

Final Document

# The Vancouver Alcohol Strategy

Designing Harm Reduction-focused Alcohol Policy from the  
Grassroots in Vancouver's Downtown Eastside

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Presented to Vancouver Coastal Health





## **Table of Contents**

Table of Contents	<b>1</b>
Acknowledgements	<b>2</b>
Preface	<b>3</b>
In Memoriam	<b>6</b>
Introduction: Our City’s Alcohol Policy Landscape	<b>7</b>
A Place for Harm Reduction in Vancouver’s Alcohol Policy	<b>10</b>
The Alcohol Knowledge Exchange Project	<b>12</b>
Action Item 1: Equity-focused Decriminalisation of Drinkers	<b>15</b>
Action Item 2: Creating Safe Indoor Spaces for Drinkers	<b>18</b>
Action Item 3: Managed Alcohol Programs & Safe Housing	<b>24</b>
Action Item 4: Expanding and Reforming Addiction Treatment Services Throughout Metro-Vancouver	<b>28</b>
Action Item 5: Peer-Led Education for Clients and Practitioners	<b>31</b>
Action item 6: Establishing Long-Term Partnerships	<b>35</b>
What we have done and where we are going	<b>38</b>
Next steps and a timeline for action	<b>42</b>
Conclusion	<b>45</b>
Appendix	<b>46</b>
References	<b>47</b>



## Acknowledgements

We acknowledge that, at different times and in different ways, the process of producing this document has taken place on the unceded traditional homelands of the Musqueam (*xʷməθkʷəy̓əm*), Squamish (*Sḵwxwú7mesh*) and Tsleil-Waututh (*Stó:lō and Səl̓ílwətaʔ/Selilwitulh*) Nations as well as the traditional territories of the Anishinaabe and Haudenosaunee. We recognize that our lives and this important work are deeply influenced by the ongoing violence of settler colonialism, and remain committed to working in solidarity with decolonial movements across Turtle Island.

We would like to thank all those involved who participated in the discussions that made the development of this document and its realisation possible. In particular, we are deeply grateful to have heard the perspectives of the many people with lived experience of alcohol use and alcohol use disorder who contributed to this strategy document. Without your direction, this project and strategy document would not have happened. We are also incredibly thankful for Nicki Kahnamoui's skilled and inclusive facilitation of AKE (Alcohol Knowledge Exchange) discussions. Without this support, the conversations that are documented here could not have been captured in such detail and specificity.

Our team would also like to acknowledge and thank Vancouver Coastal Health and the Canadian Institute for Substance Use Research at the University of Victoria for their financial and logistical support for the Alcohol Knowledge Exchange project and the development of the Vancouver Alcohol Strategy. We hope that the publication of the findings from the AKE project and the creation of the Vancouver Alcohol Strategy will allow for continued dialogue and policy advocacy work between Vancouver Coastal Health and others involved in order to improve and protect the health and wellbeing of drinkers through empowerment.

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## **Preface: A Note on Language, Terminology and Cultural Appropriateness**

Several names, terms and expressions throughout this document do not reflect conventional approaches to “person-first” language that are frequently used throughout the public health and harm reduction communities. We have chosen to use the terms “drinker” and “drinkers” to refer to members of our community who use both beverage and non-beverage alcohol because that is how they identify themselves. To this community, the term “drinker” is associated with membership in a resourceful, close-knit, well-organised, and resilient community of peers who have always taken care of one another and intervened to improve the health and wellbeing of their friends in the absence of client-centred alcohol harm reduction programs in Vancouver. We believe that the decision to identify as a drinker is deeply personal, and our decision to use the term here does not suggest that all people who use alcohol in Vancouver will choose to identify as such. In the same way that medicalized, abstinence-oriented approaches to reducing alcohol-related harm are not appropriate for many folks, identification as a drinker is an individual preference. We have chosen to include this term throughout this document so as not to erase the strong, vibrant community that it reflects and to respect the right of the peers we work with to be identified as such. However, drinker’s themselves have ownership of this term, and we continue to support the use of de-stigmatizing and respectful person-first language in clinical and frontline settings.

While person-first language centres drinkers’ communal history and humanity, we cannot say the same about British Columbia’s alcohol harm reduction policies and programs. We recognize that stigma towards people who use alcohol, people living with alcohol dependencies and people who drink non-beverage alcohol exists beyond the language that we use. This ongoing stigma excludes people with lived experiences from a variety of health promoting networks, services and supports when they are needed. By positioning this policy document from the perspective of people who drink alcohol in Vancouver as the experts and by using terminology they would use to describe this community, we believe our use of person-first language will help to convey the need for “person-first policy” as well. Similarly, the term “Alcohol Use Disorder”, or “AUD”, is used throughout this document with an understanding that this language carries with it a relevant clinical definition although it is not accepted or used by all illicit drinkers.

We have used the proceeding sections of this document to call on multiple levels of government, social service providers, clinical professionals and individual policymakers to act immediately to scale up alcohol harm reduction in our province. Before moving to a

discussion of these Action Items, we feel that it is important to emphasise that we do not support the continued pathologization and over-medicalization of our community. As we advocate for an established alcohol harm reduction strategy, we must insist that drinkers be included in all levels of policy and program creation. Establishing “person-first policy” is essential to ensuring this sector doesn’t repeat mistakes made by public health professionals in the past through tokenized involvement of people with lived experience. Over-regulation of drinkers' lives has been a consequence of tokenization since the beginning of the harm reduction movement. We are aware that institutional support from established public health actors and governmental organisations are needed to make these changes, but only the equal partnership in the creation and execution of these policies and programs will truly prevent further harm to drinkers living in Vancouver.

