City of Richmond

Report to Committee

To:	General Purposes Committee	**Date:**	August 15, 2002
From:	Shawn Issel Manager, Divisional Programs	**File:**	5000-01
Re:	**Richmond Substance Abuse Strategy (FCM Municipal Drug Strategy – Pilot Project) Update**		

Staff Recommendation

The update on the Richmond Substance Abuse Strategy (FCM Municipal Drug Strategy – Pilot Project) be received for information, and

That $20,000 be taken from the casino funding set aside from the previous "Mayor's Task Force on Crime and Drugs" to retain a consultant to conduct focus groups.

Shawn Issel
Manager, Divisional Programs

Att. 1

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CONCURRENCE OF GENERAL MANAGER

833749

Staff Report

Origin

Since December, 2001 a staff working group has been working on the FCM Municipal Drug Strategy – Pilot Project. The deliverable for this project is the development of a Richmond Substance Abuse Strategy.

This report is an update on the activities undertaken by the staff working group and the Richmond Substance Abuse Task Force since the last update in April 2002, and also an overview of the steps to be carried out between now and the completion of the strategy in January, 2003.

Analysis

Richmond Substance Abuse Strategy

At the date of the last report staff had identified three key tasks in the development of a Richmond Substance Abuse Strategy:

1. the formation of a Richmond Substance Abuse Task Force
2. carrying out a needs assessment
3. conducting focus group sessions

The first two tasks are now complete. The focus group sessions are being planned for this Fall.

Work To Date:

Richmond Substance Abuse Task Force

Members of the RSATF (Richmond Substance Abuse Task Force) were canvassed from the school district, health services, the RCMP, policy planning (city staff), RADAT, RCSAC and youth. The Task Force has been meeting since early June. The Task Force serves as an advisory body to Council and staff, providing knowledge and expertise in the development of the substance abuse strategy.

Richmond Substance Abuse Strategy - Needs Assessment

With the approval of Council, a graduate student was contracted to carry out a needs assessment to evaluate 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.

The Executive Summary from the Needs Assessment (*Attachment 1)* gives an overview of the key findings. These key findings are not intended to be viewed as recommendations. They will be used to focus discussions with the Community Safety Advisory Task Force and in developing the focus group sessions planned for this Fall.

Next Steps:

Focus Group Sessions

We now have the Needs Assessment which gives a good overall sense of substance abuse issues in Richmond, however we do not know how the community is likely to react to this information. In order to obtain community input a series of focus group sessions is being planned for this Fall. The intent of these sessions is to get an impression of the level of understanding and acceptance by the community on substance abuse issues overall and on the key findings from the needs assessment in a controlled environment.

Due to the complexity of the issues surrounding substance abuse and the strength of people's perceptions in this area both the RSATF and staff recommend that the focus group sessions be developed and conducted with the assistance of consultants experienced in conducting public opinion research. The approximate cost to conduct focus group sessions is between $15K and $20K.

The RSATF recommends that composition of the focus groups come from the following areas – youth, the Asian community, the general population, and drug users.

In addition, to the focus group sessions a synopsis of the needs assessment will be sent to specific community groups, as well as the organizations interviewed for the needs assessment, with an invitation to provide input.

Other Activities

Since the date of the last report the City hosted the Senate Special Committee on Illegal Drugs Public Hearings and the second FCM Roundtable Municipal Drug Strategy – Pilot Project.

On May 14, 2001 the Senate Special Committee on Illegal Drugs held public hearings with experts and a Town Hall meeting to invite public participation in policy discussions regarding Canada's anti-drug legislation and policies on cannabis. The meetings were held in Council Chambers. Witnesses asked to participate in the Public Hearings from the City of Richmond were Cllr. Linda Barnes and Supt. Ward Clapham.

The second FCM Roundtable was held in Richmond City Hall June 13-15, 2001. Representatives from the nine participating communities from across Canada were in attendance. The Roundtable was an invaluable opportunity to learn about activities in the other pilot communities, as well as to hear speakers from neighbouring municipalities talk about the issues affecting their communities.

Financial Impact

The costs of conducting the focus group sessions is approximately $15K to $20K. This would be funded from the gaming revenue set aside from the previous "Mayor's Task Force on Crime and Drugs".

Conclusion

The development of the Richmond Substance Abuse Strategy as part of the FCM Municipal Drug Strategy Pilot Project is well underway, with completion planned for January 2003. The focus group sessions will allow the CSATF and staff to discern community attitudes about substance abuse issues, in particular the key findings from the Needs Assessment.

Shawn Issel
Manager, Divisional Programs

Richmond Substance Abuse Strategy
Federation of Canadian Municipalities Pilot Project

NEEDS ASSESSMENT

AUGUST 2002

Prepared by Mark Shorett

Executive Summary

This Needs Assessment evaluated current trends in illicit drug use and drug-related activity in Richmond, the ability of existing agencies to address these problems, and the need for additional services. These objectives were accomplished through stakeholder interviews, community consultation and analysis of relevant data. Twenty-three respondents were identified and interviewed regarding the prevalence of specific drugs, the adequacy of current services, and the level of interagency cooperation in Richmond. In addition, more than twenty representatives of community agencies and service providers were consulted.

Key Findings

Drug Use and Prevalence

The needs assessment identified a series of trends in drug use and prevalence in the community:

• **'Hard Drugs' are increasingly available in Richmond**. Once available only in Vancouver, cocaine, heroin and other 'hard' drugs are now readily accessible to Richmond residents of all ages. Crack cocaine, methamphetamine, and smoked heroin have all become more common and easily purchased. Many young people are now reportedly able to buy hard drugs through school contacts.

• **'Designer Drugs' are growing in popularity among young people**. Although marijuana continues to be the drug of choice for adolescent users, 'designer drugs' such as ecstasy and special k continue to grow in popularity. In addition to marijuana, secondary school students are now reportedly able to purchase ecstasy and other designer substances on school grounds. Youth offenders are more likely to use cocaine, smoked heroin or ecstasy now than in recent years.

• **Drug use and trafficking takes place throughout the community**. The sale and use of illicit drugs in Richmond is not limited by geography. Most drug dealing is mobile; the community has very few drug houses. Illicit drug exchanges are usually arranged by telephone, and take place at locations throughout the community.

Costs of Illicit Drug Use

• **Drug Treatment, Education and Prevention can save taxpayers money**. Studies estimate that every dollar spent on treatment leads to a four dollar reduction in expenditures on law enforcement, health and social services. Prevention and education programs have been estimated to save as much as $65 for every dollar spent.

Gaps in Services

Respondents described a series of gaps in the provision of services addressing drug use and drug-related problems:

• **The community currently lacks a *continuum of care.*** Richmond presently lacks the services necessary at each stage of drug treatment. Significant gaps exist between a number of the services needed to assist residents in fighting addictions and reintegrating into society.

• **Service provision is presently hampered by a lack of interagency cooperation.** A lack of information sharing and transparency between community agencies currently limits the ability of Richmond service providers to effectively treat clients.

Summary of Community Needs

Respondents indicated an overwhelming need for the following service improvements in Richmond:

• **Detoxification and Drug Treatment Centres in the community**. Currently, Richmond Residents must travel outside of the community to access residential detoxification, youth detoxification, and residential treatment facilities (with the exception of Turning Point for men). Delays in accessing these services often lead Richmond drug users to abandon efforts to stay clean, or to relapse if they need a supportive environment for integrating back into society. In many cases, treatment facilities are located in the Downtown Eastside, and can exacerbate an existing drug problem.

• **Services for Individuals with Simultaneous Drug *and* Mental Health Problems.** There are currently no services in Richmond for people with coexisting drug addictions and mental illnesses. Studies indicate that treating both problems simultaneously can significantly reduce criminal involvement.

• **Enhanced Outreach.** Asian communities, high risk youth, senior citizens and intravenous drug users are currently underserved by community agencies. Respondents indicated that increased outreach is necessary to effectively treat members of these groups.

• **Enhanced Interagency Cooperation.** A model for cooperation between agencies is needed to more successfully coordinate the treatment of drug users and drug-affected individuals in the community.

• **Additional Education Initiatives.** The need for more in-school drug education was identified.

