



To: Richmond City Council **Date:** April 22nd, 2003
From: Councillor Linda Barnes **File:** 3000-09
Chair, Community Safety Committee
Re: **DRAFT RICHMOND SUBSTANCE ABUSE STRATEGY**

The Community Safety Committee, at its meeting held on April 15th, 2003, considered the attached report, and recommends as follows:

Committee Recommendation

- (1) That a community consultation process be undertaken (as outlined in the Draft Richmond Substance Abuse Strategy report (as amended to reflect the changes made by the Community Safety Committee at the April 15th, 2003, meeting) (attached to the report dated March 18th, 2003, from the Manager, Divisional Programs);*
- (2) That the Richmond Substance Abuse Task Force be directed to finalize the Draft Richmond Substance Abuse Strategy for Council review, based upon the community input, and*
- (3) That the final Richmond Substance Abuse Strategy be referred to staff to comment on any recommendations referencing the City, and with recommendations for implementation.*
- (4) That the Richmond Substance Abuse Strategy include potential funding sources as reviewed by staff.*

Councillor Linda, Chair
Community Safety Committee

Attach.

VARIANCE

Please note that staff recommended the following:

- (1) That a community consultation process be undertaken (as outlined in the Draft Richmond Substance Abuse Strategy report attached to the report dated March 18th, 2003, from the Manager, Divisional Programs);
- (2) That the Richmond Substance Abuse Task Force be directed to finalize the Draft Richmond Substance Abuse Strategy for Council review, based upon the community input, and

- (3) That the final Richmond Substance Abuse Strategy be referred to staff to comment on any recommendations referencing the City, and with recommendations for implementation.

Staff Report

Origin

In December, 2001 a staff working group was appointed to oversee the process of developing a Richmond specific substance abuse strategy as part of the FCM Municipal Drug Strategy Pilot Project.

In June, 2002 Council appointed the RSATF (Richmond Substance Abuse Task Force) from key stakeholder groups to liaise with the staff working group in developing the strategy. The Draft Richmond Substance Abuse Strategy is the culmination of the activities undertaken by the RSATF.

Background

In June, 2002 the Richmond Substance Abuse Task Force was appointed as an advisory task force of Council to ensure a wide range of knowledge and expertise in the area of substance abuse could be drawn on. This task force has members from key stakeholders agencies – Richmond School District, Richmond Health Services, Richmond Youth Services Agency, Turning Point Recovery Society, Richmond Alcohol and Drug Action Team, RCMP, RCSAC, as well as youth representatives from local secondary schools. The Council Liaison is Councillor Linda Barnes.

From July to August, 2002 a Richmond specific needs assessment was undertaken. The Richmond Needs Assessment evaluated current trends in drug use and drug related activity in Richmond, the ability of existing agencies to address these problems, and the need for additional services.

In November, 2002 a series of focus group sessions were held to get an impression of the level of understanding and acceptance by the community on substance abuse issues overall and on the key findings of the needs assessment.

In January and February, 2003 the Richmond Substance Abuse Task Force held two half day workshops to identify issues, and develop outcomes and strategies that will form the foundation of the substance abuse strategy. This was based on the needs assessment and focus group reports, as well as the knowledge and expertise of the task force members. (For Council's reference, a binder containing relevant background documents will be placed in Council's office).

Analysis

The previous Mayor's Task Force on Drugs and Crime began the development of a substance abuse strategy for Richmond. Recent media reports about substance abuse issues in neighbouring municipalities, and the findings from the Needs Assessment conducted in 2002, highlight the need to be proactive. In Council's Term Priorities under Community Safety, the development of a comprehensive substance abuse strategy was identified.

In developing the strategy certain criteria were established – the success of strategy outcomes must be measurable, the strategy must be developed keeping in mind the needs of Richmond, and it must be a comprehensive strategy considering all aspects of substance abuse.

The draft Richmond Substance Abuse Strategy (*Attachment 1*) has identified five goals. Each goal encompasses a specific strand of the strategy – education/prevention, treatment, harm reduction, interagency cooperation and enforcement. Table 1 lists the five goals.