It is also important that we, the authors of this document, communicate our understanding of alcohol-related harm and it’s causes from the outset of this document. While we frequently refer to several negative health outcomes and risk factors experienced by drinkers as “alcohol-related harm”, we believe that it is overly simplistic and inaccurate to attribute the root causes of said harm to ethyl alcohol itself. We acknowledge that in general, the level of harms experienced by drinking increases with the amount of alcohol consumed. Social, political, economic and cultural structures that produce and perpetuate social dislocation, directly influence the harms people experience. The experience of poverty and inadequate social assistance rates, homelessness, police harassment, inadequate nutrition and irregular access to health care services can not only exacerbate alcohol-related harms but can cause harms on their own. We must address the primary, secondary and tertiary determinants of alcohol-related harm in Vancouver if we want to improve the lives of people who drink alcohol. To take a different, less comprehensive approach would be a disservice to our peers and their experiences.



Photo: Drinkers Lounge Family. Retrieved from:  
<https://www.facebook.com/424788788278170/photos/a.467320197358362/615794842510896>

This work is done through a lens of cultural safety and humility in order to address the expressed needs of the EIDGE and Drinker’s Lounge memberships, where over 80% are Indigenous. These peer-led groups have experienced firsthand the importance of

including cultural safety into our programming. Therefore, access to cultural healing, and appropriate, tailored cultural connection and reconnections are cross-cutting goals for each suggested action item in this document. PWLE-led programs and services for Indigenous peoples that are culturally relevant and appropriate for drinkers need to be standard practice for service providing organisations working in the area of alcohol policy and harm reduction in Vancouver.

For many people who use alcohol, participating in cultural activities can create valuable opportunities for reconnection and spiritual healing. However, the combination of internalised stigma, lack of harm reduction information, colonialism, and at times, traditional protocols, can prohibit community members from participating in cultural practises if they are not sober. This presents a barrier to accessing cultural reconnections with those who are unwilling or unable to stop drinking. Providing accessible ceremony and Elder support for Indigenous drinkers throughout the City of Vancouver and DTES was an expressed directive of the high number of Indigenous EIDGE and Drinkers Lounge members. As Non-Indigenous organisations involved in alcohol harm reduction work in Vancouver, our decision to include this recommendation was peer-directed. Support from VCH and the City of Vancouver for harm reduction-oriented cultural outreach programming has the potential to be transformative for many drinkers in the DTES, as evidenced by existing programs. The Drinkers Lounge is a notable example of such an initiative. At the Lounge, drinkers can access drumming circles, traditional medicines and smudging, and support from DTES Elders. Like any other program offered by the Drinker's Lounge, participants can be drinking or intoxicated, but not too drunk to participate.

In order to effectively reduce alcohol related harm in Vancouver, policymakers and service providers must acknowledge the role of alcohol policy and public health writ-large in the facilitation of colonial violence.. Therefore, we recommend that every policy recommendation presented within this document be approached through a demedicalized and decolonial lens to allow each to be considered as a potential vehicle for meaningful cultural healing.

Signed,

***The Eastside Illicit Drinker's Group for Education (EIDGE)***

***The Drinkers Lounge Community Managed Alcohol Program (Drinkers Lounge)***

***The Vancouver Area Network of Drug Users (VANDU)***

***PHS Community Services Society (PHSCSS)***

***Participating organisations of the Alcohol Knowledge Exchange (AKE) project***

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## In Memoriam

The membership of EIDGE and the Drinkers Lounge would like to dedicate this strategy to the memory of the many friends that have been lost. Our movement and current work could not have progressed to this point without them, and we miss them every day. We hope that the completion of this strategy and its translation into practice will honor their memory.

In February of 2021, we lost Ron. Ron Kuhlke was a member of the Vancouver Area Network of Drug Users (VANDU), Western Aboriginal Harm Reduction Society (WAHRS), a member of the EIDGE steering committee and tenant researcher with the DTES SRO Collaborative. Ron worked tirelessly to protect, support and empower drinkers in his community, and played an integral role in developing this strategy as well as the Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder. His work was most recently honored at the BCCSU's 2021 conference, where he won the Nothing About Us Without Us Award.



In November of 2021, we lost Laura Lee Pierre. Laura was a quiet and beloved force within the VANDU family, an impactful member of the EIDGE Steering Committee, liaison to the VANDU Board of Directors, and partner to Myles. Laura worked tirelessly to share her knowledge through conversations with peers, weekly meetings and conferences. Laura was a quiet but proud indigenous woman who served on the VANDU board of directors as the liaison for EIDGE for several years. She was becoming an outspoken member of the community fighting for the rights of people who use alcohol and drugs. Her death was sudden and unexpected. Only the day before was she talking about the new work she wanted to accomplish for EIDGE.



In 2022 and 2023, we lost Adam, Myles, and Elroy, and with them an immense wisdom and capacity for love. We have yet to fully process our grief over their passing, but continue to organize for drinkers as they would in our position



**Rest in power, Elroy, Myles, Adam, Ron, Laura, and all of the Downtown Eastside drinkers.**

## Introduction: Our City's Alcohol Policy Landscape

The writing of this document was motivated by the authors' shared belief that alcohol is problematically absent from discussions about harm reduction and drug policy in the City of Vancouver despite the pressing public health emergency posed by the housing and overdose syndemic. Ethyl alcohol was present among 29.0% of all illicit drug toxicity deaths in BC between 2018-2020, and continuing to exclude alcohol from these larger discussions exacerbates these crises (B.C. Coroners Service, 2021). The causes of this absence are multifaceted and include alcohol's legal status, the considerable economic power of the alcohol industry, and the revenue generating function of government involvement in liquor sales through licences and taxes. These factors, among other historical and contingencies, have led to the widespread cultural acceptance of alcohol in Canada. The "alcogenic" nature of our social and physical environments contributes to a drinking culture that promotes excessive alcohol use while stigmatising those who are unable or unwilling to moderate their consumption. Alcohol and heavy alcohol use is socially accepted, while illicit substance use is not. However, drinking behaviours that are deemed excessive, problematic, and unsightly are frequently viewed as the consequence of moral failure or unchangeable pathology. In this context, alcohol integration into the harm reduction movement as it has developed in Vancouver has been made difficult, as alcohol and illicit drugs occupy very different social and cultural spaces. Subsequently, there remains a common belief that harm reduction is only an appropriate approach to mitigating harms related to illicit substance use. We disagree with this sentiment wholeheartedly, as we have firsthand experience of the significant benefits to the health and wellbeing of illicit drinkers that a harm reduction approach provides.