• **Other Service Enhancements.** An array of other service enhancements were also recommended by a number of respondents, including: affordable and emergency housing, integrated services, harm-reduction based adult drug treatment, a youth drop-in centre and additional recreational opportunities for youth.

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Introduction

Building on our Work to Date

To preserve Richmond's high quality of life and community health, City Council established a task force of community leaders and stakeholders in 2000. Following research and extensive discussions, the Mayor's Task Force on Drugs and Crime developed a work plan based upon a 'five pillar' approach to the community's drug problems. This framework has been carried forth by a subsequent Richmond Substance Abuse Task Force (RSATF) . Each pillar represents an essential element of a coordinated strategy for combating drug use and trafficking, as well as related health and safety problems:

1) **Education** includes drug awareness and prevention programs taking place both inside and outside of classroom settings.

2) **Treatment** includes direct rehabilitation and counselling services provided to individual users and affected family members.

3) **Harm Reduction** includes efforts to mitigate the negative effects of drug use on the community. Rather than requiring total abstinence, a harm reduction approach attempts to reduce involvement in activities that endanger both users and the general public.

4) **Law Enforcement** includes investigative and enforcement activities, as well as correctional and probation services.

5) **Inter-Agency Cooperation** recognizes the importance of coordination among service providers, Richmond agencies, law enforcement, schools, ethnic and religious communities and business organizations.

By involving stakeholders representing each pillar, this framework capitalizes upon the expertise and experience of individuals and organizations that have approached substance misuse from a variety of perspectives. The creation of a single Community Safety division in 2001 reflected Richmond's commitment to a more coordinated approach to education, intervention and enforcement by bringing together the RCMP, fire department, emergency services, and community bylaw sections. One of the division's first initiatives – Operation Green Clean – has successfully targeted marijuana production operations through public education, by-law enforcement, intelligence gathering and cooperation with senior levels of government.

In late 2001, Richmond was selected by the Federation of Canadian Municipalities to receive funding to develop a community drug strategy. To set the stage for a 'Made in Richmond' solution to community drug problems, the needs assessment identifies the specific characteristics of drug misuse and its related impacts throughout the community. By carefully considering the diverse needs of Richmond's population, the assessment provides direction for the development of a community drug strategy.

The work plan developed by the RSATF will culminate in a comprehensive community drug strategy featuring a series of coordinated actions aimed at reducing the prevalence of illicit drugs

in Richmond, the threat to public safety caused by drug use and cultivation, preventing negative effects of drug use on young people, and the financial costs borne by the community as a result of drug-related activity. To determine the nature of Richmond's drug problem and identify gaps in existing services, the task force decided to undertake a needs assessment as a first step in developing a collaborative strategy and actions. The needs assessment is *not* intended to be an individual evaluation or cost-benefit analysis of existing service providers in Richmond. The assessment explores, in broad terms, which services are needed by Richmond residents and how well community agencies function *together* to deliver existing services.

Purpose and Scope of the Needs Assessment

The needs assessment will:

- Identify existing services and programs addressing illicit drug use in Richmond.
- Explore drug misuse and drug-related activity in Richmond, including current trends and the financial costs of illicit drug use, trafficking and related activity to the community.
- Identify and report on perceived gaps and needs in drug prevention, treatment and enforcement in Richmond.

Follow up from the needs assessment will:

- Identify issues in need of further examination through community input (i.e. focus groups and stakeholder consultation)
- Designate priorities to be addressed through a community drug strategy.
- Define the specific actions and agreements necessary to effectively implement a community drug strategy.

Although tobacco and alcohol use also present significant threats to the quality of life in Richmond, they are currently better understood and more accepted by the community. Therefore, the scope of this needs assessment was limited to illicit drugs.

Research Method for Needs Assessment

1. Interviewing

Twenty three respondents from agencies offering services in the areas of the Treatment, Harm Reduction, Law Enforcement and Education pillars were identified and interviewed. Each interview was structured around a set of open-ended questions designed to elicit information about gaps in existing services and potential improvements. In addition, representatives from a host of local, regional and provincial organizations were contacted to obtain a more comprehensive understanding of drug use in Richmond and investigate potential responses.

2. Quantitative Data

To supplement the qualitative data gathered during interviews, figures on drug crimes, treatment and drug-induced hospitalizations and deaths were collected.

3. Previous Research

Previous work by Richmond task forces, as well as existing studies and research regarding drug use and treatment, were utilized to assess the results of the qualitative and quantitative research.

4. Summary and Analysis of Community Needs

A concluding summary of community needs was compiled based upon the results of stakeholder interviews, available data and previous research.

Illicit Drug Use Trends in Richmond

The harmful impacts of drug misuse on individuals and the larger community are of general concern, and this needs assessment identified an array of specific implications of illicit drug use for Richmond residents. However, determining the precise nature and extent of drug use is difficult in any community. No recent surveys have attempted to measure the prevalence of specific types of drug use among Richmond residents.

A 1999 study by the Canadian Community Epidemiology Network on Drug Use (CCENDU) found that illicit drug use and drug-related health problems are generally worse in B.C. than in other provinces. The study indicated that Vancouver's rates of drug-induced deaths, drug charges and drug-related hospital discharges are consistently among the highest for Canadian cities. A 1998 report by the McCreary Centre Society found that students in Greater Vancouver were less likely than their peers throughout the province to use illicit drugs, and less likely to use them frequently.[i] However, the percentage of this group reporting marijuana use doubled between 1992 and 1998, from 16% to 32%. Richmond teens involved in community discussions around drug use have estimated that this figure is much higher in Richmond's secondary schools. At a forum in 2001, high school students from throughout Richmond identified drug use as the community's number one adolescent health problem (Senate of Canada 2002). Illicit drugs also emerged in a subsequent study of the community's elementary and secondary schools as a chief concern (PSYCH 2002).

Trends in Types of Drug Misuse

During interviews, respondents representing each pillar indicated that 'hard drugs' are becoming increasingly prevalent and accessible in Richmond. Cocaine, heroin and methamphetamine ('crystal meth') have not replaced marijuana as the drug of choice for the majority of users, but are now widely available throughout the community to adults and many youth. Over the past decade, 'designer' drugs such as ecstasy and special k (ketamine hydrochloride) have grown in popularity, particularly among young people. Crack cocaine and smoked heroin have also become more common.

The Richmond Drug Scene

The Richmond drug scene is not limited to a well-defined geographical area. The needs assessment revealed that hard drugs that once required a trip to Vancouver can now be obtained over the telephone or through personal contacts. Respondents confirmed that a variety of substances are dealt in malls, parks, businesses, schoolyards and parking lots alike. While the number of drug houses in Richmond has reportedly fallen, marijuana cultivation has expanded dramatically.

The criminal organizations involved in the production and trafficking of illicit drugs have become more sophisticated and difficult to infiltrate. Treatment specialists and law enforcement officials indicated that the sale and use of illicit drugs crosses economic and ethnic boundaries, and takes place throughout Richmond's various neighbourhoods. Many participants in the popular rave scene have reached the legal drinking age and begun to party in Richmond nightclubs, where designer drugs are increasingly accessible.

Marijuana has long been available in Richmond secondary schools. Respondents reported that designer drugs are now widely sold on school grounds, and that many students are able to purchase harder drugs through peers. Drug use among young offenders has reportedly shifted over the past decade from marijuana and hallucinogens toward cocaine, smoked heroin and ecstasy.

Drug Crimes and Related Crime

Overview

The number of substantiated drug crimes in Richmond more than tripled between 1992 and 2000 before declining in 2001. Marijuana "grow ops" and possession and trafficking of uncategorized drugs (including ecstasy and other designer substances) account for much of this increase, as reports of heroin and cocaine possession and trafficking levelled off or fell during this period. Possession and trafficking of amphetamines and prescription and non-prescription controlled substances also contributed to the increase.