TABLE 1

Goal 1 - Education/ Prevention	Children, youth and adults in Richmond are generally knowledgeable about the implications of substance use/misuse issues.
Goal 2 - Treatment	The range of services for the prevention and treatment of substance use/misuse are available in Richmond, are sufficient to meet the community’s needs and are adequately funded.
Goal 3 - Harm Reduction	The definition of Harm Reduction developed by the Richmond Substance Abuse Task Force is understood, accepted and supported generally within the community as an appropriate approach for addressing substance use/misuse in Richmond. Richmond’s Harm Reduction strategies are successful. There is a measurable reduction in disease transmission and harm associated with illicit drug use.
Goal 4 - Interagency Cooperation	The community, the City, Richmond School District, Richmond Health Services, Richmond RCMP and service providers in Richmond are committed to, and engaged in finding solutions to substance use/misuse issues.
Goal 5 - Enforcement	Richmond is a safer community. Illicit drug availability, selling and use are severely restricted by the effectiveness of Richmond’s law enforcement strategies. The Court system is structured to deal effectively with drug cases.

Staff felt it was important to present the draft strategy to Council at this time, along with a recommended process for finalizing the strategy. There are several steps that need to be undertaken

1. A community consultation process
2. Finalizing the strategy based on input from the community consultation process
3. A staff report to committee presenting the final strategy, commenting on recommendations referencing the City, and making recommendations for implementation.

A Community Consultation Process should be undertaken to garner support, ensure stakeholders groups are aware of the strategy, and invite them to participate in the implementation of the strategy. Staff are proposing that two forums be held – one for stakeholder agencies and one for the general public.

The Stakeholder Forum would be held at City Hall. Invitations would be sent encouraging a written submission, and inviting representatives to make a short presentation. In particular, key stakeholder groups - Richmond School District, RCMP, and Richmond Health Services will be requested to respond with a written submission.

The Public Forum would be held at the Cultural Centre (close proximity to library, swimming pools, rinks). There would not be a formal presentation, however an information display will be set up and RSATF members will be available to answer questions. Participants will be asked to complete a survey, and will be invited to prepare written submissions if they wish. In addition, the draft strategy and the survey will be put on the City website.

The RSATF will use the information gathered from the two forums to finalize the strategy. None of the recommendations in the strategy will be acted upon until after the strategy is finalized. It is anticipated that if the strategy is approved by Council in the Summer, implementation can begin in Fall, 2003.


In the strategy there are several references to the City having involvement in specific recommendations. In addition, the mandate of the current task force ends with the completion of the final Richmond Substance Abuse Strategy. Staff anticipate the need for an advisory group to guide, monitor and evaluate progress, and development of a work plan to ensure the strategy is implemented. These issues will be dealt with in the staff report on the Richmond Substance Abuse Strategy, once it is finalized by the RSATF.

Financial Impact

None at this time, however once the substance abuse strategy is finalized and approved by Council it is anticipated that a budget for the first year program will be developed. Funding is available from the gaming revenues set aside from the previous "Mayor's Task Force on Drugs and Crime".

Conclusion

The draft Richmond Substance Abuse Strategy is a comprehensive approach to dealing with substance abuse concerns. Undertaking a community consultation process will give the RSATF and staff the input needed to finalize the strategy.



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City of Richmond

April, 2003

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Mandate

The purpose of the RSATF (Richmond Substance Abuse Task Force) is to provide Council with recommendations regarding the development of the Richmond Substance Abuse Strategy based on the expertise of their respective areas.

Principles

The Richmond Substance Abuse Strategy will be tailored to meet Richmond's needs.

The RSATF will use a comprehensive approach in their review of the Richmond Substance Abuse Strategy – keeping in mind interagency cooperation, as well as education and prevention, treatment, harm reduction, and enforcement.

The RSATF will use the framework from the FCM Municipal Drug Strategy as a reference in developing the Richmond Substance Abuse Strategy.

For purpose of this strategy, the RSATF will define substance abuse as illicit drug use.