While alcohol-related harm is not frequently the subject of the drug policy debate in Vancouver, the social factors leading to alcohol use disorder (AUD) remain a significant driver of premature morbidity and mortality in British Columbia (B.C.) and the City of Vancouver (CoV). In fact, the social cost of individual and interpersonal health harms associated with the systemic production of harmful alcohol use exceeds that of any other substance, legal or illegal, at the national and provincial level (CCSA, 2020). Despite this fact, alcohol harm reduction remains under-resourced and effectively absent from mainstream public health policy debates in B.C. Province-wide, an estimated 29 preventable deaths per 100,000 people are attributable to alcohol-related harm. In 2014, the economic and human cost of this harm in British Columbia exceeded \$1.9 billion (Sherk, 2020). Health care costs resulting from accidental injury and chronic illness, loss of economic productivity and resource-consuming interactions with the criminal justice system contribute to this figure (Sherk, 2020). Revenues from the sale, licensing and taxation of alcohol do not come close to recovering these costs, totalling a \$314.2 million shortfall in the same year (Sherk, 2020). Simultaneously, the number of people living with AUD in British Columbia is startlingly high. Up to 18% of Canadians over the age of 15 can be expected to fulfil the diagnostic criteria for AUD at one point in time and to varying degrees of severity (BCCSU, 2019). The regulation and mitigation of alcohol-related harm throughout our city have emerged from this context as a long-acknowledged public health imperative.



Although alcohol use and alcohol use disorders manifest on a spectrum of severity and respond to a diverse range of public health responses, people living with severe alcohol use disorder and people who drink illicit alcohol are presently underserved by existing health services (EIDGE, n.d.; Crabtree, 2015; Crabtree et al., 2016; Crabtree et al., 2018; Brown et al., 2017). The Eastside Illicit Drinkers Group for Education (EIDGE) defines illicit alcohol as “alcohol not meant for human consumption; illegally produced homemade alcohol; and store-bought alcohol that is used in an illegal way (e.g. drinking alcohol in public spaces)” (Brown et al., 2017, pg. 156). For a variety of systemic and structural reasons, people who drink illicit alcohol in Vancouver are more likely to live with severe AUD, consume unsafe alcohol substitutes, and experience housing precarity or homelessness. People who drink illicit alcohol experience harms that stem from factors that are related to alcohol consumption itself and the unsafe environment in which it occurs. Accidental injury, exposure to violence, vulnerability to exploitation, difficulty accessing long-term housing, chronic health problems associated with long-term alcohol use, measures taken to avoid dangerous withdrawal symptoms and denial of health services are all likely to place their health at risk (Crabtree et al., 2018). As a result, this population is acutely vulnerable to preventable alcohol-related harm (Brown et al., 2017). Over 87% of EIDGE members have been injured while drinking, and 75% have been arrested (EIDGE, n.d.). While EIDGE members generally report good physical health, 2/3rds have visited the ER within the previous 2 years and over half need to drink alcohol first thing in the morning in order to avoid dangerous withdrawal symptoms (EIDGE, n.d.). Drinker’s structural vulnerability has resulted in the preventable loss of EIDGE members. Over the course of the 5 years that followed the group’s formation in 2011, an estimated 60 members passed away (Brown et al., 2017; EIDGE, n.d.). This tragic fact represents one of the highest rates of loss for any peer-directed harm reduction organisation operating in the DTES today. Over the duration of the past year, while creating this strategy, EIDGE and the Drinker’s Lounge have lost over 20 friends and peers. The harmful stigmatisation of EIDGE members, 90% of whom identify as Indigenous, and other people who drink illicit alcohol in the DTES is systemic in nature and closely related to the ongoing violence of settler colonialism. Drinkers’ experiences of structural violence, systemic racism, intergenerational trauma, untreated physical and mental health concerns and frequent police harassment owing to people who drink illicit alcohol’s forced use of public space contribute to these disturbingly high rates of alcohol-related morbidity and mortality (EIDGE, n.d.; Brown et al. 2017).



Photo: Brittany Graham.



Photo: Aaron Bailey

As it currently exists, Vancouver's treatment and service landscape does not have the capacity to meet drinker's needs. The few services that do accommodate heavy drinkers and people who use illicit alcohol throughout the DTES are often unprepared to do so and are not adequately resourced to meet the immediate needs of many clients (Crabtree et al., 2016; Crabtree et al., 2018; Brown et al., 2017). This experience of stigma and exclusion only compounds the extreme marginalisation experienced by people who drink illicit alcohol in Vancouver. In response to the extreme marginalisation of people who drink illicit alcohol and the lack of available services for a structurally vulnerable community of illicit drinkers living in Vancouver's Downtown Eastside (DTES), the EIDGE was formed following the conclusion of a province-wide needs assessment under the oversight of the Vancouver Area Network of Drug

Users (VANDU) in 2011 (Crabtree, 2015; Crabtree et al., 2016; Brown et. al, 2017). The Drinkers Lounge Community Managed Alcohol Program (CMAP), which is run by PHSCSS, was established in 2012 as one of the programs at the now defunct Drug Users Resource Centre (DURC). Together with the Drinker's Lounge, which continues to operate as the only peer-directed CMAP in Canada, EIDGE has advocated for the empowerment of drinkers and the development of urgently needed alcohol harm reduction services in the DTES.