Table 1 **Drug Crimes in Richmond, 1992-2001**

Substance	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cannabis	254	347	500	624	615	847	517	547	1,022	775
Cocaine	62	41	65	57	59	65	50	45	66	54
Heroin	37	29	35	26	42	36	28	27	11	24
Other Drugs	5	7	9	12	8	53	55	45	227	187
Controlled Drugs[ii]	32	38	65	58	28	16	—	—	—	—
Restricted Drugs[iii]	17	11	14	16	17	11	—	—	—	—
Total	407	473	688	793	769	1,028	650	664	1,326	1,040

Source: BC Ministry of the Attorney General

Grow Ops

Marijuana production presents an array of threats to public safety: the electricity necessary to run the high intensity lights used to grow plants poses a serious fire hazard; the high quality of BC marijuana has made it attractive to well-organized criminal organizations; and the conditions required to produce the crop can lead to other substantial property damage. The "black mold" that flourishes in the humid indoor climate of a "grow op" not only causes structural damage, but can also lead to significant health problems including chronic fatigue, pulmonary haemorrhage (bleeding lungs) and suppression of the immune system – in some cases rendering a building uninhabitable. As **Table 2** indicates, reports of marijuana production in the community have risen sharply in recent years, although a slight decline appears to be taking place.

Table 2 **Marijuana Production in Richmond**

	1998	1999	2000	2001	2002 (Jan.-Apr.)	2002 (Proj.)
Reported	49	86	354	366	107	321
Substantiated	44	79	293	282	83	249
Charged	8	26	70	66	11	33
Cleared by Other Means	24	24	24	24	7	21
Clearance Rate	73%	63%	32%	32%	22%	22%

Source: Richmond RCMP

Property Crimes

RCMP officials estimate that 70 percent of all property crimes are related to drug use and trafficking. Commercial "smash and grabs," in which property that can be quickly re-sold is stolen, and thefts from illegal drug operations are reportedly often committed by illicit drug users looking to finance their habits.

Methamphetamine Labs

Although Richmond is not yet home to many methamphetamine labs, one RCMP official indicated that the drug's growing popularity and simple production process could lead to a rise in operations. In many areas of Metropolitan Seattle, an emerging methamphetamine industry has become the primary source of violent crime. According to RCMP officials, users of 'crystal meth' are able to stay high for several days and are particularly prone to violence.

Drug-Induced Deaths

Sixty seven Richmond residents died as a result of drug use between 1990 and 2001. Non-categorized prescription and 'over the counter' drugs were responsible for the most fatalities, followed by opiates (including heroin), and cocaine. Benzodiazepines (depressants), barbiturates and multiple drugs each accounted for at least two deaths. No fatalities were attributed to the use of cannabis, LSD or hallucinogens. During this twelve-year period, there was one motor vehicle death in which illicit drugs were detected in a driver's blood.

Table 3 Drug Induced Deaths in Richmond, 1990-2001

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Men	4	5	6	6	3	2	1	3	5	5	4	1	45
Women	3	3	1	1	1	2	2	4	2	0	1	2	22
Total	7	8	7	7	4	4	3	7	7	5	5	3	67

Source: B.C. Ministry of Health

Table 4 Drug Induced Deaths in Richmond by Substance, 1990-2001

Opiates	*Cocaine*	*LSD/Cannabis/Hallucinogens*	*Amphetamine NEC*
19	13	0	0

Benzodiazepines	*Barbiturates*	*Multiple Drugs*	*Other*
2	2	3	26

Source: B.C. Coroner's Office

Hospital Use Resulting from Drug Use

The Richmond Hospital does not keep records of patients admitted or treated in the emergency room for drug-related diagnoses. Hospital statistics reflect a patient's primary symptom or injury (broken arm, loss of consciousness), but not the cause of the complaint or injury (drug use or overdose, for example). Hospital codes which record drug-related diagnoses – used in studies of other health areas - are not utilized by The Richmond Hospital. A hospital official indicated that the number of patients visiting the emergency room for drug overdoses has likely increased in recent years, particularly as a result of recreational drug use. According to the official, it is not uncommon for two people to be treated by the hospital for drug overdoses in a given day.

Drug Treatment

Data was collected from each of Richmond's drug treatment programs to provide profiles of current client bases. The services provided by each agency will be discussed in greater detail below in sections on **Treatment** and **Harm Reduction**. To summarize:

- *Richmond Drug Action Team (RADAT)* provides ongoing drug counselling for youth and adult clients, while offering home detoxification for adults only.
- *Gilwest Clinic* operates a methadone clinic and needle exchange, as well as clinics for AIDS and Hepatitis C patients.
- *Turning Point* is a residential recovery home for adult males.

Agency profiles are not necessarily indicative of drug use trends in Richmond because individuals receiving treatment are to some extent a self-selecting group, and many residents seek treatment outside of the community (whether by necessity or choice). Although an attempt was made to obtain time series data for each treatment program, the figures available for previous years are either not directly comparable or nonexistent.

RADAT Client Data

RADAT's adult counsellors treat a wide variety of illicit drug users. Cocaine, cannabis and heroin are the top three substances used by adult clients, with a smaller number indicating benzodiazepine (depressants), amphetamines, hallucinogens and other substances as their drug of choice. Among youth, cannabis accounts for the vast majority of clients, followed by hallucinogens, cocaine, heroin and amphetamine. Although RADAT has more than twice as many male than female clients, women are proportionally more likely to seek treatment for 'hard drugs' such as heroin and cocaine. A substantial number of clients have multiple illicit drug addictions, or use their drug of choice in combination with alcohol or a legal substance. Figures on the ethnic makeup of RADAT's clients were not available for 2001, but agency officials indicate that relative to Richmond's population, clients of European descent are over-represented while clients of Asian descent are under-represented.

Table 5 Richmond Drug Action Team (RADAT) Treatment Program Client Profile, 2001

Gender		Age Group		Employment Status	
Male	185	Adult	79%	Employed	45%
Female	83	Youth	21%	Unemployed	31%
Total	268			Student	19%
				Retired/Not in Labour Force	5%

Source: B.C. Ministry of Health

Drug Type	Total	Youth	Adult	Male	Female
Amphetamine	12	4	8	6	6
Barbiturate	2	1	1	2	0
Benzodiazepine	9	0	9	5	4
Cannabis	93	32	61	66	27
Cocaine	82	6	76	63	19
Hallucinogen	13	7	6	9	4
Heroin	29	4	25	19	10
Illicit Methadone	1	0	1	1	0
Inhalant	0	0	0	0	0
Opiate	8	0	8	4	4
Over the Counter Drugs	5	2	3	3	2
Other Prescription Drugs	5	0	5	1	4
Other	9	0	9	6	3

Source: B.C. Ministry of Health

Gilwest Clinic Client Data

Although Gilwest Clinic's methadone program has a much higher percentage of female clients than RADAT, the majority of Gilwest clients are unemployed male Richmond residents - many of whom have had encounters with the criminal justice system. In similar fashion to RADAT's client list, the proportion of clients of European descent is far greater than the percentage of Europeans in the community's overall population. First Nations clients are also over-represented. Gilwest officials indicate that since opening in 1999, client bases for all of its programs have expanded dramatically. Officials also report that a small number of methadone clients are cocaine users (the vast majority are recovering from heroin).

Table 6 Gilwest Clinic Methadone Program, Client Profile 2001

Gender			City of Residence			Legal History	
Male	33		Richmond	44		Jail	13
Female	26		Delta	4		Legal Issues	19
			Vancouver	5		None	23
Total	59		Other	6		Unknown	4

Ethnicity			Age			Employment Status	
European	52		20-29	16		Employed	37%
Asian	1		30-39	24		Unemployed	61%
Indo-Canadian	1		40-49	14		Unknown	2%
First Nations	4		>50	3			
African	0		Unk.	2			
Other	1						

Source: Gilwest Clinic

Table 7 Gilwest Clinic Needle Exchange, 2001

Exchange Activity		Client Gender	
Syringes/Needles In	4138	Male	109
Syringes/Needles Out	4100	Female	27
		Total	136

Source: Gilwest Clinic

Turning Point Data

The majority of Turning Point's clients are adult men recovering from 'hard drugs' such as cocaine and heroin. However, many clients are also recovering from cannabis and other substances. Supplemental data indicates that clients of European, Aboriginal and African descent are over-represented while Asians are under-represented in its client base. Unlike Gilwest Clinic and RADAT, many of Turning Point's clients are not Richmond residents (approximately half).