Objectives

The objectives of the RSATF are to provide:

1. A Richmond Substance Abuse Plan. This plan will be built on the work of the previous Mayor's Taskforce on Crime and Drugs.
2. The plan will contain:
 - a. data regarding the existing inventory and needs within the City from their respective areas of expertise.
 - b. input from the community regarding specific substance abuse issues identified by the RSATF and the Staff Working Group.
3. Expert advice to Council on issues related to substance abuse, including options and recommendations for priority actions.
4. A recommendation regarding the need for, and role of an ongoing stakeholder group.
5. Advocacy for the Richmond Substance Abuse Strategy.

Task Force Members

Council Liaison - Cllr. Linda Barnes

Vince Battistelli, Executive Director, RADAT

Rob Inrig, District Curriculum Coordinator, Richmond School District

Tony Mahon, Inspector, RCMP

Stephanie Leitch, Drug Squad, RCMP

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Brian Wardley, Heart of Richmond AIDS Society, (RCSAC Representative)
Brenda Reynolds, Coordinator, Community Consultation and Partnerships
Richmond Health Services, Vancouver Coastal Health Authority
Christa Mullaly, RADAT (previously Richmond Youth Service Agency, Street Youth Outreach Program)
Viki Engdahl, Executive Director, Turning Point Recovery Society

Dahlya Ruygh, Hugh Boyd Secondary School
Gary Morrison, Hugh Boyd Secondary School
Calvin Gray, McRoberts Secondary School

Staff Working Group Members

Shawn Issel, Community Safety
Lesley Sherlock, Policy Planning
Hilda Ward, Parks, Recreation and Culture
Ted Townsend, Communication & Public Affairs

Draft Richmond Substance Abuse Strategy

GOAL #1 – Education/Prevention

Issue:

Recent studies commissioned by the RSATF have identified that throughout all sectors of the population of Richmond there is a broad lack of awareness of substance use/misuse and their associated issues. There is little knowledge of the actual drugs in use, their effects and the age at which drugs are first used. Similarly, there is very poor information on the services available; it is often assumed that there are more services than those that actually exist. Also, there is little knowledge of the results of drug use in the sense of personal costs and the direct and indirect costs to the community.

GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
<p>Children, youth and adults in Richmond are generally knowledgeable about the implications of substance use/misuse issues.</p>	<ul style="list-style-type: none"> ▪ There is a measurable decrease in substance use/misuse in the general population ▪ There are reduced personal and health costs ▪ There is increased community safety ▪ There is reduced tolerance of drug use and increased peer support among youth for non-use ▪ There is greater awareness of substance abuse services ▪ There is a decreased need for support services ▪ There is a reduction in drug related crimes and social consequences 	<ol style="list-style-type: none"> 1. Increase public awareness about substance use/misuse and harm reduction by enhancing and improving the provision of accessible information and learning initiatives for parents, educators, individuals, families, seniors and youth who live and work in Richmond about the myths, realities, causes and personal, societal and health consequences of substance misuse. 2. Create designated, youth spaces that offer drop-in as well as a variety of youth services targeted to the range of youth needs in Richmond. 3. Investigate and expand out-of-school options that could help keep youth engaged in a drug-free environment. 4. Strengthen collaboration among key organisations and agency stakeholders in 	<ol style="list-style-type: none"> 1. RSATF meet with key stakeholders (RHS, Richmond School District, RCMP and the City) to initiate development of an action plan for an ongoing public awareness campaign about substance use/misuse issues. 2. RSATF recommends that the City's Youth Strategy be reviewed to ensure that it addresses youth services needs identified in the Richmond Substance Abuse Strategy.

Draft Richmond Substance Abuse Strategy

GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
		<p>organisations and agency stakeholders in supporting the School Board regarding substance use/misuse in and/or near schools.</p> <p>5. Encourage, support and enhance the achievement of the learning outcomes applicable to substance use/misuse.</p>	<p>Abuse Strategy.</p> <p>3. RSATF to convene a meeting with key stakeholders to develop strategies for providing expanded drug-free out-of-school environments for youth.</p> <p>4. RSATF to meet with the School Board and other stakeholders to discuss development of integrated strategies for dealing with substance use/misuse in and around schools</p> <p>5. RSATF to meet with the School Board to explore options for expanding in-school education programs targeting substance use/misuse.</p>

Draft Richmond Substance Abuse Strategy

GOAL #2 – Treatment

Issue

As is true in most communities, the lack of adequate funding for services required to address substance use/misuse is an issue. Funding has not grown sufficiently to enable the agencies serving the community to deal effectively with the growth in substance use/misuse.

