



ADMINISTRATIVE REPORT

Report Date: March 29, 2018
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Meeting Date: April 17, 2018

TO: Vancouver City Council
FROM: General Manager of Arts, Culture and Community Services
SUBJECT: Mental Health and Addictions De-Stigmatization - Grants

RECOMMENDATION

- A. THAT Council approve a grant of up to \$85,000 to the Street Corner Media Foundation ("Megaphone") to develop a speaker's bureau with business plan. Source of Funding: the 2018 Social Policy Grants Operating Budget (carried forward from the 2017 Contingency Budget for the Opioid Crisis).
- B. THAT Council approve a grant of \$15,000 to Watari Research Association ("Watari Counselling and Support Services Society") to develop, design, and produce a comprehensive resource guide for people accessing housing, health, employment, and social services. Source of Funding: the 2018 Social Policy Grants Operating Budget (carried forward from the 2017 Contingency Budget for the Opioid Crisis).
- C. THAT, pursuant to Section 206(1)(j) of the Vancouver Charter, Council deem the organizations in Recommendations A and B which are not otherwise a registered charity with Canada Revenue Agency to be contributing to the culture of the City.
- D. THAT all grants be subject to each organization executing and delivering a grant agreement (or signing and returning a grant letter agreeing in writing to its terms) on the terms generally outlined in this Report and otherwise satisfactory to the General Manager Arts, Culture and Community Services and City Solicitor, and in the case of a grant agreement to be executed by the City Solicitor on behalf of the City.

- E. THAT no legal rights or obligations are created by the approval of Recommendations A and B above unless and until an actual grant agreement (or letter agreement) is executed and delivered by the City and the recipient organization.

Approval of Recommendations A and B constitute grants and therefore require affirmative vote of at least 2/3 of all of Council members pursuant to Section 206(1) of the *Vancouver Charter*.

REPORT SUMMARY

Evidence-based, coordinated and aligned efforts at the local, provincial and national levels are needed to address stigma surrounding addiction to illicit substance use. This report describes the negative impacts of stigma towards people that use drugs, outlines previous and current recommendations to decriminalize personal possession of illicit substances and seeks approval to allocate funding for de-stigmatization initiatives that will be developed in collaboration with people with lived experience of mental health and substance use challenges. The City's People with Lived Experience Advisory Committee (PWLE Advisory) has emphasized the need for face-to-face, peer-led initiatives to address stigma, which is supported by evidence around anti-stigma best practices. The group has identified two projects for funding: a speakers' bureau and a resource guide to navigate mental health and addictions services.

COUNCIL AUTHORITY/PREVIOUS DECISIONS

In 2001, Council adopted the **A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver**, a comprehensive and evidence-based drug policy plan that acknowledges drug addiction as a health issue.

In 2005, Council approved **Preventing Harm From Psychoactive Substance Use**, a plan that identifies stigma as a key driver of socialization and called for the Government of Canada consider regulatory alternatives to drug prohibition for currently illegal drugs.

In 2010, Council formally endorsed the **Vienna Declaration**, a scientific statement highlighting the failure of drug prohibition and recognizing that stigma undermines public health efforts around drug use.

In October 2013, Council established the **Mayor's Task Force on Mental Health and Addictions**. The Task Force was to provide recommendations to Mayor and council on priority actions to address an emerging mental health and addictions crisis.

In September 2014, Council adopted the **"Caring for All" Phase I report of the Mayor's Task Force on Mental Health and Addictions**, which prioritized six action areas, including a peer-informed system and de-stigmatization.

In October 2014, Council adopted the **Healthy City for All: Healthy City Strategy (2014 - 2025)**, which features Healthy Human Services and Being and Feeling Safe and Included as goals.

In February 2017, Council approved \$100,000 to implemented mental health and addictions de-stigmatization programs in collaboration with the PWLE Advisory Committee. Source of funds: 2017 Contingency Budget for the Opioid Crisis.

In July 2017, Council approved over \$600,000 in overdose emergency grants to community non-profits to address priority needs during the crisis, including innovative anti-stigma projects.

CITY MANAGER'S/GENERAL MANAGER'S COMMENTS

The recommendations in this report seek to address the negative stigma associated with drug use and addiction as a driving factor of the ongoing opioid crisis. The Province has identified stigma as a key priority for its Overdose Emergency Response Centre, and funding will bolster the current efforts of the Province, Vancouver Coastal Health and community members to address stigma, changing the conversation around mental health and substance use, and enhancing these systems of care.