Table 8 Turning Point Richmond House Client Profile, 2001

Substance	Youth	Adult	Total[iv]
Amphetamine	0	2	2
Barbiturate	0	1	1
Benzodiazepine	0	1	1
Cannabis	0	13	13
Cocaine	1	30	31
Hallucinogen	0	1	1
Heroin	0	9	9
Illicit Methadone	0	2	2
Opiate	0	2	2
Other Prescription Drugs	0	1	1
Other Illicit Substances	0	2	2
Total	1	64	65

Source: B.C. Ministry of Health

The Costs of Illicit Drug Use to the Community

The ramifications of illicit drug use extend far beyond the individual user. For the broader community, the effects of illicit drugs are physical, emotional and financial. A recent study estimated the total cost of illicit drug use in BC at more than $208 million annually (Single 1998). Included in this total are health care, law enforcement and treatment costs. With inflation, this figure grows to $231.55 million.[v] For Richmond, this means $9.26 million, or **$159 per household annually.**[vi] The costs of drug use to Richmond are both obvious and difficult to perceive. They include:

• **Law Enforcement.** In many cases, drug use is linked to ongoing criminal behaviour. A recent study of federal prison inmates by the Canadian Centre for Substance Abuse (CCSA) found that former drug and alcohol addicts reported committing an average of 7.1 crimes per week prior to conviction– nearly four times as many crimes as inmates that did not use any substance and more than twice as many crimes as inmates who used substances but did not develop a dependence. Inmates who indicated a dependence on drugs were more than twice as likely to have committed a property crime than inmates with alcohol dependence (Pernanen et al. 2002). Combating the criminal activity of drug users and traffickers through investigation, arrests and seizures demands a great deal of the Richmond RCMP's resources. As noted above, it is estimated that 70 percent of all property crimes in Richmond are created by drug users.

• **Probation and Incarceration.** Another cost directly related to the enforcement of drug use and trafficking is the probation and prison system. Although it is not possible to identify precisely what proportion of crimes are caused or influenced by illicit drug use and trafficking, probation officers indicated that drugs are playing an increasingly prominent role in the cases that they receive.

• **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. Diseases contracted from intravenous drug use, including HIV and hepatitis C, require tremendous public expenditures. 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[vii].

• **Treatment.** Demand for treatment is closely linked to the prevalence of drug use in a community. Although treatment costs can be viewed as a result of drug use, funds allocated to treatment programs may reduce long-term expenditures on law enforcement (see **Potential Community Cost Savings** section below).

• **Lost Productivity.** In addition to burdening the criminal justice and hospital systems, illicit drugs can reduce the productivity of a community's workforce. Drug use leaves otherwise productive individuals in treatment centres, in jail or simply unemployed - costing Richmond both potential tax revenues and significant expenditures on health care, law enforcement and social assistance.

Potential Community Cost Savings

Health economists describe the cost savings derived from spending on prevention, education and treatment as the "health offset effect" (Kaiser Foundation 2000). Among the direct "offsets" caused by preventative efforts are reduced expenditures on health care, law enforcement, and treatment programs – all of which result from decreased drug use (particularly types that endanger users and the public) and reduced criminal involvement. Indirect offsets include increased productivity and decreased spending to support the households of addicts.

An accepted "rule of thumb" among researchers is that **every dollar spent on addictions treatment saves society seven dollars** (Ibid.). A United States study by the RAND corporation found that treatment was seven times more cost-effective in reducing cocaine consumption than attempting to stop cocaine importation at the border and twenty one times more cost-effective than targeting production at the source (Rydell and Everingham 1994).

Estimates of savings from spending on prevention and education are as great as $65 for each dollar spent, because of the potentially tremendous benefits of these programs. Smaller estimates have been made for savings from less intensive programs. Enhanced prevention and education can reduce spending on treatment, increase productivity and in the process reduce use of the health care, criminal justice and social assistance systems. A Rutgers University study indicated that treatment for addictive disorders drives down demand for health care, promoting more efficient use of the system by patients and their families (Langenbucher 1994).

Inventory & Assessment of Existing Services

Treatment

Inventory of Existing Services
There are currently two agencies providing treatment and recovery for drug users in Richmond:

• ***The 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. RADAT has separate programs for its youth and adult clients. Individuals under the age of 19 are treated by a member of a team of two counsellors and two prevention workers, including one school-based prevention workers at McNair Secondary. Young clients are referred by parents, guidance counsellors, school officials, probation officers and themselves. Appointments are flexible and can be held in schools, at RADAT officers, in a client's home, or at a neutral location. Clients of the youth program are scheduled for an appointment after making first contact and are usually seen within the week. Prior to receiving a series of extensive counselling sessions, clients must complete an extensive series of forms. Counsellors indicate that this administrative requirement can serve as a minor deterrent to young clients who are already hesitant to seek help. The type and duration of a program depends upon a client's individual needs. Counsellors generally take a harm reduction approach, and do not require complete abstinence from the outset. In many cases, a client's parents also receive counselling.

RADAT's adult counselling service begins with an orientation at which prospective clients are introduced to the program by one of four counsellors. In order to receive ongoing individual counselling, adult clients must first attend two two-hour group education sessions led by successful former clients. According to one adult counsellor, as many as half of the individuals that attend orientations drop out of the program prior to completing the education sessions. Of the remaining clients, approximately half fail to complete the program after undergoing an assessment. The completion rate of clients who undergo an assessment is reportedly higher than most treatment programs. In addition, it is estimated that seventy-five percent of the family members of addicted individuals who enter into counselling complete the program. The sources of referrals are similar among youth and adult clients, although more adult clients are referred by friends and employers. In some cases, clients are referred to detox prior to receiving counselling, or are provided with home detox services by a RADAT counsellor. In addition, clients are referred to residential treatment programs, day programs, and support recovery homes.

• ***Turning Point*** is a residential recovery home providing life skills training and counselling for adult males during a 9-week 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. A smaller percentage of Richmond residents are treated at the program's Vancouver facility. Potential clients face a four to five week wait before receiving treatment. Unlike the community's other service providers, Turning Point does not receive provincial funding. As a result, patients who are on income assistance

must use their rental checks to access the program, and some potential clients are unable to attend.

Related Services
There are currently no residential detoxification facilities in Richmond. RADAT refers clients in need of detox to centres throughout the Lower Mainland. According to counsellors, a bed can usually be found within one to two days by persistent adult clients, and can take as many as one to two weeks for youth clients. This delay has significant implications that are discussed below in **assessed needs**.

Individuals with coexisting drug addictions and mental illnesses (dual diagnoses) are treated for each problem by different counsellors from RADAT and the Richmond Mental Health Team, or referred to a dual diagnosis clinic located in Vancouver's Downtown Eastside.

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.

The **Harm Reduction** section below discusses related services for at-risk groups.

Respondents
In-depth interviews were conducted with one adult, one youth and one school outreach counsellor from RADAT. The executive director and Richmond counsellor of Turning Point were interviewed. In addition, complete interviews were held with representatives from the Richmond branch of the Ministry of Child and Family Services. To supplement the information obtained from these sources, service providers from mental health, SUCCESS and the Richmond Multicultural Concerns Society were contacted for brief discussions.

Assessed Needs

Service Needs
A theme that emerged in interviews with treatment service providers was the lack of a *continuum of care* in Richmond. While respondents expressed varying levels of satisfaction with the current drug treatment services offered, each described 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.

Certain stages of the treatment and recovery process – youth recovery, career training and planning, affordable singles housing and youth and residential detox – are simply not provided within Richmond. Without these resources, many former users find it difficult to re-integrate into the community and remain clean. In addition, available services are frequently unsuited to the specific needs of clients. Individuals with simultaneous mental health and drug problems are often unable to receive treatment for mental illness without first abstaining from illicit drugs, even though the problems may be intertwined. Due to an absence of outreach efforts, existing treatment services do not reach segments of the population less likely to seek help, including street-entrenched youth, individuals with HIV, female sex trade workers, senior citizens and portions of the Chinese and Indo-Canadian communities.

Interagency Needs
Poor communication between certain treatment and social services agencies appears to aggravate the gaps in service provision. Respondents pointed to a lack of coordination and inconsistent information-sharing as factors hampering the ability of clients to fully utilize the resources available in Richmond. Community resistance to drug treatment programs and facilities, as well as a stigmatization of users, also contribute to the inability of many users to seek treatment and recover.