Responsibility for the regulation and mitigation of these harms falls to all three levels of government, although the City of Vancouver (CoV) and the provincial government of British Columbia arguably play the most direct role in the development of alcohol policy in our city. At the provincial level, the Liquor Distribution Branch and Liquor and Cannabis Regulation Branch of the Ministry of the Attorney General oversee how alcohol is sold and taxed (Deputy City Manager, 2020). These parties enforce the provisions of the Liquor Control and Licensing Act, which detail where alcohol can be consumed, as well as issue and oversee liquor licences. The Ministry of Health also oversees a variety of publicly-funded treatment and harm reduction services, including the delivery of clinical care (Deputy City Manager, 2020). Meanwhile, the CoV enforces zoning and development regulations for alcohol outlets, develops Good Neighbour Agreements, issues business licences for liquor stores and premises that serve alcohol in compliance with the standards of the Liquor and Cannabis Regulation Branch, and enforces bylaws related to public drinking, noise, and outlet hours (Deputy City Manager, 2020). The CoV also administers some health and social services, and along with the Vancouver Park Board may designate specific public spaces where drinking is permitted. Finally, regional health authorities including Vancouver Coastal Health are an intermediary body between these two levels of government, administering or financing the majority of public health and harm reduction programming in Vancouver in some way. We believe that a robust and evidence-based alcohol strategy for the Vancouver coastal region will be well-positioned to reduce alcohol-related harm and its associated costs by fostering collaboration between the provincial government, the CoV, People with Lived and Living

Experience (PWLLE) and local service providers that are based on the principles of harm reduction.

## **A Place for Harm Reduction in Vancouver's Alcohol Policy**

In recent years, our field of research and practice has begun to explore how mainstream alcohol control and public health policy can incorporate alcohol harm reduction. While policy interventions that make alcohol less accessible through the mechanisms of price and availability in order to reduce population-level consumption are important public health tools for the majority of people, this is not the case for the population that we are serving (Butt et al., 2011; Stockwell et al., 2011; Stockwell et al., 2012; Treno et al., 2013; Thompson et al., 2017; Campbell et al., 2009; Livingston, 2011). Existing approaches to alcohol control and regulation consistently cater to a particular category of people who consume alcohol (i.e. those who are housed, can afford beverage alcohol and/or access to bars and restaurants where alcohol is served, etc.). These approaches tend to ignore the interests and needs of people living with alcohol use disorder and dependence who choose not to or are unable to stop drinking. Downtown Eastside and neighbourhood residents who use illicit alcohol have historically been subjected to the inequitable application of alcohol policies in this manner (Bailey & EIDGE, 2021). For illicit drinkers, restricting access to beverage alcohol can be more harmful to their health, and approaches beyond abstinence or sobriety that reflect the fundamental principles of harm reduction have demonstrated efficacy. A full suite of harm reduction informed alcohol policy measures should be made available to people living with more severe AUD throughout Vancouver in addition to the traditional, population-level, and supply-side alcohol control measures that inform public health policy today. These two approaches to alcohol control are not contradictory, they simply serve different populations and work alongside one another to reduce alcohol-related harms that occur along the continuum of use. Unfortunately, harm reduction is not widely included in mainstream alcohol control efforts today. The creation of a robust, evidence-based and social justice-oriented system framework for alcohol policy in our province will pair traditional alcohol control measures with a well-resourced network of harm reduction services in order to ensure that public policy is working to improve the health of all people consuming alcohol.

The CoV has and continues to be recognized as an international leader in the development and implementation of novel, evidence-based harm reduction policies and programs. Vancouver's respected status in the drug policy sphere is the outcome of decades of grassroots activism led by and for people who use drugs to collectively navigate and survive recurrent, structurally-rooted epidemics of drug-related harm including overdose deaths connected to an increasingly toxic illicit drug supply, policy-induced homelessness, and the HIV/AIDS crisis. Drug policy in Vancouver is guided by the 4 Pillars Drug Strategy, first adopted in 2001. Under the 4 Pillars, programs and policies in Vancouver relating to substance use and public health are guided by the principles of Prevention, Treatment, Harm Reduction and Enforcement (Macpherson, 2001). The 4 Pillars Strategy has supported the creation of lifesaving services

throughout Vancouver, including PHSCSS' InSite, North America's first legally-sanctioned supervised consumption facility, innovative safe-supply programs including the NOAMI and SALOME trials, and the proliferation of Overdose Prevention Sites at the height of the housing and overdose syndemic.

*“When they start hearing about the real stuff that we're going through in the neighborhood (those in power) are going to have to make big changes.”*