Addressing stigma requires reframing addictions as a health issue rather than a criminal issue or moral failing. Evidence demonstrates that stigma stops people from accessing treatment or health services due to fear of arrest or feeling shamed about their addiction. Since 2001, the City has been a leader in Canada in its approach to drug policy, and Council has taken a position against prohibition and in support of a comprehensive and health-based approach to drug use.

Despite strong efforts from the City and our partners, this crisis continues unabated. The immediacy of this crisis underscores the need to work together on bold approaches and addressing the limitations of our national drug policy to reduce stigma, support a public health approach, and save lives.

REPORT

Background/Context

The Ongoing Opioid Crisis

Canada is in the midst of an ongoing opioid crisis with Vancouver at the epicentre. In 2017, **365 Vancouver residents died from an overdose—an average of one death a day**. Across the country, nearly 3000 people died from opioids in 2016, and the Public Health Agency of Canada expects more than 4000 opioid-related deaths to occur in 2017. It is anticipated that opioid-related deaths in Canada will surpass those caused by motor vehicle accidents, Parkinson's disease, and chronic liver diseases and cirrhosis.

Throughout the crisis, the Federal Government has taken cues from the City's leadership in responding to the opioid crisis. Health Canada has shifted its approach to problematic substance use to provide a greater focus on public health, including:

- Supporting overdose prevention sites and drug checking;
- Eliminating restrictions on methadone and prescription heroin treatments;
- Supporting innovative research and pilots with federal funding; and

- Providing \$150M for emergency response in 2018 to support treatment scale-up.

Despite these actions and investments, the opioid crisis continues to take the lives of thousands of people across the country.

Stigma towards Illicit Drug Use and People Who Use Drugs

Stigma towards people that use illicit drugs is reinforced when drug use is treated as a criminal rather than a health issue. Vancouver Coastal Health, the BC Centre for Disease Control, and the Minister of Mental Health and Addictions have all called for alternatives to drug prohibition in order to reduce stigma and connect people with lifesaving treatment and support services. The Province's new Overdose Emergency Response Centre has identified the need to address barriers to services based on stigma and discrimination as a priority action in its opioid response. The Minister of Mental Health and Addictions has also emphasized the importance of anti-stigma activities when addressing the opioid crisis, launching an anti-stigma campaign in partnership with the Vancouver Canucks. The United Nations' Commission on Narcotic Drugs has also identified stigma surrounding drug use as a barrier to the availability and delivery of health care and social services for people who use drugs.

Council Position on Stigma and Drug Prohibition

While Council has identified drug use as a health issue since 2001, federal law identifies personal possession of illicit substances as a criminal act.

The Council-approved **A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver** describes the negative social impacts of criminalization in relation to small quantities of illicit drugs, including instability for drug users and the community and other forms of harm and public disorder.

In 2005, Council approved the City's long-term plan **Prevention of Harm from Psychoactive Substance Use**, which recommended that the Government of Canada convene relevant ministers to:

- Review Canada's legislative, regulatory, and policy frameworks governing illicit drugs and,
- Establish a process with broad participation to consider regulatory alternatives to prohibition

Council reaffirmed its position relating to drug prohibition in 2010 when it **formally endorsed the Vienna Declaration**. This document acknowledged that the criminalization of drug users has contributed to negative health and social consequences, including the undermining of public health systems when enforcement drives drug users away from services and stigma towards people who use drugs.

Addressing the Opioid Crisis: Stigma and Decriminalization

Throughout the opioid crisis, the City has made recommendations to senior levels of government to mitigate the impacts of the crisis based on previous Council decisions and with input from key partners in health, community, and the Healthy City Leadership Table. While Council has identified drug use as a health issue since 2001, federal law continues to identify personal possession of illicit substances as a criminal act.

In June 2017, the City recommended that the Federal Government consider moving to a new regulatory approach around illicit substances. By August 2017, with the crisis continuing to take the lives of Vancouver residents and strain first responders, the City called on senior levels of government to take further action to mitigate the impacts of the crisis, including:

- **Expanding addiction treatment**, including injectable options;
- **Increasing the number of overdose prevention sites** to communities in need;
- **Providing necessary services in supportive housing**;
- **Implementing drug checking technology** and programs;
- **Providing MSP coverage for psychosocial addictions treatment**; and
- **Creating a regulatory framework for all drugs and exploring decriminalization.**

In response to an alarming trend that has seen an increase of overdose deaths since October 2017, staff made an additional recommendation in March 2018 that the Federal Government convene a **multi-sectoral task force in order to develop a framework for the immediate decriminalization of personal possession of illicit substances** in order to reduce stigma towards drug users and to support a comprehensive public health approach around drug addiction and to save lives during the opioid crisis. This recommendation was developed with input from key partners in health and community, and is consistent with Council decisions.

