



## City of Richmond

## Report to Council

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**To:** Richmond City Council                           **Date:** July 17<sup>th</sup>, 2003  
**From:** Councillor Linda Barnes                       **File:** 3000-09  
Chair, Community Safety Committee  
**Re:** **Richmond Substance Abuse Strategy**

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The Community Safety Committee, at its meeting held on July 15<sup>th</sup>, 2003, considered the attached report, and recommends as follows:

### **Committee Recommendation**

*That:*

- (1) *the Richmond Substance Abuse Strategy (attached to the report dated June 19<sup>th</sup>, 2003, from the Manager, Community Safety Planning), be approved; and*
- (2) *the issue of a dedicated staff resource and the finalized Terms of Reference for the Richmond Substance Abuse Task Force be referred to the September meeting of the Community Safety Committee.*

Councillor Linda Barnes, Chair  
Community Safety Committee

Attach.

### VARIANCE

Please note that staff recommended the following:

*That:*

- (1) the Richmond Substance Abuse Strategy (attached to the report dated June 19<sup>th</sup>, 2003, from the Manager, Community Safety Planning), be approved;
- (2) the recommendation from the Task Force regarding a dedicated part-time City staff resource be referred to staff; and
- (3) the Terms of Reference adopted by Council on April 22<sup>nd</sup>, 2002, be rescinded; and that the revised Terms of Reference for the Richmond Substance Abuse Task Force (attached to the report dated June 19<sup>th</sup>, 2003, from the Manager, Community Safety Planning), be approved.

## Staff Report

### Origin

At the April 28, 2003 Council meeting the following resolution was carried:

- (1) *That a community consultation process be undertaken (as outlined in the Draft Richmond Substance Abuse Strategy report [as amended by Committee] attached to the report dated March 18<sup>th</sup>, 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;*
- (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; and*
- (4) *That the Richmond Substance Abuse Strategy include potential funding sources as reviewed by staff.*

The purpose of this report is overview the consultation process undertaken, present the finalized Richmond Substance Abuse Strategy with funding sources identified (*Attachment 1*), and provide staff comment on those recommendations which reference the City.

### Analysis

#### Community Consultation Process

A Community Consultation Process was undertaken to garner support, ensure stakeholders groups were aware of the strategy, and invite them to participate in the implementation of the strategy. Two forums were held – one for stakeholder agencies and one for the general public.

The **Stakeholder Forum** was held at City Hall on May 29, 2003. Forty-four stakeholder agencies (*Attachment 2*) were invited to make either a written or oral presentation to the RSATF (Richmond Substance Abuse Task Force). Thirteen stakeholder agencies made presentations. Each of the agencies presenting were supportive of the strategy, and in particular that the strategy recognized the importance of helping members of the community within their community.

Suggestions made to strengthen the strategy fell into the following categories:

- 1) Although the focus on youth should not be neglected, the role and needs of families affected by substance abuse should be considered.
- 2) The diversity of the community should be reflected in the strategy to ensure accessibility of services to the whole community.
- 3) The strategy should acknowledge and be inclusive of any agency or services in the area of substance abuse which assist the Richmond community.

The written submissions and a transcript of the Stakeholder Forum will be placed in the Councillor's meeting room for reference.

The **Public Forum** was held at City Hall in the Atrium. An information display was set up June 9 – 13, and on June 11 RSATF members were available to answer questions between 4:30 and 7:30 p.m.. Participants were asked to complete a survey. In addition, the draft strategy and the survey were put on the City website.

Thirty one surveys were received (*Attachment 3*). Overall there was strong support for a comprehensive substance abuse strategy, although there was less agreement on whether Richmond had a “serious” substance abuse problem.

#### Final Richmond Substance Abuse Strategy and Potential Funding Sources

The Task Force considered the input received from the two forums, specifically the suggestions to improve the strategy from the Stakeholder Forum. They concluded that the most effective way of utilizing this input would be to broaden the membership of the Task Force to include:

- Richmond District Parents’ Association
- SUCCESS
- Richmond Intercultural Advisory Committee
- Richmond Chamber of Commerce
- RCSAC – increase to two reps, if RCSAC can accommodate
- RCMP – increase to two reps, one from Drug Section and one from Community Policing

This would ensure the implementation of the strategy would reflect a focus on families and would be inclusive of the whole community.