Several respondents were critical of the existing adult drug treatment program in Richmond, suggesting that it is perceived as an abstinence-based approach and its requirement that clients participate in a visible group process deter potential clients. It is believed that these stipulations lead clients who are resistant to treatment to either drop out of or simply not consider accessing the existing service. Many high risk clients would reportedly be more receptive to confidential counselling or treatment that begins immediately.

Enforcement

Inventory of Existing Services
Enforcement and adjudication of illicit drug use and trafficking in Richmond is handled by the Richmond RCMP, the City of Richmond and external agencies:

• ***Richmond Drug Enforcement Section***. The Richmond RCMP's six member Drug Enforcement Section targets mid-level trafficking, production and possession within the City of Richmond. This unit focuses its efforts primarily upon cocaine, heroin, methamphetamine and other 'hard' drug operations. Investigative tactics include undercover operations, confidential informants, and observation. In addition to gathering intelligence, the Drug Enforcement Section obtains and executes search and arrest warrants.

• ***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. The program includes an education component for homeowners. Beginning in the Fall, a Green Team of five full-time personnel will investigate marijuana production operations, as well as lower level complaints of trafficking and possession.

• ***General Duty Officers***. Richmond RCMP General Duty Officers handle the majority of complaints of street-level drug possession and dealing. Allegations of possession or trafficking of small quantities of drugs on school grounds are investigated by Richmond RCMP school officers. In order to constitute a criminal offence, an individual must be in possession of at least 30 grams of marijuana. Each officer exercises discretion in deciding whether to arrest individuals in possession of small amounts of marijuana, attempt to refer them to treatment or other social services, or release them. Possession of 'harder' substances such as cocaine and heroin lead to automatic arrest. In every case, the illegal drugs are seized. Six general duty personnel are assigned as school liaison officers to two secondary and eight elementary schools each. The officers participate in school activities and respond to criminal complaints on school property. Although school liaison officers receive a substantial number of calls related to drug

use and trafficking, students are rarely arrested. Instead, they are directed to community resources such as RADAT, Richmond Youth Services Agency and mental health workers.

• ***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.

Related Services

• ***The Vancouver Drug Section*** provides high-level investigations of importation and exportation of illicit drugs. Although this agency works independently, information gathered by the Richmond RCMP can be used to open or further an investigation.

• ***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. According to the counsellor, the vast majority of PLEA clients have used drugs on a regular basis, and in some cases committed a crime related to drug use. Meetings with clients range from once to three times per week over a six month period. Clients are not required to completely abstain from drug use, but rather to find alternate activities. During 2001, the PLEA counsellor worked with 16 Richmond clients.

Respondents

Two members of the Richmond RCMP were interviewed at length, as well as one youth probation officer and one PLEA counsellor. An adult probation officer, a representative from the RCMP Drug Awareness Service, a representative from the Richmond RCMP school liaison program and a member of the Vancouver drug section were consulted for additional information.

Assessed Needs

Law Enforcement Needs

Respondents indicated that drug enforcement and adjudication in Richmond is limited by a lack of resources, weak prosecution of drug crimes, and inadequate drug education in schools. The resources currently devoted to drug investigations are not sufficient to carry out long-term investigations or perform "buy and bust" operations in which officers purchase and immediately arrest dealers. Although both of these tactics would assist the Richmond RCMP in reducing the supply of drugs, neither is currently feasible. Law Enforcement officials suggested that even with additional resources, drug intervention efforts would be limited by the typically weak prosecution of trafficking in local courts. Relaxed penalties are widespread throughout the Lower Mainland, and appear to make Richmond a relatively attractive location for dealers from across Canada. Respondents expressed scepticism about the ability of either treatment programs or incarceration to steer users away from drugs. One RCMP official noted that in more than a decade of police work, they had only observed one drug user successfully recover after being diverted by the courts to a treatment program or serving a jail sentence. This official was joined by two other respondents in noting that users who display interest in receiving treatment prior to

engaging in serious criminal activity are often deterred by waiting lists and the lack of access to services.

Interagency Needs
In similar fashion to respondents representing the treatment pillar, law enforcement interviewees emphasized the need for a more coordinated, continuous approach to the community's drug problems. Among the services that respondents cited as lacking were early intervention, extensive drug education, detox, dual diagnosis services, and accessible recreational and community facilities for at-risk youth.

Harm Reduction

Inventory of Existing Services
Harm Reduction services include a variety of efforts to reduce the negative effects of drugs on individual users and the community:

• ***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. The clinic's services are often interrelated: clients with HIV or hepatitis C may have contracted the disease through intravenous drug use and require methadone treatment; clients using the needle exchange may need counselling to help avoid contracting an illness. Each methadone client is required to report to the clinic daily before receiving dosage from a pharmacy. The needle exchange is open from 1-4 PM each afternoon. Clients are permitted to exchange as many as 200 needles at once. Patients receiving methadone are steered toward abstinence, but are allowed to exchange needles as an emergency measure if they continue to shoot heroin. The clinic also provides outreach aimed at preventing HIV and hepatitis C infection. Through partnerships with RADAT and The Richmond Hospital, Gilwest refers clients for counselling and acute care.

• ***Heart of Richmond AIDS Society (HORAS).*** HORAS provides 35 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. In order to reduce the likelihood that clients will spread the disease to others and imperil themselves, clients are referred to treatment agencies, self-help groups and the Gilwest needle exchange.

• ***Street Youth Outreach Program.*** 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. To raise awareness, counsellors distribute handbills at popular youth hang-outs describing the agency's programs and services. In addition to referring clients to service providers, counsellors provide

at-risk youth with basic necessities and practical advice. Between January 2001 and February 2002, just under 700 clients were served.

• ***City of Richmond Community Centres.*** Richmond's nine community centres provide recreational and enrichment activities for youth, including a Night Shift program that opens four centres during late Friday evening. Youth coordinators at each centre involve community centre participants in creating groups tailored to their specific interests and needs. The coordinators are also responsible for building relationships with youth who are disconnected from community and school activities. Young people who appear to have used drugs prior to arriving at the community centre, but do not threaten the safety of others or the centre, are counselled before being allowed to participate in activities. Two outreach workers provide information on recreational activities to disconnected youth, as well as setting up classes at the community centres tailored to their interests. Current classes include break dancing, deejaying and graffiti art. To serve youth unable to pay for community centre activities, outreach workers cooperate with the city to identify and deliver subsidies.

Respondents

Four members of the Gilwest staff, a counsellor and administrator from HORAS, and Richmond Youth Service Agency's youth workers were interviewed. Two community centre counsellors and one additional Gilwest doctor were consulted.

Assessed Needs

Service Needs

Respondents agreed that not enough is currently being done to mitigate the harmful effects of drug use on individual users and the larger community, or to address the root causes of harmful substance abuse. Interviewees indicated that the current education, treatment and recovery services in Richmond are extremely inadequate. Service providers felt that they often act as 'band-aids' for problems that are not addressed until they become crises. The lack of detox facilities, safe houses, recovery facilities for youth, and harm reduction-based treatment programs for adults were cited by numerous interviewees as factors contributing to dangerous drug use and drug-related crime. In addition, respondents indicated that the mental health services provided in Richmond fail to serve the specific needs of high risk clients, including HIV positive people and at-risk youth.

Interviewees admitted that due to a lack of outreach, current harm reduction services were likely reaching only a small number of the community's high risk drug users. A much larger group would likely be reached if certain services were added, such as additional hours, a mobile needle exchange, outreach workers with the ability to speak languages other than English and services in the East Richmond area.

One respondent indicated that Richmond's methadone clinic and needle exchange limits client access by using the same personnel to run both programs. This practice reportedly leads HIV positive clients who are too embarrassed to admit that they are continuing to use heroin while receiving methadone to inject with unsanitary needles rather than access the needle exchange. The respondent added that the needle exchange and methadone clinic provide an inadequate level of instruction on safe injection techniques.

Interagency Needs
Youth outreach workers noted that at-risk youths between the ages of thirteen to fifteen "fall through the cracks" because they are too old for the services provided to children, but too young for those provided to teens. Each respondent noted significant barriers to successfully implementing harm reduction services in Richmond, including a general unwillingness to face the community's drug problem, an opposition to harm reduction by the RCMP, the allegedly mistaken belief that harm reduction induces drug use and a lack of awareness about the benefits of harm reduction strategies.