- EIDGE member

*“(Drinking alcohol) it's like a hug from your mom who's not around.”*

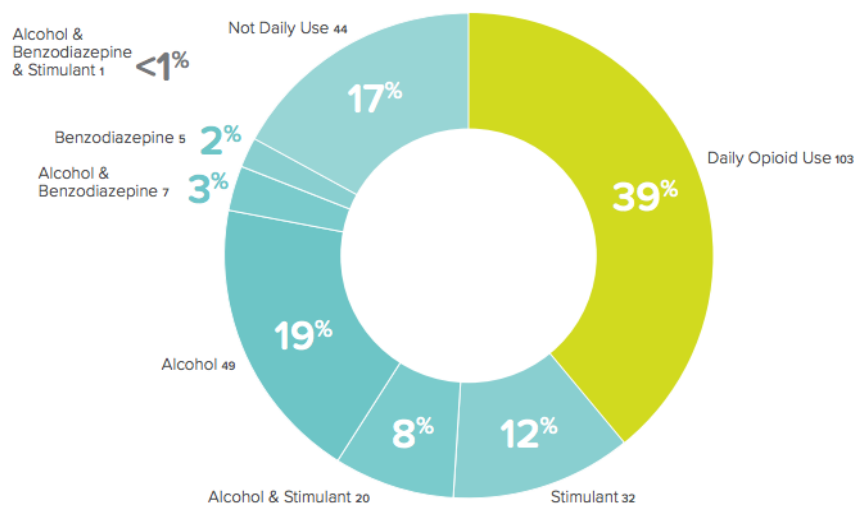
- EIDGE member

However, alcohol and alcohol harm reduction are problematically absent from the CoV's drug policy and program planning processes that are guided by the 4 Pillars. Our collective believes that the exclusion of alcohol from public health initiatives aimed at responding to the overdose and housing syndemic, including the Mayor's Overdose Emergency Task Force, Vancouver Community Action Teams, and recent conversations around the decriminalisation of personal possession in Vancouver is inappropriate given that alcohol use and the criminalization of illicit drinking are frequently contributing factors to polysubstance-related harms including overdose. The problematic absence of alcohol from conversations about polysubstance use and overdose death occurs at the expense of people with lived experience of substance use, many of whom share membership in multiple organisations including VANDU, EIDGE, the PHSCSS Drinkers Lounge and others. The significant overlap that exists between the membership of these organisations speaks to the cross cutting nature of alcohol related harm and the importance of diversifying the focus of Vancouver's harm reduction policies, programs and services. The consequences of the current siloing off of alcohol from harm reduction programming directed towards other drugs are clear. In its review of overdose death data for 2017, Vancouver Coastal Health reported that alcohol use was connected to 44% of 424 deaths that were accompanied by a detailed chart review (VCH, 2018). Despite the contribution of alcohol-related harm to overdose-related deaths in our city, there continues to be a marked absence of resources and logistical support allocated for alcohol-specific harm reduction programs that have demonstrated efficacy at reducing drug-related harm for drinkers. Therefore, we support the city council's 2019 decision to review, update and improve the 4 Pillars Strategy in order to explicitly include alcohol as a priority area of focus for related programming (City of Vancouver, 2019). This document presents a framework for translating a renewed focus on alcohol from the City of Vancouver and Vancouver Coastal Health into practice in order to support the safety and wellbeing of drinkers and people who use other drugs in Vancouver.

## The Alcohol Knowledge Exchange (AKE) Project

Recent developments in the area of alcohol policy and control at the provincial and municipal levels have highlighted the degree of fragmentation that providers serving people living with severe AUD currently face. This group believes that a unified alcohol harm reduction strategy is required to sustain this work. Organizations working with and for people who drink illicit alcohol and people living with AUD in Vancouver today are not sufficiently resourced to connect with one another or operate toward a common vision of alcohol harm reduction for all. Instead, service providers working with drinkers are disconnected from one another by sectoral siloes. This fragmentation is a significant barrier to meaningfully improving the health and wellbeing of drinkers in Vancouver through complex, multifaceted and structural interventions involving several actors, organizations and types of resources.

FIGURE 6: DAILY SUBSTANCE USE AMONG THOSE WITH DOCUMENTED DRUG USE PATTERN (N=261)



Data Source: Medical Chart Review Database, VCH PHSU

Image: Vancouver Coastal Health. Retrieved from: <http://www.vch.ca/Documents/CMHO-report.pdf>

The Alcohol Knowledge Exchange (AKE) Project was developed through a partnership between EIDGE and the Drinker's Lounge CMAP and Vancouver Coastal Health in 2019. By bringing together stakeholders with experience in the alcohol policy sphere, the AKE project aimed to connect previously siloed actors working in the area of alcohol harm reduction throughout Vancouver in order to improve system-level intersectoral capacity to meet the health needs of

*“It makes me feel like a human being (to see this strategy coming together). My thoughts matter.”*

- EIDGE Member

people whose drinking spans the continuum of alcohol use and use disorders, and develop a unified vision for alcohol policy change in Vancouver, i.e a Vancouver Alcohol Strategy. We invited input from over 80 relevant stakeholders including people with lived experience of AUD as well as key actors working in the areas of alcohol policy, health research, social service provision, harm reduction and clinical addictions medicine from several local, regional and provincial organizations. We then organized professionally facilitated meetings where pressing issues in alcohol policy and harm reduction were presented, contextualized and discussed by attendees. These findings were then compiled, reviewed by the active network of AKE Project stakeholders and translated into a comprehensive approach to alcohol policy in the City of Vancouver that is rooted in the principles of harm reduction. Finally, as in-person consultation became feasible in the context of changing provincial health guidelines in response to the COVID-19 pandemic, biweekly peer consultation meetings were hosted in Oppenheimer Park in Vancouver’s Downtown Eastside. Members of EIDGE and the Drinkers Lounge CMAP were invited to attend these meetings, which functioned as a form of reading group, and provide in-depth and wide-ranging feedback on the draft strategy document. The following timeline depicts the development process for the Vancouver Alcohol Strategy that was undertaken by EIDGE and the Drinkers Lounge CMAP.