Council requested that potential funding sources be identified in the final strategy. The RSATF defined potential funding sources as broader than financial support, and therefore would include other types of support such as the coordination or reallocation of existing resources, funding, and/or materials dedicated to substance abuse, or the development of new partnerships with community organizations the assist in the implementation of the Substance Abuse Strategy.

In identifying potential funding sources all primary sources were included. It was sometimes difficult to determine additional funding sources because preliminary work would need to be completed before a course of action was identified.

If the Substance Abuse Strategy is approved by Council the RSATF will work with the Manager, Communications and Public Affairs to develop a communication plan to keep stakeholder agencies and the community informed and involved. The RSATF will also develop a work plan to implement the strategy and will provide quarterly updates to the Community Safety Committee.

#### Staff Comments

In reviewing the Richmond Substance Abuse Strategy, the most significant impact of the for the City is the recommendation that a City staff resource be dedicated part time to the coordination

of the Richmond Substance Abuse Strategy. If the Substance Abuse Strategy is approved by Council and the RSATF is reconfirmed, then a work plan for the strategy will need to be developed. Through this process the responsibilities of a City staff resource will be more easily defined. Staff recommend that this portion of the strategy be deferred until the work plan is developed. Then a separate report will be provided outlining the rationale for this resource.

In addition to the staff resource, there are specific recommendations in the Strategy regarding the City's involvement. The following table identifies those recommendations and the anticipated impact on the City.

<b>Richmond Substance Abuse Strategy</b>	<b>Staff Comments</b>
<b>Goal 1 – Education/Prevention</b>	
<b>Recommendation #1</b> – 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.	<p>It is anticipated that a significant portion of the costs of an awareness campaign could be underwritten through partnerships with local media and other community sponsors. Most materials could be adapted from similar awareness programs conducted in Vancouver and elsewhere. Some limited coordination and production support may be required from the City's Production Centre and Communications department.</p> <p>However, some seed money would be required for costs, materials, printing, translation and purchase of advertising space. Other key stakeholders are unlikely to be able to make significant financial contributions to an awareness campaign. The City may be required to contribute up to \$25,000 (including staff time).</p>
<b>Recommendation # 2</b> – 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.	<p>The results of this review may result in recommendations for revisions to the City's Youth Strategy. These would be provided to Parks, Recreation &amp; Culture for their consideration.</p>
<b>Recommendation #3</b> – RSATF to convene a meeting with key stakeholders to develop strategies for providing expanded drug-free out-of-school environments for youth.	<p>This recommendation may affect the City's recreational facilities. However, until the meeting with key stakeholders is held it is not possible to determine the impact.</p>
<b>Goal 3 – Harm Reduction</b>	
<b>Recommendation #3</b> – RSATF	The City will be updating its 1989 Affordable Housing

<b>Richmond Substance Abuse Strategy</b>	<b>Staff Comments</b>
recommends that the City's Affordable Housing Strategy be expanded to support the inclusion of people stabilized on a drug treatment program or choosing abstinence	Policy in the fall of 2003. This recommendation will be referred to the Policy Planning department for consideration as part of this process.
<b>Goal #4 – Interagency Cooperation</b>	
<b>Recommendation #1 – RSATF</b> recommends that the Mayor convene a Richmond Drug Prevention and Treatment Coalition to initiate and monitor the implementation of local and regional drug strategies	This recommendation would require the Mayor to convene a meeting of the senior representatives from the School District, Richmond Health and the RCMP. It is anticipated this first meeting would be to initiate the implementation of the Substance Abuse Strategy, and then once or twice a year thereafter to monitor the progress of the RSATF.
<b>Recommendation #2 – RSATF</b> 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 the coordination of the Richmond Substance Abuse Strategy	<p>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 develop and implement a work plan for the strategy. The Terms of Reference for the RSATF have been revised to reflect the change in their mandate (<i>Attachment 4</i>). The current Task Force members have demonstrated a strong commitment to this strategy and are the most logical group to continue with its implementation.</p> <p>A staff liaison would be required for the Task Force. The amount of time required for the Task Force is dependent upon the outcome of the separate report for the dedicated part time staff resource.</p> <p>The recommendation regarding the dedicated part time staff resource will be the subject of a separate report.</p>
<b>Goal #5 – Enforcement</b>	
<b>Recommendation #1 – The</b> 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.	The RSATF would be responsible for the majority of the workload associated with this recommendation. As a member of the Coalition the Mayor would have some involvement regarding any meetings of the coalition or presenting reports on behalf of the Coalition.