Harm reduction respondents emphasized that the consequences of inadequate or inappropriate treatment services can be particularly severe for certain groups of users. For individuals with HIV, the reportedly unaccommodating adult treatment program can contribute to relapses and life-endangering activity. Respondents were sharply critical of this program, suggesting that its perceived emphasis on abstinence and scheduling, combined with its requirement that clients attend public information sessions, limited access to at-risk individuals.

Education

Inventory of Existing Services
Drug education in Richmond is provided through several sources:

• ***Richmond School District.*** The Ministry of Education requires that students receive instruction on the harmful effects of drug use as part of the elementary Personal Planning (PP) and secondary Career and Personal Planning (CAPP) programs. In grade 4, parents are given a handbook on substances to help them educate their children about the consequences of drug use. The content and extent of instruction on drug use and prevention is largely at the discretion of individual teachers and principals. In some schools, drugs are covered during theme days, while in others they are discussed during individual classroom sessions. The types of drugs covered and style of presentation varies between the grades, with more serious topics broached in secondary school. The drug portion of CAP is often satisfied by student presentations and discussions led by counsellors from RADAT or teachers, as well as videos depicting the negative effects of drug use. Drug education makes up approximately 5% of instructional time in the PP and CAPP programs. In some schools and classrooms, attendance at drug education classes or events is not mandatory.

• ***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. Following its inception at a student health forum in 2001, the group has held an orientation for elementary school students entering secondary school and conducted a survey to determine the greatest health concerns of high school students in Richmond. Current membership is approximately twelve, but this core group intends to lead recruiting efforts during the upcoming school year.

• ***The RCMP Drug Awareness Service*** conducts an ongoing intelligence probe into the rave and night club scenes in Richmond. An undercover officer visits parties and purchases illicit drugs, which are brought to a laboratory and tested. The information collected from the laboratory tests

is shared during presentations to groups of parents, students, service providers and law enforcement officers. 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.

• ***RADAT.*** In addition to leading classroom discussions, RADAT counsellors provide occasional lectures and discussions for youth, parents and adults. RADAT offered approximately 150 discussions and presentations to Richmond elementary and secondary schools during the 2001-2002 school year. RADAT counsellors also provide education sessions for adults, including parents and users.

Respondents

Officials from the Richmond School District, the RCMP Drug Awareness Service, and two community health nurses representing PSYCH were interviewed. In addition, the creator of a drug curriculum used in Richmond schools and an official involved in creating the City of Vancouver's drug strategy were consulted.

Assessed Needs

Program Needs

Respondents were mixed in their assessment of the educational programs currently provided by the Richmond School District. Interviewees from the RCMP and PSYCH suggested that drug education in Richmond schools could be improved through specific alterations, while a school district official emphasized that curricula are largely determined by the province and individual teachers. The majority of respondents suggested that the delivery of educational materials is generally ineffective because it fails to capture the attention of students. Drug education could be enhanced by involving students in curriculum development, allowing older students to speak to younger classrooms, utilizing more interactive teaching methods (such as role playing), and providing a continuous curriculum through the grades. Some of these methods have been utilized in individual presentations or in a series of presentations, but not as a comprehensive approach. On-site counselling, group counselling for users, and greater use of existing materials were cited as potential improvements.

An RCMP official recommended the use of the DARE program, which could be provided free of charge. The school district has been hesitant to bring this program into the schools due to a reported lack of evidence of it's benefits. Beyond the classroom, respondents noted the need for residential rehabilitation for youth, youth detox and the integration of drug education into recreational and other extracurricular activities.

Interagency Cooperation

18 of the 23 respondents consulted for the needs assessment articulated a need for greater cooperation between agencies addressing drug use in Richmond. Specifically, interviewees indicated that the service provided by Richmond agencies could be improved through a more coordinated, integrated approach. Respondents indicated that fragmentation between agencies currently hinders the speed and quality of service delivery. Among the shortcomings of current service delivery cited by interviewees were:

- A lack of communication between agencies in different fields
- Competition between agencies for clients
- Philosophical differences between various service providers
- Resistance to sharing vital information about clients
- An absence of clear accountability and a lack of standardization

According to respondents, service provision could be enhanced through:

• **Improved inter-agency communication.** Respondents suggested that greater communication could significantly enhance the quality of services addressing drug use in Richmond. This could take place through frequent formalized meetings or enhanced informal dialogue. In particular, interviewees indicated a need for greater dialogue between drug treatment, mental health and social services providers. These services are reportedly failing to provide clients with optimal treatment. Respondents also suggested enhanced communication between treatment and employment agencies.

• **Complete, transparent information about Richmond agencies.** Respondents indicated that increased transparency would facilitate more informed treatment and referral decisions. This could be provided through a single city agency that offers "one-stop shopping," or emerge through a formal agreement between agencies. Under such an arrangement, prospective clients or service providers could access Richmond's agencies or make referrals through a single source.

• **Standardized referrals process.** Respondents suggested that greater standardization would streamline existing delays in referring clients to appropriate treatment programs. Some interviewees noted, however, that this would lead to only limited improvement without the provision of needed services.

• **Creation of a Community Liaison Worker position.** Respondents indicated that a liaison worker would open lines of communication between Richmond agencies, enhancing existing dialogue and exploring opportunities for greater coordination. A liaison worker could be created through the city, health authority, or provincial ministry.

Summary & Analysis of Community Needs

The following service enhancements or additions carried the strongest support among the respondents consulted. As noted above, interview questions were open ended. Thus, interviewees were not asked to state a preference for or against specific services.[viii] What follows is a composite of the additional services and facilities voluntarily recommended by interviewees:

Facilities/Services

• **Detox Facilities.** Sixteen of the twenty-three respondents indicated that Richmond needs residential detoxification facilities, particularly for **youth**. Detoxification is an intensive process in which users move toward abstinence from their drug of choice in a monitored setting. Interviewees indicated that bringing residential detox beds to Richmond would allow clients much-needed immediate access to treatment. Currently, certain clients fail to enter treatment or relapse because of the delay in accessing residential detox facilities elsewhere in the Lower Mainland. The ramifications of adding residential detox are particularly significant for at-risk users who become involved in criminal or self-destructive behaviour. A 1998 study confirmed the need for additional youth detox beds in Lower Mainland municipalities (Bognar, Legare and Ross 1998)

• **Residential Treatment and Recovery Centres.** Sixteen respondents reported that Richmond is in need of residential treatment and recovery centres. Of this group, seven indicated that these facilities are needed specifically for **youth**. Residential treatment and recovery facilities do not include detoxification, but rather involve a variety of activities intended to move users away from addiction and toward full recovery. Like the lack of residential detox, the absence of these facilities in the community creates a barrier to treatment for many clients. A report by the BC Medical Association suggests that delays in accessing detox and treatment services represent lost opportunities for diverting users away from hazardous activities and personal crises (BC Medical Association 1998).

• **Dual Diagnosis Services.** Fifteen of the respondents indicated that dual diagnosis services should be provided in Richmond for drug users with mental illnesses. Such a service would simultaneously treat a drug addiction or mental illness rather than dealing with them separately. Interviewees felt that providing this service would allow individuals with coexisting drug and mental health problems to utilize the community's treatment programs efficiently, rather than receiving incomplete treatment or treatment for only one problem at once. A recent U.S. study found that effective treatment for individuals with dual diagnoses was critical in deterring them from criminal activity (Clark et al 1999). The study also found that providing these individuals with **affordable and stable housing** appears to reduce their likelihood of criminal involvement.

• **Affordable and Emergency Housing.** Nine respondents recommended the provision of additional low cost housing. Service providers emphasized the importance of providing stable housing for recovering addicts attempting to re-integrate into society, and 'safe houses' for at-risk youth, users in crisis, women and individuals facing abuse at home. All of these groups are reportedly more likely to engage in hazardous drug use and activity that endangers the public if they left without stable housing. A report by BC's former Provincial Health Officer indicated

that treatment for injection drug users is unlikely to be effective without stable housing (Millar 1998).