Throughout this process of relationship building we documented the challenges experienced by participants when attempting to navigate Vancouver’s alcohol policy landscape and possible solutions. These recommendations for policy change now form the framework for the Vancouver Alcohol Policy presented here. In total, AKE-related discussions identified 6 areas of focus that together make up our vision for a renewed Vancouver Alcohol Strategy that is based on the principles of harm reduction and reflects the voices of drinkers themselves. These action items include:



- 1) Equity-Focused Decriminalization of Drinkers**
- 2) Creating Safe Indoor and Outdoor Spaces for Drinkers**
- 3) Managed Alcohol Programs & Safe Housing**
- 4) Expanding and Reforming Addiction Treatment Services in Vancouver**
- 5) Peer-Led Education for Clients and Practitioners**
- 6) Working with the Province to Reduce Harm**

## Action Item 1: Equity-Focused Decriminalization of Drinkers

Provincial statutes prohibiting drinking in public spaces and public intoxication are currently enforced by municipal law enforcement and the Vancouver Police Department. These represent a de facto criminalization of drinkers' structural vulnerability when they are enforced without discretion. Other types of informal enforcement, like drink pour-outs and confiscation, also place drinkers at risk of withdrawal symptoms, directing drinkers towards cheaper forms of non-beverage alcohol while straining limited incomes. Criminalization can directly harm drinkers, including by precipitating withdrawal or injury during an altercation with police, or indirectly harm people who use illicit alcohol in Vancouver through repeated interactions with the criminal justice system. As such, we recommend the following:

### **1.1 Suspend the enforcement of all provincial statutes, local bylaws and park regulations related to the use of alcohol in public spaces throughout the Downtown Eastside that criminalize illicit drinkers and further marginalized precariously housed residents who use alcohol**

- That the City of Vancouver and Vancouver Police Department adopt a policy of deliberate non-enforcement of alcohol-related statutes, namely sections 73 (Unlawful possession or consumption of liquor), 74 (Intoxication in public place), and 75 (Giving liquor to intoxicated person) of *Liquor Control and Licensing Act 2015* and section 4C of the *City Land Regulation Bylaw (no.8735)* for all people who are known to the community as living with AUD, using non-beverage alcohol and/or struggling to find or remain in stable housing. This includes exempting drinkers from ticketing by bylaw enforcement officers and summary charges related to the public use of alcohol and related informal methods of enforcement like liquor pour-outs or confiscation. For drinkers living on a limited income, the financial and health implications of these respective actions can have serious negative consequences.
- That the Vancouver Park Board and City of Vancouver apply a similar policy of deliberate non-enforcement pertaining to the *Liquor Control and Licensing Act 2015* for all offenses related to illicit drinking in public spaces including parklets and public parks throughout the City of Vancouver
  - The stakeholders present for the development of this document expressed a strong preference for a policy of universal non-enforcement as opposed to the sanctioning of specific parks or parklets in the DTES. In our experience advocating



Photo by the City of Vancouver and Vancouver Parks Board.  
Retrieved from:  
<https://covapp.vancouver.ca/parkfinder/ParkDetail.aspx?inparkid=26>




for unhoused tenants residing in encampments during Vancouver’s housing crisis, we have found that limited, area-specific designations can lead to increased enforcement activities directed towards those who do not fall within a relatively narrow regulatory framework, including displacement, harassment, pour-outs or levying fines.

### **1.2 Ensure the inclusion of drinker-focused protections in any and all federal or provincial “Good Samaritan” statutes**

- We recommend that the City of Vancouver, Vancouver Police Department, Vancouver Park Board, and Vancouver Coastal Health solicit the support of the federal government to clarify the applicability of the *Good Samaritan Drug Overdose Act 2017* to offenses related to the *Liquor Control and Licensing Act 2015*, and if necessary, include these exemptions within the former act. We recommend that this policy change be accompanied by an enforceable directive to law enforcement and city staff.
  - During the consultation process for this document, drinkers reported harassment from police for reasons related to public drinking when providing alcohol to someone who is in need or while assisting a person in distress, including responding to an overdose. Like many other provisions of the *Controlled Drugs and Substances Act 1996*, we believe that clear *Liquor Control and Licensing Act 2015* violations should be ignored if any drinker is observed in the process of someone helping someone else.
  - intoxicated in public to their home or that of an identified friend or family member, we strongly recommend that law enforcement officers be directed to bring

### **1.3 Establishing alternative pathways to the criminal justice system for illicit drinkers in Vancouver**

- We recommend that the City of Vancouver, Vancouver Coastal Health and Vancouver Police Department approach public intoxication as a health issue for drinkers and develop and implement transparent, consistent and non-punitive facilities and protocols for with drinkers who are at risk of being taken into custody for reasons related to apparent violations of the *Liquor Control and Licensing Act 2015*.
  - Our working group strongly believes that police interactions with drinkers for reasons of public intoxication, the public consumption of alcohol or the use of public space should be governed by established procedures designed to minimize the consequences to drinkers' health that are caused by such interactions.
  - The first course of action considered by law enforcement when interacting with illicit drinkers in public or private spaces should be inaction. Whenever feasible, we believe that illicit drinkers should be left alone or with peers in the community



where they are. When police do interact with drinkers who are intoxicated in a public place, they should be brought to their home if it is safe and possible to do so. If it is not possible to bring a person who is drinkers to a dedicated sobering center or wet shelter for short-term monitoring, support and optional referral to other services. Should neither course of action be possible, responding law enforcement officers should be directed to escort intoxicated persons to a hospital-based sobering center and low-barrier detox facility located at the campus of St. Paul's Hospital. Finally, when the aforementioned options have been exhausted, bringing intoxicated persons to a holding cell may be considered as an absolute last resort. Action item 1.6 will proceed to discuss the creation of the community health services infrastructure that is required to implement this recommendation

- Holding cells are dangerous spaces for structurally vulnerable drinkers. Women, youth, 2SLGBTQ+ and gender-diverse persons, racialized community members and Indigenous persons in particular are placed at risk of interpersonal violence from law enforcement personnel and cell mates. Should drinkers themselves present at a jail operated by the VPD, we suggest that the previously identified protocol remain in place in order to prevent admission to holding cells whenever possible.

