing the harm caused by substance abuse.
- Numerous local private agencies like Haven, ADAPT, John Howard, Island Crisis Care, Salvation Army, Clearview Detox and Tillicum-Lelum have their own in-house priorities.
- Service Clubs (e.g. Lions Club) have related programs and plans.
- School District #68 has numerous 'in-school' initiatives.
- The 1998 NADAC 'Road Map' of resources lists more than 25 addictions related local service providers.
- The 2001 NADAC 'Prevention Program Inventory' lists 17 different groups or agencies offering or providing 41 different activities.

NADAC, in the development and implementation of the Youth Action Project (2005-06), recognized the need for a Long-term Comprehensive Community-based Alcohol and Drug Strategy to enhance the individual and collective efforts of all these agencies providing related services. Though initially targeting youth, the strategy needs to include the whole community.

The Strategy will:

- Identify gaps and duplication of services,
- Build capacity and set priorities,
- Identify opportunities for collaboration,
- Offer solutions made in Nanaimo,
- Serve as a guide to stakeholders at all levels.

The Strategy will also suggest a framework for action to realize goals and provide a mentoring and evaluation framework to review and report on progress.

CONTEXT FOR THE STRATEGY:

Issues identification:

The issue of substance abuse is enmeshed within socio-economic conditions, demographics, family histories, cultural practices and the rule of law. A comprehensive strategy must take these and other factors into consideration.

Purpose:

The Strategy will serve as a long-term, comprehensive community-based plan, providing a framework for a coordinated approach and a community-based response to address youth and adult substance abuse in Nanaimo.

Assets:

- Youth, individuals and focussed groups at churches and Schools,
- Existing community agencies (see NADAC 'Info Guide'),
- A caring community,
- We have capacity / need to be genuine,
- Business community, elders, elected officials and their access to resources,
- A natural environment to facilitate healthy activities, resiliency, and involvement of youth and adults,
- Existing positive relationships,
- A formal process underway.

Examples of specific Assets/Resources:

- Boys & Girls Club	- RCMP
- Crisis lines	- Hospital
- Churches	- Food Banks
- Outreach Workers	- Schools
- Neighbourhood Watch	- Recreation Centers
- Safe Houses	- Social Workers
- Salvation Army	- ADAPT
- Service Clubs	- Adult Addictions Services
- Nanaimo Family Life	- Mental Health Housing

Shared Beliefs / Values:

We value trust, honesty, open-mindedness, non-judgmental unbiased attitudes and behaviour, versatility, a proactive approach, reliability, communication, education, spirituality, connectivity, resilience and partnerships.

We believe it takes a whole community to raise a child; that youth need to be safe; that we should foster a sense of belonging without the use of alcohol and other drugs, that building personal, positive values includes fostering and

promoting youth's decision making skills and that each experience and recovery is unique to the individual and you are the expert on you.

Challenges:

- Political will and related resources to coordinate and sustain education, prevention, harm reduction, treatment and enforcement initiatives,
- Support for the user population,
- Community awareness, acceptance and action,
- Accessibility and availability of alcohol and other drugs (especially to youth),
- A lack of neighbourhood resources,
- Coordination to eliminate gaps and duplication of services

MAJOR THEMES

Phase I – Focus on Youth:

- Prevention
- Education
- Housing
- Programs and Services
- Community collaboration
- Youth action

Suggested Strategies:

Prevention

- Focus on prevention, early intervention and harm reduction,
- Develop a program using positive reinforcement for youth who don't use, or haven't used in a long time (lots of energy goes into negative and not enough into positive) – celebrate the positive!
- Reduce opportunities for youth to access and experiment with alcohol and other drugs.

Education

- Develop better information, networking, coordination and communication systems to keep youth informed and engaged,
- Develop embedded A & D education systems at all levels of schooling including CAPP classes at which parents can attend and encourage teaching youth how to make good choices,
- Increase public awareness with accurate, reliable information about issues of alcohol and other drug use and abuse,
- Offer Forums for youth, parents and grandparents,

- Have teachers presenting A & D information rather than someone coming into the schools,
- Ensure there are appropriate persons who model healthy behaviour and deliver relevant information to youth,
- Youth educating younger children,
- Value of hearing from other youth who have used and chosen to make changes to healthier and more positive choices,
- Other ways to work with youth in the schools that are using – other than suspension,
- Develop a program to support youth making healthy choices in their transition from elementary to high school – youth identify how the drugs hit them in the face when they went to high school,
- Provide accurate information both positive and negative about drugs, so youth can identify/talk about why youth use in the first place,
- Engage Parent Advisory Committees to discuss substance use and abuse.