<b>Richmond Substance Abuse Strategy</b>	<b>Staff Comments</b>
<b>Recommendation #2</b> - 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	The RSATF would be responsible for the majority of the workload associated with this recommendation. As a member of the Coalition the Mayor would have some involvement regarding any meetings of the coalition or presenting reports on behalf of the Coalition.

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, the Task Force will develop the work plan with an associated budget. This will be brought forward to a subsequent council meeting for approval.

#### **Financial Impact**

The two most significant costs to the City for the Substance Abuse Strategy are the Awareness Campaign, and a part time staff resource.

At this time the financial impact of the Richmond Substance Abuse Strategy to the City is estimated to be \$25K for the Awareness Campaign. The cost of the part time staff resource will be addressed in a separate report.

#### **Conclusion**

The Richmond Substance Abuse Strategy has undergone a community consultation process, which confirms the need for the strategy and the willingness of the community and stakeholder agencies to support its implementation. The Richmond Substance Abuse Task Force is to be commended for delivering a strategy which is comprehensive and meets the needs of the Richmond community. They are ideally suited to continue as a Task Force to oversee the implementation of the Richmond Substance Abuse Strategy.

The recommendation for the part time City staff resource is significant enough to warrant a separate report to Council once the Task Force has developed a work plan to implement the strategy.



Shawn Issel  
Manager, Community Safety Planning



*Attachment 1*

# Richmond Substance Abuse Strategy

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**City of Richmond**

June, 2003

## **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

Brian Wardley, Heart of Richmond AIDS Society, (RCSAC Representative)

Brenda Reynolds, Coordinator, Community Consultation and Partnerships

Richmond Health Services, Vancouver Coastal Health Authority

## **Draft Richmond Substance Abuse Strategy**

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Christa Mullaly, RADAT (previously Richmond Youth Service Agency, Street Youth Outreach Program)  
Viki Engdahl, Executive Director, Turning Point Recovery Society

Dahlyra 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	Potential Funding Sources
Children, youth and adults in Richmond are generally knowledgeable about the implications of substance use/misuse issues.	<ul style="list-style-type: none"> <li>▪ There is a measurable decrease in substance use/misuse in the general population</li> <li>▪ There are reduced personal and health costs</li> <li>▪ There is increased community safety</li> <li>▪ There is reduced tolerance of drug use and increased peer support among youth for non-use</li> <li>▪ There is greater awareness of substance abuse services</li> <li>▪ There is a decreased need for support services</li> <li>▪ There is a reduction in drug related crimes and social consequences</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Investigate and expand out-of-school options that could help</li> </ul>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. RSATF to convene a meeting with key stakeholders to develop strategies for providing expanded drug-free out-of-school environments for youth.</li> <li>4. RSATF to meet with the School</li> </ol>	City, RCMP, School District, RHS, Media, Community Partners  City, School District, Community Partners  City, School District, Community Partners  School

## Draft Richmond Substance Abuse Strategy

Goal	Indicators	Strategies	Recommendations	Potential Funding Sources
consequences		<p>keep youth engaged in a drug-free environment.</p> <p>4. Strengthen collaboration among key 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>Board and other stakeholders to discuss development of integrated strategies for dealing with substance use/misuse in and around schools</p> <p>5. RSA TF to meet with the School District to explore options for expanding in-school education programs targeting substance use/misuse.</p>	<p>District, RCMP, City, RADAT</p> <p>School District, Min. of Education, RADAT, RCMP</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	Potential Funding Sources
1.7	<ul style="list-style-type: none"><li>▪ There are <i>adequate</i> residential and outreach detox, treatment, counselling and support services for adults and youth, available in Richmond</li><li>▪ There are no wait lists for these services</li><li>▪ These services are accessible to all members of the community</li></ul>	<ul style="list-style-type: none"><li>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:<ul style="list-style-type: none"><li>a. A range of youth and adult detox services</li><li>b. Linkage to other services, information and facilities</li></ul></li></ul>	<ul style="list-style-type: none"><li>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.</li><li>2. RSATF to meet with key stakeholders to initiate development of a central resource for those seeking information on substance use/misuse.</li><li>3. RSATF to meet with key stakeholders to discuss development</li></ul>	<p>Health, MCFD, Turning Point, Community Partners</p> <p>Health, RADAT</p> <p>Health, RADAT</p>

## Draft Richmond Substance Abuse Strategy

Goal	Indicators	Strategies	Recommendations	Potential Funding Sources
	<ul style="list-style-type: none"> <li>▪ These services are located in appropriate settings</li> <li>▪ The community supports these services</li> </ul>	<p>c. (mental health, counselling, referral, assessment, job training and placement, housing) 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>		