#### ***1.4 An immediate end to the practice of street sweeps in the Downtown Eastside***

- We urge the City of Vancouver Engineering Services, CUPE Local 1004 and the Vancouver Police Department to immediately suspend the practice of street sweeps, which traumatize and displace unhoused residents of the Downtown Eastside each day. Illicit drinkers who are precariously housed are especially vulnerable to police harassment, property theft, liquor pour outs, the confiscation of shelters, medicines, alcohol and survival equipment, and subsequent harm caused by street sweeps. We feel that any effort to decriminalize illicit drinkers and end the violent displacement of structurally marginalized residents of the Downtown Eastside is incomplete so long as this practice continues. We agree with the recommendations put forward by VANDU and Pivot Legal Society that police be removed from street sweeps and that permanent funding be allocated to allow community members to conduct neighborhood cleaning projects that do not displace and destroy the property of unhoused people.

## Action Item 2: Creating Safe Indoor and Outdoor Spaces for Drinkers

Drinkers living in Vancouver frequently experience housing precarity, discrimination from non-profit housing providers and landlords, repeated and prolonged homelessness, rejection from emergency shelters and limited access to common spaces and other amenities in Single Room Occupancy (SRO) Hotels. As a result of these systemic and policy-induced conditions, drinkers can be driven to use alcohol outdoors and in public spaces, where they are vulnerable to inhospitably wet weather in Vancouver, assault and robbery while intoxicated and further criminalization by municipal law enforcement and police. Very few indoor spaces for drinkers exist in the DTES to provide respite from the cold and rain. Although the Drinker's Lounge CMAP and Vancouver Area Network of Drug User's offices provide some respite for drinkers, COVID-19 has reduced the capacity of these sites to host community members indoors. We recommend the creation of more accessible and safe community spaces for people who drink illicit alcohol in Vancouver. To do this, we recommend that local government in the City of Vancouver pursue the following:



Photo: Drug Users Resource Centre. Retrieved from: <https://www.facebook.com/LifeSkillsCentre/photos/a.10150166350522511/10154926065392511/>

*“I would like to thank VANDU for giving us a space, for making me feel seen.”*  
- EIDGE member.

### 2.1 Long term funding for new community spaces for drinkers

- *Sufficient, predictable and community-directed funding from the City of Vancouver, Vancouver Coastal Health, Provincial Ministry of Health and Provincial Ministry of Mental Health and Addictions for several safe, indoor, peer-led, non-clinical and COVID-19-safe spaces for people who drink illicit alcohol in the DTES.*
  - In association with Action Item 1, engage with the Vancouver Police Department (VPD) and exercise all appropriate powers to ensure that law enforcement officers in and around Vancouver's DTES do not disproportionately penalize drinkers for using alcohol outside of these community spaces once they have been created.

## 2.2 Financial and logistical support for existing community spaces to accommodate drinkers needs

- Advocate for resources necessary to scale up and improve the capacity of existing indoor community spaces to maintain and support their pre-existing networks and related outreach programs.
- Collaborate with drinkers and community service providers to develop a peer-governed management model in order to account for drinkers' needs with respect to hours of operation, staffing, resources provided, geographic accessibility and relationship to other services in the neighborhood.

## 2.3 Continued Support for Drinker-Friendly Parks and Parklets

- The continued expansion of sanctioned, supported and well-resourced outdoor spaces for drinkers throughout the DTES, building off of the model of the Drinker's Lounge parklet at 111 Princess Avenue, approved by council on February 14th, 2021. We support the universal decriminalization of drinkers and the equitable distribution of safe drinking spaces as an ultimate goal of alcohol policy for Vancouver and the DTES. To this end, we applaud the sanctioning of the 111 Princess Avenue parklet and believe that its drinker-led model of pairing alcohol harm reduction services with safe and supported outdoor spaces for drinkers should be scaled up throughout the neighborhood. Drinkers have indicated and demonstrated that their community is more than capable of managing their own public spaces through mutual respect. However, it is imperative that policymakers in the City of Vancouver recognize that measures to protect drinkers from criminalization in specific areas, like the Drinkers Lounge parklet, should be viewed as steps toward the universal decriminalization of drinkers throughout Vancouver.
  - In the interim period, we encourage the City of Vancouver and VCH to be involved with the development and implementation of enforceable guidelines for law enforcement officers in collaboration with drinkers regarding (in)appropriate enforcement of alcohol laws/bylaws outside of any designated outdoor areas. These guidelines should take into appropriate consideration whether the person has access to an indoor location, whether the person experiences AUD, the proximity of sanctioned locations, etc.

### VANCOUVER SUN

Opinion / News / Local News / Health / Columnists

#### Dan Fumano: Public drinking as a health measure – Vancouver eyes allowing booze in DTES 'parklet'

*Analysis: A plan to allow beers on a Vancouver street corner is being pitched as both a public health move and a great moment of civic compromise.*

Dan Fumano  
Feb 23, 2021 • 2 days ago • 5 minute read • 5 Comments



Photo: Arien Redekop / Vancouver Sun. Retrieved from: <https://vancouversun.com/news/local-news/dan-fumano-public-drinking-as-a-health-measure-vancouver-eyes-allowing-booze-in-dtes-parklet#:~:text=Columnists-,Dan%20Fumano%3A%20Public%20drinking%20as%20a%20health%20measure%20%E2%80%94%20Vancouver%20eyes,great%20moment%20of%20civic%20compromise.>