The services in Richmond for the treatment of addicts/substance abusers are inadequate. One of the problems associated with the lack of sufficient treatment services in Richmond is the growing waitlists among those agencies/organizations providing treatment services. Many of the agencies are unable to provide the range of services required by addicts/substance abusers. Richmond agencies regularly refer those seeking treatment to facilities and services in Vancouver. This can complicate the problem for the addicts/substance abusers as they are frequently thrust into the harsher and more hostile environment of Vancouver's Downtown Eastside.

Another side of the treatment issue is the lack of awareness of the services that are available in Richmond, among those requiring alcohol and drug services and the population at large. This lack of awareness of services results in unnecessary delays in obtaining needed assistance, as well as, a continuation of the consequences for personal and family life, the health system and the safety of the community.

GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
<p>The range of services for the prevention and treatment of substance use and misuse are available in Richmond, are sufficient to meet the community's needs and are adequately funded.</p>	<ul style="list-style-type: none"> ▪ There are <i>adequate</i> residential and outreach detox, treatment, counselling and support services for adults and youth, available in Richmond ▪ There are no wait lists for these services ▪ These services are accessible to all members of the community ▪ These services are located in appropriate settings ▪ The community supports these 	<ol style="list-style-type: none"> 1. Provide a continuum of treatment services and life supports for youth and adults, (including those suffering from mental health and addiction problems) to re-integrate people with addictions into the community. Continuum of service for Richmond to include agencies not funded by ministries. Services could include: <ol style="list-style-type: none"> a) A range of youth and adult detox services b) Linkage to other services, information and facilities (mental 	<ol style="list-style-type: none"> 1. RSATF to meet with representatives from MCFD and VCH and other stakeholders to begin development of strategies for expanding the range of services offered in Richmond. 2. RSATF to meet with key stakeholders to initiate development of a central resource

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GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
	services	<p>health, counselling, referral, assessment, job training and placement, housing)</p> <p>c) Rehabilitation services including outpatient and residential treatment</p> <p>2. Create a single information source for those wishing information on substance use/misuse issues.</p> <p>3. When the above services are established create a single access and referral source for those wishing to enter detox, treatment or life skills support programs.</p>	<p>for those seeking information on substance use/misuse.</p> <p>3. RSATF to meet with key stakeholders to discuss development of a single access to services for persons requiring treatment or other support services.</p>

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GOAL #3 – Harm Reduction

Issue:

Harm reduction is a highly misunderstood term among the population at large. For many the term conjures up images of “safe injection sites” and drug dealing on street corners. The lack of understanding of Harm Reduction by many members of the public is a barrier to gaining community support for the types of treatment services needed to implement effective harm reduction measures in the community.

At this time, there is no indication that a “supervised injection site” would be appropriate or necessary in Richmond, however there is a need for other treatment options. The question of “supervised injection sites” is on hold everywhere except in Vancouver. There is no intent to introduce supervised injection sites in Richmond.

GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
<p>Harm Reduction is understood, accepted and supported generally within the community as an appropriate approach for addressing substance use/misuse in Richmond.</p> <p>The RSATF’s Harm Reduction strategies are successful.</p> <p>A measurable reduction in disease transmission and harm associated with illicit drug use.</p>	<ul style="list-style-type: none"> ▪ The Harm Reduction strategies in the Richmond are successful ▪ Community volunteers are involved with organisations providing harm reduction services ▪ There is community acceptance of new service locations ▪ There is public and community support for expanded services ▪ Community organizations are supportive and proactive ▪ There is a lack of petitions and letters to the editor opposing harm reduction ▪ The entire community is supportive and involved 	<ol style="list-style-type: none"> 1. Ensure access to needle exchange services for IV injection users 2. Increase effective options for treatment of heroin addiction 3. Support the inclusion of people stabilized on a drug treatment program or choosing abstinence in the affordable housing strategy. 	<ol style="list-style-type: none"> 1. RSATF recommends a dialogue between RHS Gilwest Clinic and the RCMP to ensure secure and safe accessibility to needle exchange services. 2. The RSATF meet with the RHS Gilwest Clinic, RCMP and other stakeholders to discuss additional options for effective treatment of heroin addiction. 3. RSATF recommends that the City’s Affordable Housing