• **Youth Drop-In Centre.** Four respondents articulated the need for a drop-in centre serving at-risk youth in Richmond. This centre would serve youth who are currently uncomfortable using community centres, schools and other teen facilities. Two of the respondents suggested that the centre should be located in a welcoming environment away from school property to increase accessibility.

New Approaches

• **Enhanced Outreach.** Eleven respondents recommended additional efforts to provide better service to groups that are currently either unaware of or not accessing existing services. Respondents indicated that the Chinese community, East Indian community, at-risk youth, senior citizens, intravenous drug users and sex trade workers are underserved by current treatment, harm reduction and education resources. Potential improvements recommended by at least one interviewee include: additional Mandarin, Cantonese, Punjabi and Hindi speakers to assist clients; educational forums presented in languages other than English; mobile needle exchanges; education and treatment programs specifically for seniors; enhanced efforts to attract at-risk youth to community events; and information sharing and counselling for women working in massage parlours. Studies from elsewhere in Canada and the world have found that many groups - including the homeless, young women, at-risk seniors, youth, and Asian and aboriginal communities - are not adequately served by treatment and prevention programs that do not utilize an outreach strategy (Spooner 1996, Centre for Addiction and Mental Health 1999, Health Canada 2001)

• **Integrated Services.** Nine respondents recommended the implementation of a new agency or formal agreement that provides treatment, harm reduction and mental health services through a single delivery process. Four of these respondents suggested a program specifically for youth. One indicated that the services should be provided in the same location.

• **Additional Education Initiatives.** Nine respondents indicated a need for in-school drug education beyond what is currently provided. Three suggested that the DARE program be introduced into Richmond Schools, while three additional respondents questioned the efficacy of this program. Studies measuring the effectiveness of the DARE program in reducing drug use among young people have shown mixed results (U.S. Department of Justice 1994, Arizona Office of the Auditor General 1999, Curtis 1999). Other recommendations included: the use of role playing to supplement lectures, education programs directed by students, a continuous curriculum and requiring that students attend drug education sessions. Educating youth about the negative effects of substance use is potentially quite cost-effective (see **The Costs of Illicit Drug Use** above). However, the most successful education programs have been ongoing, interactive, involved students in program planning, and been supplemented by out of school activities (Ott and Karioja 2001, Prevention Source BC 2000). Opening Doors, an intensive Ontario program for both youth and parents administered during the transition between elementary and secondary school, was found to significantly reduce the likelihood of illicit drug use or criminal activity (Wood et al 2000).

• **Harm-Reduction Based Adult Drug Treatment.** Four respondents suggested that Richmond needs an adult drug treatment program that takes a harm reduction approach. While a counsellor

from the existing adult drug treatment program indicated that a harm reduction approach is used to treat some of its clients, others believed that the program did not take this approach often enough. The respondents recommending this approach to adult counselling felt that it would make treatment more accessible, particularly to high risk individuals unwilling to completely abstain from using drugs. Three also recommended that the existing adult treatment program eliminate its requirement that clients attend group information sessions prior to receiving counselling. (Additional respondents criticized the current adult treatment program, but did not explicitly recommend an alternative approach.)

• **Additional Youth Recreation Opportunities.** Four respondents suggested that additional recreation opportunities be made available to high-risk youth. These interviewees felt that recreation was an essential part of reducing substance abuse and involvement in drug-related activities among young people. Research on the effects of recreational activity on high risk youth have shown mixed results. A 1998 adolescent health survey found that although students in Greater Vancouver were much less likely to use marijuana and other drugs as students throughout British Columbia, they were also less likely to be involved in physical extracurricular activities (McCreary Centre Society 1998).

Accountability Gaps

The needs assessment identified a lack of clear accountability amongst service providers. In general, the outcomes used by agencies addressing drug use in Richmond lack quantitative measures and rely heavily upon self-assessment by clients. Measuring the success of drug treatment and related programs is by nature tenuous. Determining the proportion of former clients that continue to abstain from drugs, for example, would be exceedingly difficult for both practical and legal reasons. However, certain measurable outcomes are simply not monitored:

• **The Recidivism Rate** of offenders diverted from the criminal justice system to treatment and counselling programs. A handful of Richmond agencies receive referrals from probation officers, but no record is kept of whether or not these clients commit additional offences after completing a treatment or counselling program. There are many intervening factors that determine whether or not an individual re-offends. However, measuring this outcome would allow for a comparison between various programs, and help identify any additional support services necessary to re-integrate former criminals into society.

• **The Completion Rate** of clients that show initial interest or enrol in a program. Some, but not all, city agencies currently monitor this outcome. This is an obvious opportunity to identify the challenges different programs face in retaining and successfully treating clients. A potentially negative side effect of rigorously measuring an agency's completion rate is the fear that funding might be reduced due to a low rate, which could lead an agency to avoid treating high-risk clients.

• **Use of Emergency Health Care Services.** Another, more difficult, method of assessing a client's success in recovering from (or coping with) an addiction would be to measure the number of times the individual utilizes emergency medical services in the years following completion of a treatment program. Emergency room stays are not only costly, but also suggest that a person has engaged in drug use dangerous to their personal health and the community's safety.

Other Recommendations

The following service enhancements and additional programs were recommended by two respondents or less. It is important to note that certain services were unlikely to be recommended by numerous interviewees given their specificity to an individual field (such as law enforcement, harm reduction or education). The number of respondents indicating a need for each service is expressed in parentheses.

Treatment

- Re-education and re-training for recovering users (2)

- Treatment Services in East Richmond (1)

- Support groups for youth drug users (1)

Harm Reduction

- Safe Injection Sites (2).

- Additional food bank and food kitchen hours (2).

- Programs for youth between the ages of 13-15 (2).

- Enhanced instruction on safe injection techniques (1).

- Needle exchange staffed by different than the existing methadone clinic (1).

Law Enforcement

- Additional personnel to conduct undercover and higher level operations (2)

- Stronger sentencing for drug trafficking (2)

Education

- On-site counselling in each school (2)

- Additional use of existing materials (1)

- Group counselling for youth with substance abuse problems (1)

Appendix

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.

Confidential Informants – Individuals paid by a law enforcement agency to provide intelligence on criminal operations. Confidential Informants are usually entrenched in a drug scene or in close contact with traffickers.

Controlled Substances – Illegal Drugs.

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.

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. This effects of this drug are unknown, but ecstasy has caused brain damage in animals.

Grow Op – Marijuana production operation.

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

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.

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

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

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

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

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.

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.

Contact List

Organizations Interviewed or Consulted

Law Enforcement
Richmond RCMP Detachment
RCMP Drug Awareness Service
Vancouver Drug Section
PLEA
Richmond Community Corrections
Ministry of the Attorney General
Vital Statistics

Harm Reduction
Richmond Health Services /Gilwest Clinic
Heart of Richmond Aids Society (HORAS)
Ministry of Children and Family Development (MCFD)
Richmond Youth Service Agency
City of Richmond Community Centres

Treatment
Turning Point
Richmond Drug Action Team (RADAT)
Parents Together
SUCCESS
Richmond Multicultural Concerns Society
Ministry of Health
Canadian Community Epidemiology Network on Drug Use (CCENDU)
CHIMO (Emergency Mental Health Services)
The Richmond Hospital

Education
Richmond School District
Richmond Health Services/PSYCH
ADES
City of Vancouver Drug Coordinator
Kwantlen College

Citations

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Interview Questions

Questions for Treatment Interviews

Program/Services Description

1. Please describe the programs/services you offer.

2. Which groups do you target with your services?

3. How are clients referred or identified?

Program/Services Needs

4. How many clients are served by each of your programs/services per year?

5. What is the actual demand for these programs/services (are there wait lists? potential clients turned away?)

6. What therefore is the unmet need in the community for the **existing** programs/services that you offer?

7. In addition to what you offer, what **additional** treatment services/programs does the community need?
   - Do you have any way of documenting that need? Please provide any numbers that you have available.

8. Are there **other populations** than those currently served who need treatment services? What populations and what programs/services do they need?
   - Do you have any way of documenting that need? Please provide any numbers that you have available.

9. (If not already addressed in above responses) Is there a need for dual diagnosis services? Please describe the kinds of services needed and the target populations.
   - Do you have any way of documenting that need? Please provide any numbers that you have available.