This recommendation is not the first of its kind in Canada or for British Columbia. In the early 1990s, the BC Minister of Health and Attorney general convened a task force to investigate a high number of overdose deaths, with the Chief Coroner as its leader. This task force recommended that the BC Government work with the federal Ministers of Justice and Health to explore decriminalization.¹

Decriminalization alone will not solve the opioid crisis. When combined with prevention, treatment, and social supports, decriminalization can be one part of a greater comprehensive public health approach. In particular people need access to adequate treatment on demand, to which the Vancouver Police Department (VPD) and other partners have expressed ongoing support. The VPD Drug Policy (adopted 2006) also supports a health-focused approach to drug use².

It's important to note that decriminalization of personal possession will not eliminate the toxic drug supply, but it is an integral step towards destigmatizing drug users, reducing fear of persecution and providing a pathway for people to seek health and treatment services.

Decriminalization in Practice

Decriminalization is the removal of a behaviour or activity from the scope of the criminal justice system and transitions focus to a public health approach. In this context, decriminalization pertains to personal possession and use of illicit substances in the sense that such conduct is not subject to criminal charges, although administrative penalties could

¹ For the Report of the Task Force Into Illicit Narcotic Overdose Deaths in British Columbia, see: <http://drugpolicy.ca/wp-content/uploads/2016/11/Cain-Report.pdf>

² Since 2006, VPD have adopted a drug policy that supports a health-focused approach to drug-related problems in Vancouver. The VPD has used considerable discretion to support public health initiatives, and charges for simple possession are at an historic low.

still apply. Manufacturing and trafficking would remain illegal and drugs would remain regulated.

One example of decriminalization is in Portugal, where possession of illicit substances has been reclassified as an administrative offense since 2001³. In this system, people are referred to a panel of legal, health, and social work professionals who may suspend the charge, refer someone to treatment, or carry out other administrative sanctions. Sanctioning by fine is an available option, but it is not the main purpose of the panel. Since its introduction, this policy change has seen:

- A reduction in drug use amongst vulnerable populations;
- An increased number of people accessing treatment;
- Significant decreases in HIV rates; and
- A significant reduction in drug-related deaths

Former BC Provincial Health Officer, Dr. Perry Kendall, has cited Portugal's approach as a leading example of how governments can support a comprehensive public health approach to drug use.

Strategic Analysis

The opioid crisis is a devastating epidemic and public health emergency requiring expedited action. Stigma associated with drug use continues to drive the ongoing crisis and push people into isolation. Evidence-based and coordinated efforts at the local, provincial and national levels are needed to shift perspectives from criminalization to health and wellness.

Recommendations for a Federally-led Multi-Sectoral Task Force

Similar to the work done by the Task Force on Cannabis Legalization and Regulation in relation to cannabis, the proposed federal multi-sectoral task force could consult and provide advice to the Government of Canada on the design and implementation of a new legislative framework relating to personal possession of illicit substances. Co-led by the federal Ministers of Health and Justice, this task force could consult with the public, all levels of government, and experts in relevant fields, including but not limited to: criminal justice, public health, harm reduction, law enforcement, addictions medicine, substance use research, and people with lived experience of substance use.

While decriminalization of personal possession has been implemented successfully in other countries, it would require the dedicated work of a task force to develop specific implementation processes for Canada. Such a task force should approach this process with an explicit understanding of the scope and immediacy of the ongoing opioid crisis and shift national perspectives from addiction as a criminal issue to a health issue.

³ For more information on decriminalization in Portugal, see the European Monitoring Centre for Drugs and Drug Addictions *Drug Policy Profile* on Portugal:
http://www.emcdda.europa.eu/system/files/publications/642/PolicyProfile_Portugal_WEB_Final_289201.pdf

City Funding for De-Stigmatization Projects

The grants recommended in this report, developed in close collaboration with the City's PWLE Advisory, will further help to address deeply entrenched stigma and increase awareness and information around substance use and mental health services in Vancouver.

The two recommended grants, which focus on a speakers' bureau and a comprehensive resource guide, will support de-stigmatization initiatives with the goals of shifting perceptions around substance use and mental health and improving access to health and social services through peer-led approaches. In selecting the grants, the City consulted with its PWLE Advisory at six meetings and conducted one-on-one meetings with key partners to identify high impact de-stigmatization programs. Staff also reviewed literature and best practices for de-stigmatization activities. Staff learned that:

Stigma creates barriers for those accessing harm reduction, treatment, health, and social supports. Persistent stigma and stereotypes surrounding substance use push people into isolation and act as a barrier for people accessing health services and other supports, including overdose prevention sites and treatment options. In Vancouver, roughly 90% of overdose deaths occurred indoors, while nobody has died from an overdose at an overdose prevention site.