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GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
	<ul style="list-style-type: none"> ▪ There is a reduction in new HIV and Hepatitis C infections, due to IV drug transmission, in Richmond ▪ There is an increase in the use of services such as the Needle Exchange and Methadone treatment ▪ Bio-hazard waste receptacles are located in public places throughout the community ▪ The bio-hazard waste receptacles are being used by injection drug users ▪ Adequate Mental Health services exist in Richmond for people with co-occurring disorders ▪ Adequate affordable housing exists in Richmond for people at risk of substance misuse 		<p>Strategy be expanded to support the inclusion of people stabilized on a drug treatment program or choosing abstinence.</p>

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GOAL #4 – Interagency Cooperation

Issue

There is a lack of coordination and awareness of substance use/misuse services and strategies among government and non-government agencies working in this field in Richmond. This tends to result in poor services for clients, ineffective use of limited resources and individual, rather than joint efforts to address substance use/misuse.

A regional substance abuse strategy has not been implemented, contributing to the problem of uncoordinated efforts in this area.

The issues of accountability and coordination are further compromised by the lack of any formalized and ongoing monitoring process to ensure that any recommendations regarding a substance abuse strategy are being implemented and are effective.

GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
<p>The community, the City of Richmond, Richmond School District, Richmond Health Services, Richmond RCMP and service providers in Richmond are committed to, and engaged in, finding solutions to these issues.</p>	<ul style="list-style-type: none"> ▪ Agencies, organizations and individuals providing prevention, treatment, harm reduction and law enforcement services are professionally staffed and monitored ▪ There is a Richmond Drug Prevention and Treatment Coalition, comprising the senior elected officials (where applicable) and/or the senior appointed officials of the City of Richmond, Richmond School Board, Richmond Health Services and Richmond RCMP who are committed to working together to minimise substance use/misuse and their impact on the Richmond 	<ol style="list-style-type: none"> 1. Establish a Drug Prevention and Treatment Coalition of senior staff and elected officials to sponsor and support: <ol style="list-style-type: none"> a) the implementation of substance abuse strategies in Richmond b) a Regional Task Force to implement drug strategies throughout the region. 2. Re-form the existing Substance Abuse Task Force to monitor and supervise the implementation of the Richmond Substance Abuse Strategy. 	<ol style="list-style-type: none"> 1. RSATF recommends that the Mayor convene a Richmond Drug Prevention and Treatment Coalition to initiate and monitor the implementation of local and regional drug strategies 2. RSATF recommends that the Terms of Reference for the Task Force be amended to ensure ongoing support for the strategy, and that a City staff resource be dedicated part time to

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GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
	<p>community</p> <ul style="list-style-type: none"> ▪ There is a re-formed Richmond Substance Abuse Task Force with a role of monitoring and supervising the implementation of the Richmond Substance Abuse Strategy ▪ Persons requiring services will receive a full range of treatment, regardless of the point of entry into the system. ▪ There will be more streamlined and integrated services ▪ Formalized partnerships and protocols exist among service providers at all levels ▪ A regional substance abuse committee exists, with representation from all agencies and governments, and drug strategies across the region are coordinated. 		<p>the coordination of the Richmond Substance Abuse Strategy</p>

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GOAL #5 - Enforcement

Issue

There is a proven link between illegal drug use and crime, which has an impact on the entire community. The RCMP estimate 70% of all property crime is related to drug use and trafficking. Law enforcement officials in Richmond have identified the growth in number of grow-ops and grow-rips as a serious public safety issue. Although they direct considerable resources to enforcement, they lack the tools to effectively deal with the illegal activities associated with the growing, manufacturing and use of drugs in the community.