# Draft Richmond Substance Abuse Strategy

## 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 1 7	Indicators	Strategies	Recommendations	Potential Funding Sources
<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"> <li>▪ The Harm Reduction strategies in the Richmond are successful</li> <li>▪ Community volunteers are involved with organisations providing harm reduction services</li> <li>▪ There is community acceptance of new service locations</li> <li>▪ There is public and community support for expanded services</li> <li>▪ Community organizations are supportive and proactive</li> </ul>	<p>1. Ensure access to needle exchange services for IV injection users</p> <p>2. Increase effective options for treatment of heroin addiction</p> <p>3. Support the inclusion of people stabilized on a drug treatment program or choosing abstinence in the affordable housing strategy.</p>	<p>1. RSATF recommends a dialogue between RHS Gilwest Clinic and the RCMP to ensure secure and safe accessibility to needle exchange services.</p> <p>2. The RSATF meet with the RHS Gilwest Clinic, RCMP and other stakeholders to discuss additional options for effective treatment of heroin addiction.</p> <p>3. RSATF recommends that the City’s Affordable Housing Strategy be expanded to support the inclusion of people stabilized on a drug treatment program or choosing abstinence.</p>	<p>Health, RADAT</p> <p>City, Community Partners</p>	

## Draft Richmond Substance Abuse Strategy

Goal	Indicators	Strategies	Recommendations	Potential Funding Sources
	<ul style="list-style-type: none"> <li>▪ There is a lack of petitions and letters to the editor opposing harm reduction</li> <li>▪ The entire community is supportive and involved</li> <li>▪ There is a reduction in new HIV and Hepatitis C infections, due to IV drug transmission, in Richmond</li> <li>▪ There is an increase in the use of services such as the Needle Exchange and Methadone treatment</li> <li>▪ Bio-hazard waste receptacles are located in public places throughout the community</li> <li>▪ The bio-hazard waste receptacles are being used by injection drug users</li> <li>▪ Adequate Mental Health services exist in Richmond for people with co-occurring disorders</li> <li>▪ Adequate affordable housing exists in Richmond for people at risk of substance misuse</li> </ul>			

# Draft Richmond Substance Abuse Strategy

## 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	Potential Funding Sources
177	<ul style="list-style-type: none"><li>■ Agencies, organizations and individuals providing prevention, treatment, harm reduction and law enforcement services are professionally staffed and monitored</li><li>■ 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</li></ul>	<ol style="list-style-type: none"><li>1. Establish a Drug Prevention and Treatment Coalition of senior staff and elected officials to sponsor and support:<ol style="list-style-type: none"><li>a) the implementation of substance abuse strategies in Richmond</li><li>b) a Regional Task Force to implement drug strategies throughout the region.</li></ol></li><li>2. Re-form the existing Substance Abuse Task Force to monitor and supervise the implementation of the Richmond Substance Abuse Strategy.</li></ol>	<ol style="list-style-type: none"><li>1. RSA TF recommends that the Mayor convene a Richmond Drug Prevention and Treatment Coalition to initiate and monitor the implementation of local and regional drug strategies</li><li>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 the coordination of the Richmond Substance Abuse Strategy</li></ol>	<p>City, RHS, School District, RCMP, Community Partners</p>

## Draft Richmond Substance Abuse Strategy

Goal	Indicators	Strategies	Recommendations	Potential Funding Sources
	<p>Health Services and Richmond RCMP who are committed to working together to minimise substance use/misuse and their impact on the Richmond community</p> <ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ Persons requiring services will receive a full range of treatment, regardless of the point of entry into the system.</li> <li>▪ There will be more streamlined and integrated services</li> <li>▪ Formalized partnerships and protocols exist among service providers at all levels</li> <li>▪ A regional substance abuse committee exists, with</li> </ul>			

## Draft Richmond Substance Abuse Strategy

Goal	Indicators	Strategies	Recommendations	Potential Funding Sources
	representation from all agencies and governments, and drug strategies across the region are coordinated.			