Programs and Services

- Develop more activities with and for youth in safe, welcoming environments – explore the ‘Gathering Place’ concept,
- Develop programs and resources to educate, support and empower parents, youth and families, including teen mothers,
- Develop a 24 hr. residential treatment center in the community,
- Develop a program of high quality counselling and career training for youth,
- Develop peer led parenting classes (parents teaching parents parenting),
- Develop more community centers in the north end,

Housing

- Develop safe transitional housing opportunities for youth leaving treatment.

Community Collaboration

- Ensure that youth have a voice and are listened to,
- Create opportunities for intergenerational communication,
- Involve parents and families, elders, police, schools, City's Parks & Recreation, politicians, government and community agencies, media, City Council, MLA's MP's RCMP, court officials, medical community, business community, alcohol and drug agencies, educators with experience, VIHA, Malaspina Child & Youth programs, the whole community.

Youth Action

- Foster and develop leadership amongst the youth themselves so that they can lead others, e.g. peer counselling, youth mentorship, recreational activities, etc.
- Sponsor drug-free entertainment events.
- Create opportunities for youth to be successful.

GUIDING PRINCIPLES

- Comprehensive approach
- Collaboration at all levels
- Coordinated and complimentary actions
- Sustainable initiatives
- Evidence based practice

VISION AND GOALS

Vision:

"Community members working together with youth, addressing substance abuse issues to support the quality of life".

Goals:

1. To enlist the support of major players to ensure implementation of the strategy. (Strategy development)
2. To review all existing alcohol and drug related services in Nanaimo to reduce any gaps or duplication and to ensure evidence-based accountability. (Strategy development)
3. To prevent and reduce harms related to alcohol and other drug use in Nanaimo. (Phase I focus)

4. To sustain current related housing and increase the availability of safe, supportive, affordable housing, especially for youth. (Phase I focus)
5. To explore the use of innovative criminal justice measures for those harmfully involved with alcohol and other drugs. (Phase I focus)

OBJECTIVES

GOAL #1: **Enlist the support of major players to ensure implementation of the strategy.**

Objective 1.1: Bring together elected officials, elders, business leaders, representatives from youth communities, seniors groups, youth and parent groups, service clubs, senior management and related stakeholders to publicly endorse the strategy and eliminate disconnect.

Action: Hold a series of seminars to ensure participation in the plan annually.

Benchmark: No current coordinated collaboration reaching all related areas of service.
Crystal Meth 'hot potato' response.

Objective 1.2: Ensure plan financial stability.

Action: Advocate tripartite cooperation and financing of Phase I (2007 – 12) to include community, provincial and federal funding services.

Benchmark: Vancouver Four-Pillar Strategy outcomes (the Vancouver Agreement).

GOAL #2: **To review all existing alcohol and drug related services in Nanaimo to reduce any gaps or duplication and to ensure evidence-based accountability.**

Objective 2.1: Examine all existing alcohol and drug services to determine effective utilization and conformity with 'best practices'. Include an assessment with current contracting practices and the expressed need for closer collaboration to maximize service delivery.

Action:

1. Conduct an external substance abuse needs assessment for Nanaimo.

2. Establish a community-based service delivery Coordinator / Facilitator.

Benchmark: No existing comprehensive assessment of client base and service delivery needs. Current collaboration and coordination is not practical community wide.

GOAL #3: **To prevent and reduce harms related to alcohol and other drug use in Nanaimo.**

Objective 3.1: To encourage a healthy sense of self throughout life.

Action: Support initiatives that exemplify healthy attitudes and behaviours to include related advertising and marketing opportunities.

Examples:

- Fetal Alcohol Spectrum Disorder prevention,
- Parents Together,
- Success by 6,
- Self Care and Recovery,
- Health Canada lifestyle advertising.

Benchmark: No current coordinated strategy to support a healthy, alcohol & drug-free lifestyle.

Objective 3.2: To decrease the number of youth who experiment with alcohol and other drugs and delay the age of experimentation.

Action:

1. Initiate a K – 12 (Making Decisions) program within School District #68.
2. Provide expanded leisure services and facilities for youth in each neighbourhood.
3. Continue YADADAY's – drug-free educational school dances.
4. Reduce association with individuals linked to organized crime (see Goal #5).

Benchmark: No K – 12 school prevention program exists; however a recent school study shows active alcohol and other drug use at the grade 8 & 10 level. National statistics outline current uses amongst youth. The YADADAY template from the Youth Action Project.

Objective 3.3: Increase treatment availability and options for youth.