Concern also exists within the Law Enforcement field and the general population regarding the attitude and actions of the Courts in dealing with drug cases as well as the growing backlog of cases.

GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
<p>a) Richmond is a safer community</p> <p>b) Illicit drug availability, selling and use are severely restricted by the effectiveness of Richmond's law enforcement strategies</p> <p>c) The Court system is structured to deal effectively with drug cases</p>	<ul style="list-style-type: none"> ▪ There is a drug court in Richmond ▪ There is a reduction in drug related crime <ul style="list-style-type: none"> ○ There is decreased incidence of violent crime in Richmond ○ There is a decrease in property crime in Richmond ○ There is a decrease in the number of grow ops, ecstasy and other clandestine laboratories ○ There is a decrease in organized crime in Richmond ○ It is hard to obtain illicit drugs ▪ There is a decrease in the backlog 	<ol style="list-style-type: none"> 1. Work with other jurisdictions to bring into being a Richmond drug court and that this court is implemented along with adequate treatment and other facilities/services. 2. That the RSATF support RCMP youth section 3. Work with other municipal, provincial and federal governments to determine what legislative and by-law changes are needed to give police and the courts better tools to respond to changes in the illegal drug trade. 	<ol style="list-style-type: none"> 1. The Richmond Drug Prevention and Treatment Coalition and the RSATF collaborate in lobbying to establish a Richmond drug court in conjunction with a continuum of services that supports sentencing alternatives. 2. The RSATF support the RCMP's youth section's efforts to develop strategies for dealing with substance use/misuse issues

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GOAL	INDICATORS	STRATEGIES	RECOMMENDATIONS
	<p>of court cases</p> <ul style="list-style-type: none"> ▪ Less police time is being spent in the courts ▪ There is a decrease in the illicit drug user population 		<p>among youth.</p> <p>3. The Richmond Drug Prevention and Treatment Coalition and the RSATF collaborate to lobby senior governments to develop more effective laws and tools that assist police and courts in combating the illegal drug trade.</p>

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Glossary of Terms

Affordable Housing – Defined by the vast majority of social and housing agencies as a rent or mortgage payment representing no more than one-third of an individual or household's monthly income.

CHIMO – Emergency Mental Health Services with a 24 hour help line.

Cocaine – An extremely addictive stimulant which is extracted from the coca plant, and converted into a white powder, usually snorted or injected. Users experience increased breathing, heart rate, and blood pressure, and feelings of euphoria and excitement. Side effects include paranoia, aggressive behaviour, hallucinations, seizures, strokes and heart attacks.

Crack Cocaine – Cocaine mixed with baking powder or ammonia and hot water to produce a crystalline 'rock' that can be smoked.

Designer Drugs – Illegal drugs produced by unlicensed, usually untrained, chemists by altering the molecular structure of an existing drug to generate a new substance. Often designer drugs are more dangerous than the original drug from which they were generated, and can cause neurochemical damage to the brain.

Detoxification (Detox) – Process by which a drug or alcohol user withdraws from a substance in a supportive environment. Detox serves as the first step in many recovery programs. (see residential detox)

Drug Court – Alternative judicial program aimed at reducing drug-related crimes by reducing drug abuse through judicially-supervised treatment programs and community support.

Dual Diagnosis – Describes individuals with a coexisting mental illness and substance addiction.

Ecstasy – A synthetic designer drug that serves as both a stimulant and hallucinogen. Ecstasy provides sensory distortions, an enhanced sense of happiness and additional energy. Ecstasy is seldom sold in its unadulterated form and frequently mixed with other drugs. Ecstasy has caused brain damage in animals.

Federation of Canadian Municipalities (FCM) - has been the national voice of municipal government since 1901. FCM is dedicated to improving the quality of life in all communities by promoting strong, effective and accountable municipal government.