# Draft Richmond Substance Abuse Strategy

## 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	Potential Funding Sources
a) Richmond is a safer community	▪ There is a drug court in Richmond	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.	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.	Provincial Government
b) Illicit drug availability, selling and use are severely restricted by the effectiveness of Richmond's law enforcement strategies	▪ There is a reduction in drug related crime ▪ 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	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.	2. The RSATF support the RCMP's youth section's efforts to develop strategies for dealing with substance use/misuse issues among youth. 3. The Richmond Drug Prevention and Treatment Coalition and the RSATF collaborate to lobby senior governments to develop more effective laws and tools	not applicable not applicable
c) The Court system is structured to deal effectively with drug cases	▪ There is a decrease in organized crime in Richmond			

## Draft Richmond Substance Abuse Strategy

Goal	Indicators	Strategies	Recommendations	Potential Funding Sources
	<ul style="list-style-type: none"><li>▪ It is hard to obtain illicit drugs</li><li>▪ There is a decrease in the backlog of court cases</li><li>▪ Less police time is being spent in the courts</li><li>▪ There is a decrease in the illicit drug user population</li></ul>		<p>that assist police and courts in combating the illegal drug trade</p>	

# Draft Richmond Substance Abuse Strategy

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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 power 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.

# Draft Richmond Substance Abuse Strategy

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.

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

# Draft Richmond Substance Abuse Strategy

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

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.

# Draft Richmond Substance Abuse Strategy

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Potential Funding Sources – New funding if available, or the coordination or reallocation of existing resources, funding, materials dedicated to substance abuse and the development of new partnerships with community organizations to assist in implementing the Substance Abuse Strategy.

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 offices, 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.

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.

# Draft Richmond Substance Abuse Strategy

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.

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.

## **Richmond Substance Abuse Stakeholder Consultation List of Invitees**

### **Key Stakeholders**

1. Supt. Ward Clapham Officer in Charge, RCMP
2. Chuck Gale General Manager Community Safety, City of Richmond
3. Chris Kelly Superintendent, Richmond School District
4. Dr. Jeff Coleman Chief Operating Officer, Richmond Health Services

### **Stakeholders**

5. Annie McKittrick Richmond School Boards
6. Francis Li S.U.C.C.E.S.S.
7. Michael McCoy Touchstone Family
8. Lesley Richardson Richmond Child Care & Referral Service
9. Louise Hudson
10. Nicola Byres Society of Richmond Children's Centres
11. Agnes Thompson Richmond Child Care Development Board
12. Sam Lam
13. James Sullivan Disability Resource Centre
14. Helen Davidson Richmond Family Place Society
15. Irene Evans Richmond Hospice Association
16. Carl Bailey Heart of Richmond AIDS Society
17. Karen Adamson
18. Eric Ens Greater Vancouver Youth for Christ
19. Ann McCormick Richmond Society for Community Living
20. Greg Buss Richmond Public Library
21. Everett Mackenzie
22. Kuo Wong City Centre Community Association
23. Al Zwiers Gilwest Clinic
24. Bill Scott Richmond Youth Service Agency
25. Viki Engdahl Turning Point Recovery Society (1984)
26. Theresa Harding
27. Karen Martin Richmond Women's Resource Centre Assn
28. David Phillips Ministry of Children & Family Development
29. Dave MacDonald Cdn Mental Health Association (Richmond)
30. Vince Battistelli RADAT
31. Irene Leung Big Sisters
32. Ethel Whitty Family Services of Greater Vancouver
33. Zarina Mosaheb Richmond Multicultural Concerns Society
34. Louella Mathias United Way of the Lower Mainland
35. Elizabeth Specht Volunteer Richmond
36. Executive Director Salvation Army Richmond
37. Florence Gordon President Richmond Chamber of Commerce
38. President Richmond Chinese Community Society
39. Tony Carrigan Chair Intercultural Advisory Committee
40. Richmond District Parents Association
41. Ian Cheung President Richmond Asia Pacific Business Association
42. Joan Cowderoy Chimo Crisis Services
43. Margaret Hewlett Richmond Food Bank Society
44. Christine Brodie Richmond Family Court Society



**City of Richmond**  
Community Safety Division

**Richmond Substance Abuse Strategy  
Community Survey Results**

	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree	No Answer	Total
1. Do you think there is a serious substance abuse problem in Richmond?		6	12	11	2	31
2. Do you support a comprehensive awareness campaign to educate about substance abuse and its impacts on the community?	1	1	4	24	1	31
3. Do you support the establishment of a broad range of treatment services in Richmond to meet community needs?	1	0	5	24	1	31
4. Do you support the use of harm reduction measures as part of a broad range of treatment services?	0	3	7	19	2	31
5. Do you support the establishment of a steering group mandated to coordinate implementation of the Richmond Substance Abuse Strategy?	1	1	7	21	1	31
6. Do you support lobbying senior levels of government for more effective enforcement tools?	4	2	3	21	1	31