Action:

1. Continue Crystal Meth Task Force momentum to ensure sufficient residential resources.
2. Provide mandatory treatment option for substance abusing youth involved in the criminal justice system or through parental or guardian intervention.

Benchmark:

- The number of current residential treatment beds for youth in Nanaimo.
- Alberta Adolescent Recovery Centre outcomes.

GOAL #4:

Sustain and enhance current safe, affordable, supportive housing for youth (and adults) at risk.

Objective 4.1:

Ensure the federal government's 'National Homelessness Initiative' (SCPI) continues funding youth, women and men's Supportive Recovery residences and 'wrap-around' housing program.

Action:

Initiate letter writing and personal contact with elected officials to lobby for sustainability.

Benchmark:

Evaluations of residences confirms bed counts current related need and reduction in associated substance abuse and criminal activity.

Objective 4.2:

Support the Nanaimo Working Group on Homelessness Issues (NWGHI) pursuit of additional related housing.

Action:

Attend NWGHI meetings and provide input.

Benchmark:

New facilities / residences above current stock and current vacancy rates for rental housing.

GOAL #5:

Explore the use of innovative criminal justice measures for those harmfully involved with alcohol or other drugs.

Objective 5.1:

Support lengthy sentencing of offender's supplying alcohol or other drugs to youth through organized criminal activity.

Action:

- Support R.C.M.P. efforts to reduce organized crime.
- Lobby politicians and encourage community support to increase jail terms for related offenders.

Benchmark:

No existing organized support or lobby currently in place.

Objective 5.2: Support Drug Courts and related treatment options for non-violent addicts.

Action: Lobby for support of Drug Courts and related treatment resources within institutions.

Benchmark: Example of Guthrie House, Nanaimo Correctional Centre.

Objective 5.3: Encourage community collaboration to research and develop new solutions.

Action: Hold an annual 'new approaches' conference / workshop to seek out new solutions.

Benchmark: No current focused collaboration on solutions.

COMMUNITY CONSULTATION PROCESS

The Strategy Working Group initially included broad-based community representation. Nonetheless, the SWG recognizes that the community at large will need to provide input through consultations to include:

- NADAC Members
- City Council
- City Social Planning
- Vancouver Island Health Authority
- School District #68
- Nanaimo First Nations
- Downtown Nanaimo Partnership
- Chamber of Commerce
- Malaspina University-College
- Related Federal and Provincial Ministries providing local service delivery
- MP's and MLA's
- Faith communities
- Service Clubs
- District Labour Council
- The Media
- The general public
- Youth groups

Focus Groups, Forums, meetings with stakeholders and media input will be sought during a 3-month period.

The SWG recommends this Strategy Outline be discussed by the above groups and organizations through a series of focus groups to both filter the proposed strategy and gain widespread community support.

PROPOSED ORGANIZING FRAMEWORK AND PROCESS

Based on the Economic Development Strategy's '*Circle of Prosperity*' as noted in the *Social Development Strategy*, it is proposed that the Long-term Comprehensive Community-based Alcohol & Drug Strategy be incorporated into the '*Circle*' as part of the social component.

The process for inclusion into the '*Circle*' would be as follows:

- Nov. 2005

NADAC 'YOUTH ACTION PROJECT'

- Dec. 2005

INITIAL STRATEGY DISCUSSION

- Jan – June 2006

STRATEGY WORKING GROUP

- June 2006

* DEVELOP STRATEGY OUTLINE *

- Sept 2006

PRESENTATION to NADAC for SUPPORT

- Oct. 2006

ENGAGE STRATEGY DEVELOPMENT CONSULTANT
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- Nov. '06 - Jan. '07

FOCUSSED CONSULTATION

- Feb. 2007

DEVELOP DRAFT STRATEGY DOCUMENT

- Mar. 2007

COMMUNITY FORUM(S)

- June 2007

FINALIZE STRATEGY

- Sept. 2007

RECRUIT STRATEGY STAKEHOLDERS IMPLEMENTATION TEAM

- Oct. 2007

IMPLEMENT PHASE I, 2007 - 2012

IMPLEMENTATION / EVALUATION

- Phase I – Focus on Youth will be initiated in the fall of 2007 – subject to funding.
- Phase I will be reviewed annually by the Implementation Team with recommendations to NADAC for inclusion / exclusion from Phase II.
- Funding will be sought to ensure an independent evaluation during year 4.
- Phase II (2013 – 17) will be developed six months prior to the end of Phase I by the Implementation Team after the evaluation of Phase I.
- Consumers, stakeholders and the general public will be included in the process.

BUDGET

The consultation process in the fall of 2006 and spring of 2007 will include budget estimates and potential sources of funds.