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Gilwest Clinic – Operating out of The Richmond Hospital, Gilwest Clinic provides methadone treatment, an on-site needle exchange, and services for clients with HIV and hepatitis C. The clinic currently employs a social worker, dietician, pharmacist, nurses and physicians. In addition to receiving prescriptions and exchanging needles, clients are provided with counselling and dietary advice.

Grow Op – Illegal marijuana production operation.

Hallucinogens– Drugs that induce changes in perception by stimulating the nervous systems.

Hashish – a pressed form of resin from the marijuana plant. As with marijuana, use affects judgement, attention span and impairs motor coordination. Long term use may trigger latent schizophrenia, and can also lead to bronchitis.

Harm Reduction – Treatment philosophy that aims to reduce the harm caused by drug users to themselves and society. Although the ultimate aim of many harm reduction programs is total abstinence, their most immediate objective is to mitigate the negative impact of a client's use on their own health and the public's safety.

Heart of Richmond AIDS Society (HORAS) – HORAS provides HIV positive individuals with counselling and support. One full-time counsellor meets clients at a variety of locations and facilitates group sessions and activities. A major component of the organization's work is attempting to limit behaviour that endangers clients and the general community. At least half of its clients contracted HIV through intravenous needle use, and many continue to inject.

Hepatitis C (HCV) – is an infectious liver disease caused by the hepatitis C virus (HCV). People may get hepatitis C by sharing needles to inject drugs, or through exposure to blood. Infections of hepatitis C occur only if the virus is able to enter the blood stream and reach the liver. For reasons that are not completely understood, about half of all people who develop hepatitis C never fully recover and can carry the virus for the rest of their lives. These people have chronic hepatitis C, and some may eventually develop cirrhosis of the liver and liver failure.

Heroin – is a powerful depressant produced from the seeds of opium poppies, the main ingredient of which can easily be converted into morphine by a chemical process. It can be smoked, inhaled as a powder or diluted with water and injected. Heroin can quickly lead to addiction. Side effects include skin infections and other bacterial and viral infections, collapsed veins, lung and other respiratory infections.

Hospitalization – Drug users who overdose or ingest a poisonous substance often require hospitalization. In addition, users attempting to go 'cold turkey' can require acute care during withdrawal. According to a Richmond Hospital official, treating a patient for a drug overdose typically costs between \$8,500 and \$26,900, depending upon the severity of the overdose and whether or not the user sustains organ damage.

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Illicit Drug – A drug that is either illegal in all forms or illegal in certain quantities or compounds.

Lower Mainland Municipal Association (LMMA) – The LMMA is a non-profit organization whose purposes are to enhance and provide the format to improve and refine the quality and level of services provided by Local Government to its citizens. LMMA proposes to play a coordination and advocacy role to promote cooperation and the sharing of information and expertise among municipalities in dealing with the region's drug misuse problems. As well, the LMMA wishes to persuade other levels of government to take action and responsibility.

Lack of Continuum of Care - significant gaps between the different stages of care. Motivated clients are usually able to utilize counselling services, but the other aspects of drug treatment and recovery are much more difficult to access.

Lysergic Acid Diethylamide (LSD) – a hallucinogenic drug that causes distortion in perception of reality.

Ministry of Children and Family Development (MCFD) Provincial Government Ministry.

Methamphetamine (Speed, Crystal Meth) is a very addictive synthetic stimulant made in laboratories. It can be found in powder, crystal form or tablets. The drug promotes initial euphoric rush and elevated motor activity. After the effects wear off, users can experience anxiety, depression, aggressiveness, mental confusion, fatigue and headaches. Visual and auditory hallucinations can also occur.

Narcotics Anonymous (NA) holds self-help meetings in Richmond for addicted individuals.

Nar-Anon holds meetings for the families of users. Both NA and Nar-Anon are volunteer non-profit organizations whose members follow twelve-step programs

Operation Green Clean is a multi-agency effort to prevent the proliferation of marijuana production in Richmond. A rotating group of RCMP personnel work with the city Bylaw department, Blockwatch program, BC Hydro, ICBC, Residential Tenancy Branch, homeowners, property management companies and the media to identify and dismantle marijuana operations. A Green Team of five full-time RCMP personnel investigate marijuana production operations, as well as lower level complaints of trafficking and possession.