Comments:

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- I would like to see existing services work together. There should be active links between RADAT, Gil-West, the Youth clinic and Mental Health. People with addictions need a full time clinic where they can go to be connected with the services they need: medical treatment, detox services, methadone, counselling, groups, prenatal care, mental health/dual diagnosis, adolescent programs. We have the services but clients have to find and connect with half a dozen different agencies to get them and that never happens. At best, clients

get partial services but more often they are turned away because they ask the "wrong" agency for help. We need a program like Vancouver's "Three Bridges" where a person can walk through one door to find a range of addiction related services, qualified addiction doctors and support to get straight and sober and help to develop a healthier lifestyle. Offering addiction services to people only when they have already reached sobriety is foolish. They need help across the entire continuum from addicted to healthy and productive. Enforcement and the "War on Drugs" is a lost cause. The best way to get rid of addictions in a community is to provide individuals with a way out of addiction and develop a community image of health and inclusiveness. "Drug addicts" are our children, our friends, our colleagues, our customers, our citizens.

- I prefer treatment over enforcement
- I have a teenager who got caught up in marijuana in Richmond Secondary Schools. He's actually had to leave Richmond to escape his peers, his sources, etc.
- We need to explore and present both North American and European viewpoints on the issue and how handled
- The addicted need to be helped in the community rather than pushed to the Vancouver downtown east side
- Re: question #4 I support harm Reduction in the sense of medical treatment, forced if necessary. I support supervised injection only if "substance" is provided and not the proceeds of crime
- why don't you include alcohol (legal drug) abuse? the first four goals apply!
- Let's have more skate parks, build a better bike park that is concrete and not dirt
- Try and make them profitable so you can build skate parks. Let us skate City Hall
- Thanks for the water, more skate parks, make a bike park near River road so the bikers don't come to the skatepark. Smooth ground at Brighouse.
- Absolutely, we do not want to attract or develop a drug zone. We also need to give substance abusers alternatives for healthier lifestyles
- More effective enforcement tools – user & family services & enforcement services



## TERMS OF REFERENCE

### RICHMOND SUBSTANCE ABUSE TASK FORCE

#### **Purpose**

The purpose of the RSATF (Richmond Substance Abuse Task Force) is to provide Council with recommendations regarding the development and implementation 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 the four pillars of 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.

#### **Membership**

The members of this Advisory Task Force are appointed by City Council, in accordance with Council Policy 1014 – “Advisory Body Appointments”. There are up to 13 members on the Task Force. Members will be canvassed from the following areas:

- Policy Planning, City of Richmond
- RADAT
- RCMP (2)
- RCSAC (1 or 2 )
- Richmond Chamber of Commerce
- Richmond District Parents Association
- Richmond Health Services
- Richmond Intercultural Advisory Committee
- Richmond School District
- SUCCESS
- Youth representative (2)

The term of the Task Force appointment will be for the duration of the implementation of the Richmond Community Substance Abuse Strategy which, is expected to be completed by December, 2004.

A staff member from the Community Safety Division will be appointed to act as a liaison for the RSATF.

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### **Objectives**

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The objectives of the RSATF are to:

1. Develop an implementation plan for the Richmond Substance Abuse Strategy. The strategy will contain:
2. Work with key stakeholders to implement the Richmond Substance Abuse Strategy.
3. Expert advice to Council on issues related to substance abuse, including options and recommendations for priority actions.
4. Provide support to the Richmond Drug Prevention and Treatment Coalition.
5. Advocacy for the Richmond Substance Abuse Strategy to the community and stakeholder agencies.

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### **Procedures**

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The RSATF will receive administrative staff support services from the Community Safety Division, for the preparation of agendas and minutes.

The RSATF will report to Council through the staff liaison to the Community Safety Committee and then to Council.

Any communications from the RSATF will be coordinated through the staff liaison.

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### **Meetings**

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The Task Force will elect a chair.

Meetings will be at the call of the Chair. It is expected that regular monthly meetings will be established.

The Task Force will develop a work plan based upon the Substance Abuse Strategy.

The Task Force will provide quarterly reports to the Community Safety Committee regarding the status of the work plan.

The Task Force will provide a concluding report regarding the work and processes of the Task Force, which will be submitted to the Community Safety Committee.