10. How is your program funded? What are the costs associated with the service(s) that you provide?

Challenges/Benefits of Meeting Needs

11. Are there specific risk factors and development assets that you have observed among your Richmond clients?

12. What barriers do existing and prospective clients face in accessing treatment services in Richmond?

13. What are the quantifiable potential benefits of meeting treatment needs to the community?

Interagency Cooperation

14. Is there a need for greater cooperation between agencies addressing drug use in Richmond?

15. How could your organization be helped by increased interagency cooperation?

16. Are there other goals that could be achieved through greater inter-agency cooperation?

17. Which stakeholders should be involved?

Questions for Harm Reduction Interviews

Program/Services Description

1. Please describe the programs/services you offer.

2. Which groups do you target with your services?

3. How are clients referred or identified?

Program/Services Needs

4. How many clients are served by each of your programs/services per year?

5. What is the actual demand for these programs/services (are there wait lists? potential clients turned away?)

6. What therefore is the unmet need in the community for the **existing** programs/services that you offer?

7. In addition to what you offer, what **additional** harm reduction services/programs does the community need?
   - Do you have any way of documenting that need? Please provide any numbers that you have available.

8. Are there **other populations** than those currently served who need harm reduction services? What populations and what programs/services do they need?
   - Do you have any way of documenting that need? Please provide any numbers that you have available.

9. (If not already addressed in above Reponses) Is there a need for dual diagnosis services? Please describe the kinds of services needed and the target populations.
   - Do you have any way of documenting that need? Please provide any numbers that you have available.

10. How is your program funded? What are the costs associated with the service(s) that you provide?

Challenges/Benefits of Meeting Needs

11. Are there specific risk factors and development assets that you have observed among your Richmond clients?

12. What barriers do existing and prospective clients face in accessing harm reduction services in Richmond?

13. What are the primary challenges to implementing harm reduction in Richmond?

14. What are the quantifiable potential benefits of harm reduction to the community?

Education Regarding Harm Reduction

15. What type of education campaigns might be most effective in raising awareness about the benefits of harm reduction in various segments of the community? Who should be targeted?

16. How can the perceived negative aspects of harm reduction be addressed (e.g. increased crime around treatment facilities, 'soft' approach to a difficult problem)?

Interagency Cooperation

17. Is there a need for greater cooperation between agencies addressing drug use in Richmond?

18. How could your organization be helped by increased interagency cooperation?

19. Are there other goals that could be achieved through greater inter-agency cooperation?

20. Which stakeholders should be involved?

Questions for Prevention/Education Interviews

Program Description

1. Please describe the programs you offer.

2. Which groups do you target with your services?

3. How are audiences referred or identified?

Program/Services Needs

4. How many Richmond residents are served by your programs per year? Which groups of residents?

5. What is the actual demand for these programs/services (are there wait lists? potential clients turned away?)

6. What therefore is the unmet need in the community for the **existing** programs/services that you offer?

7. In addition to what you offer, what **additional** harm reduction services/programs does the community need?

- Do you have any way of documenting that need? Please provide any numbers that you have available.

8. Are there **other populations** than those currently served who need harm reduction services? What populations and what programs/services do they need?

- Do you have any way of documenting that need? Please provide any numbers that you have available.

Challenges/Benefits of Meeting Needs

9. What barriers do existing and prospective clients face in accessing harm reduction services in Richmond?

10. What are the primary challenges to implementing harm reduction in Richmond?

11. What are the quantifiable potential benefits of harm reduction to the community?

Education Regarding Harm Reduction

12. What type of education campaigns might be most effective in raising awareness about the benefits of harm reduction in various segments of the community? Who should be targeted?

13. How can the perceived negative aspects of harm reduction be addressed (e.g. increased crime around treatment facilities, 'soft' approach to a difficult problem)?

Interagency Cooperation

14. Is there a need for greater cooperation between agencies addressing drug use in Richmond?

15. How could your organization be helped by increased interagency cooperation?

16. Are there other goals that could be achieved through greater inter-agency cooperation?

17. Which stakeholders should be involved?

Questions for Law Enforcement Interviews

Program/Services Description

1. What are the Richmond RCMP's current drug enforcement and prevention efforts.

2. What types of illicit drug activity are given the highest priority?

3. What patterns have you observed in drug trafficking and misuse in Richmond in recent years?

Program/Services Needs

4. Which types of illicit drug or drug-related activity pose the greatest threat to public safety in Richmond?

5. In addition to what the RCMP provides, what **additional** drug enforcement efforts does the community need?
   - Do you have any way of documenting that need? Please provide any available numbers.

6. Are there illicit drug problems **aside** from those currently being addressed in RCMP programs that need enforcement?
   - Do you have any way of documenting that need? Please provide any available numbers.

Challenges/Benefits of Meeting Needs

7. What are the greatest challenges to reducing the sale and use of illicit drugs in Richmond?

8. What kinds of educational materials are best suited to educating the public about the impacts of illegal activities related to drugs (e.g. possession, use and trafficking)?

Interagency cooperation

9. What, if any, are your referral policies for users of illicit drugs?

10. How effective is the court system in supporting your prevention and enforcement efforts?

11. Is there a need for greater coordination between Richmond RCMP programs and services and other community-based agencies (e.g. victim services, youth intervention, community policing, education)?
    - If so, how can these programs and services become more coordinated?
    - Which stakeholders should be involved?

12. How could your agency be helped by increased interagency cooperation, both with: a) other agencies in Richmond and b) other enforcement agencies in the region?

[i] Richmond School District chose not to participate in this study.

[ii] In June 1997, ***the Controlled Drugs and Substances Act*** (CDSA) came into effect. The CDSA consolidated the Narcotic Control Act (NCA) and Parts III and IV, and Schedules F, G, and H of the Food and Drugs Act (FDA). Prior to the proclamation of the CDSA, drug offences were reported on the basis of six drug categories: heroin, cocaine, cannabis, other drugs, controlled drugs and restricted drugs. Under the CDSA, drug offences were reportable under four new categories: heroin, cocaine, cannabis and other drugs. Generally speaking, the other CDSA drug category now contains those drugs previously included in the controlled, restricted, and other drug categories. The consolidation of illicit drugs into the new categories provided by the CDSA did not commence until mid-1997. As such, 1997 is a transition year in the reporting of drug offences. The 1997 data contain approximately half a year of data reported under the drug categories provided by the NCA/FDA and half a year of reporting under the new CDSA drug categories.

[iii] See above.

[iv] Turning Point's Richmond recovery program is male only.

[v] This figure was used by applying the consumer price index for British Columbia, with 1992 as the base year at 100 and 2001 as the final year at 115.2.

[vi] This figure was derived by dividing the 2001 population of Richmond by the 2001 population of BC to determine that it represents 4 percent of the province's population. The total figure found in the study plus inflation (based upon the BC CPI) - $231.55 million – was then divided by 4 percent (.04). The quotient - $9.26 million – was then divided by the number of households in Richmond – 58,272 – for a quotient of $158.95, which was rounded up to $159.

[vii] These figures were based upon cost estimates provided by the manager of The Richmond Hospital Emergency Room and Intensive Care Unit. A stay in the Intensive Care Unit costs $900 a day, an emergency stretcher costs $1100 a day, and an inpatient bed costs $1100 a day. The stay for a patient with a serious drug overdose was estimated as between seven and twenty-one days, depending upon the severity and whether or not organ damage was involved. For particularly serious cases, the costs of using a respiratory machine and drugs brings the initial daily cost to $2,500-$3,000. The low-end estimate was calculated as follows:
1 day emergency stretcher ($900) + 1 day ICU ($1000) = $1900 (first day costs) + $6600 (6 inpatient days) = $8,500.
The high-end estimated was calculated as follows:
2 days ICU + stretcher + respiratory care + drugs ($6,000 total) + 19 inpatient days ($20,900) = $26,900.

[viii] Respondents were asked if they observed a need for dual diagnosis services. However, they were not asked specifically if they supported locating one of these facilities in Richmond. Nonetheless, respondents were 'prompted' to discuss dual diagnosis in a way that they were not (incited) to discuss other potential service improvements.