Pacific Legal Education Association (PLEA) – PLEA is a non-profit organization providing youth education, prevention and detox services throughout the Lower Mainland. One PLEA counsellor works with youth offenders on probation to identify activities that can serve as positive alternatives. During 2001, the PLEA counsellor worked with 16 Richmond clients

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Positive Student Youth Council of Health (PSYCH) – Two community health nurses from Richmond Health Services provide guidance to a group of young people committed to addressing the health concerns of their peers and raising awareness about drug use, sexually transmitted diseases, pregnancy and other issues.

Residential Detox – Detoxification that takes place in a residential setting away from a client's home.

Richmond Community Services Advisory Council (RCSAC) - Mandate is to encourage and promote social policies and community services which contribute to the general health, welfare and quality of life of Richmond residents.

Richmond Drug Action Team (RADAT) – offers individual counselling, group therapy, relapse prevention, various workshops on addiction, home detox (for adults only), and school-based drug and alcohol education. Appointments are flexible and can be held in schools, at RADAT officers, in a client's home, or at a neutral location.

Richmond Health Services (RHS) provides a broad range of health services to Richmond that span the continuum from health promotion and prevention to early intervention to residential care and continuing care in the community. RHS is part of the Vancouver Coastal Health Authority, which also oversees the geographical areas of Vancouver, North Vancouver, and up the Sunshine Coast to Powell River. RHS is comprised of four integrated health services:

- Acute Treatment (community hospital);
- Community Care (Home Care, Home Support, Continuing Care, Minoru Residence extended care facility, Richmond Lions Manor, Pinegrove Place, Rosewood Manor and intermediate care facilities);
- Mental Health (Psychiatry, community health services);
- Population Health (Promotion and Prevention, Environmental Health).

Recidivism Rate – Rate at which previously arrested, jailed or adjudicated individuals commit additional crimes after they have been released.

Residential Treatment – Drug treatment programs that take place in a residential setting away from a client's home.

RCMP Drug Awareness Service – conducts an ongoing intelligence probe into the rave and night club scenes in Richmond. Members of the Drug Awareness Service make approximately four presentations to Richmond audiences per year. In addition, the intelligence gathered through the probe is shared with the Richmond RCMP, leading to numerous arrests.

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Richmond Community Corrections handles the adjudication and probation of offenders. Youth and adult offenders are treated by separate arms of community corrections. According to youth and adult probation officers, drug users facing incarceration are almost universally diverted to treatment programs such as RADAT and out-of-town detox facilities.

Richmond Substance Abuse Task Force (RSATF)

Smoked Heroin – Heroin that is smoked as opposed to injected. Commonly known as ‘chasing the dragon.’

Special K (ketamine hydrochloride) – Illegal drug produced by drying the liquid ketamine in a stove until it becomes a powder. This drug is usually snorted, but also sprinkled on tobacco and marijuana and smoked. Special K creates hallucinations such as visual distortions and a sense of lost identity and time.

Street Youth Outreach Program (SYOP) – The Richmond Youth Service Agency’s Street Youth Outreach Program attempts to connect with street-involved young people, providing short term counselling, referrals to community resources and assistance in finding emergency housing. Two counsellors work with youth between the ages of thirteen and nineteen to develop strategies for coping with homelessness, depression, sexual exploitation and drug addiction.

Support Recovery Home – Residential facility at which former users are provided with activities and counselling to assist them in recovering from an addiction.

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Trafficking – Distribution and/or sale of illegal drugs.

Turning Point Recovery Society (TPRC) - is a residential recovery home providing life skills training and counselling for adult males during a 90 day program. Patients are required to have been clean and sober prior to entering the program and are expected to abstain from substance use during their stay. Utilizing a twelve step model, Turning Point involves its clients in housework, group discussions, educational programs and recreation. Approximately half of the clients at Turning Point’s Richmond house at a given time are Richmond residents. Unlike the community’s other service providers, Turning Point does not receive provincial funding.