De-stigmatization requires the voices of people with lived experience. People with lived experience bring knowledge and capacities that are central requirements for successful program and policy development. Throughout the opioid crisis, a strong and resilient peer network has shown leadership, serving as the "first" First Responders when it comes to overdose response.

Face-to-face interventions are a leading best practice when it comes to reducing public stigma. Research from mental health de-stigmatization programs identifies that face-to-face interactions with people with lived experience of mental health issues were more effective than video-based or online interventions. The City's PWLE Advisory and staff have also identified a speakers' bureau as a high-impact project for reducing stigma.

Several new services have been introduced through the implementation of Vancouver Coastal Health's Downtown Eastside 2nd Generation Strategy and new responses to the overdose crisis. Launched at the start of 2018, this new model of care includes integrated care teams, offering primary care, mental health addition services, harm reduction, and specialized care at three integrated health clinics. A resource guide will help inform community members about these new services, including overdose prevention sites.

People struggling with mental health or addictions in Vancouver have difficulty accessing the services they need. In the recent *Access to Healthy Human Services Survey*, nearly 50% of Vancouver residents were not aware of how to access mental health services, and 55% were not aware of how to access addiction services. The City's PWLE Advisory has recommended distributing a comprehensive resource to help people navigate food, health, housing, harm reduction, and social services in Vancouver. While services continue to expand, many residents remain unaware of how to access these services.

Recommended Grants

1. **\$85,000 to Street Corner Media Foundation (Megaphone) to develop a speaker's bureau.**

Megaphone offers meaningful work to people experiencing poverty and homelessness, while amplifying marginalized voices and building grassroots support to end poverty. This \$85,000 start-up grant will support the establishment of costs for staff coordination, website development, video and graphics development, training and project costs, and speakers' fees to create the speakers' bureau for the first year of operation to help build a long-term sustainability plan for the model. Megaphone will work with people with lived experience of substance use and mental health issues, including the City's PWLE Advisory and the Canadian Association of People Who Use Drugs to ensure that peer voices are at the centre of the project.

This grant will go toward:

- The creation of a dedicated staff position to coordinate the development and implementation of the speakers' bureau;
- Engagement, support and collaboration with people with lived experience of mental health and substance use and user organizations, including Indigenous and gender-based perspectives, to develop the speakers' bureau, including speaker recruitment, promotion and amplifying de-stigmatization messaging;
- The development and design of a speakers' bureau website and promotional materials; and
- The development of a business plan that sets out a series of actions and timelines to achieve long term sustainability.

2. **\$15,000 to Watari Research Association (Watari Counselling and Support Services Society) for the development of a Comprehensive Resource Guide**

Since the beginning of the work of the Mayor's Task Force on Mental Health and Addictions, the City's PWLE Advisory has continued to highlight the need for a comprehensive resource guide to help improve awareness and access to services throughout the community.

Previously, the Watari Counselling and Support Services Society distributed a printed guide and maintained an online database of mental health and addictions support services. An updated version of this guide, developed in conjunction with peers, would be available both online and in hard copy, thereby accessible to people without internet access. Importantly, printed versions would enable peer-to-peer distribution.

This grant will go toward, updating the existing mental health and addictions service and resource database (the Watari Survival Manual) to include new services, including Vancouver Coastal Health's DTES 2nd Generation Strategy's health and overdose response services; design and printing costs; and supporting collaboration with people with lived experience.

Implications/Related Issues/Risk

Financial

Approval of Recommendations A and B will provide a grant of \$85,000 to the Street Corner Media Foundation (Megaphone), and \$15,000 to Watari Research Association (Watari

Counselling and Support Services Society). The source of funding is the previously-approved \$100,000 from the 2017 Contingency Budget for the Opioid Crisis, which was carried forward to the 2018 Social Policy Grants Operating Budget.

CONCLUSION

Stigma is driven by social and cultural norms around substance use and reinforced when drug use is treated as a criminal rather than a health issue. Actions to decrease stigma and increase action are needed at the local, provincial and federal levels, including the exploration of decriminalization of personal possession and changes to national drug policy. The grants recommended in this report, developed in close collaboration with the City's PWLE Advisory, will further help to address deeply entrenched stigma and increase awareness and information around substance use and mental health services in Vancouver.

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