“We do our own policy.”  
- Drinkers Lounge member

#### 2.4 Improved Access to Outdoor Amenities

- That the Vancouver Park Board and City of Vancouver begin immediate work with the DTES community, including drinkers, to reopen DTES parks and parklets to the public, including Oppenheimer Park and Pigeon Park. We believe that DTES residents have a right to occupy public spaces in their own neighborhood, and that enforcement of sections 73, 74 and 75 the *Liquor Control and Licensing Act 2015* and section 4C of the *City Land Regulation bylaw no. 8735* against known drinkers within the boundaries of Park Board-governed land be suspended by municipal staff and police.
- That the City of Vancouver, Vancouver Park Board and TransLink immediately end the removal of neighborhood amenities that allow for the enjoyment of outdoor spaces throughout the City of Vancouver, including benches, bus stops, and rain shelters in the DTES. Drinkers would benefit from more of these amenities in their neighborhood, just as other Vancouver residents currently do. As previously stated, we believe that DTES residents have the right to congregate in their own neighborhood space, and that an absence of said amenities encourages harm for drinkers by worsening social isolation, pushing drinkers into isolated public drinking spots where they are hard to reach and limiting outdoor, socially-distanced, COVID-19 compliant socialization with peers.

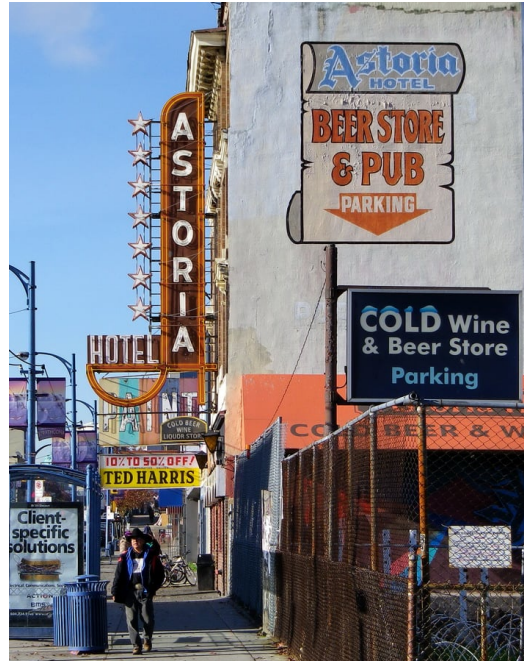


Photo by Gregory M. Retrieved from: <https://www.yelp.ca/biz/astoria-vancouver>

#### 2.5 Improved Access to Water, Hygiene and Sanitation Infrastructure

- That the City of Vancouver and Vancouver Park Board expedite work to guarantee access to water, sanitation and hygiene facilities, like public washrooms, throughout the DTES as a health-equity focused measure that will disproportionately benefit drinkers who may be precariously housed and frequent public washrooms. During the community consultations with members of EIDGE and the Drinkers Lounge CMAP, the issue of washrooms was

raised at every meeting and it was unanimously agreed upon that this is a priority area of action for drinkers. We believe that improved access to staffed, regularly maintained, public washrooms that are inclusive and safe for people who use drugs and alcohol in the DTES is a necessary condition for addressing Vancouver City Council's 2020 recognition of public washrooms as a human right. Additionally, given that the only extant community-managed public washrooms are located at the Carnegie Community Centre and Victory Square, we believe that additional washroom facilities in the Downtown Eastside should be concentrated between the 200 and 700 blocks of East Hastings St.



Photo: CityHallWatch. Retrieved from:  
<https://cityhallwatch.wordpress.com/2020/05/28/fencing-oppenheimer-park/>

## ***2.5 Continued advocacy from both the City of Vancouver and Vancouver Coastal Health Increased Education for Emergency Services on Alcohol Harm Reduction***

- As previously stated in the previous recommendation, Equity-Focused Decriminalization of Drinkers, there is a high level of policing enforced on those who drink illicitly. This enforcement is often unnecessary and a direct result of stigmatizing stereotypes about drinkers. EIDGE and Drinkers Lounger are working to reduce police interactions with drinkers by creating a “drinkers rights card” to educate our members on the recognition that alcohol is a form of medication for people with severe AUD’s and the typical actions

of police can expose drinkers to alcohol withdrawal. This education should also be provided to emergency services like the police and paramedic services to help service providers better understand the unique health needs of drinkers.

## 2.6 Creating a Network of Peer-Led, Safe Warming Sites and Sobering Centers in Downtown Vancouver

- As police continue to be ever present in the DTES, we recommend that policies are created to protect drinkers from unnecessary punitive actions. These policies should direct police to bring drinkers who have been taken into custody to one of several, publicly identified culturally safe, non-punitive warming sites or sobering centers where they can access appropriate support, connection, and health services. These sites in Vancouver should accommodate admissions outside of regular business hours and on weekends.
  - We envision sites in downtown Vancouver in the model of Calgary's Alpha House, a short-term shelter that offers a self-contained sobering-up center, detox and other support services. Calgary Police Officers are instructed to bring intoxicated clients to Alpha House instead of holding cells. At this site, drinkers can safely sober up and access low-barrier services without interacting with the criminal justice system.
  - In 1998, Frank Paul, an Indigenous man living in Vancouver, was refused entry to a holding cell operated by the Vancouver Police Department while severely intoxicated and left outdoors by police, where he froze to death. In 2009, the final report of the Davies Commission, the official inquiry into Frank Paul's death, recommended the opening of a designated sobering center in Vancouver's Downtown core that was entirely separate from the Vancouver Police Department where intoxicated individuals could be taken and cared for by properly trained staff. Frank Paul's death was caused by racism and its interaction with institutions and systems that were designed to harm Frank Paul rather than care for him. The construction and planning of a sobering center at St. Paul's Hospital was promised in response to the inquiry. However, a diversionary resource like Alpha House does not exist for drinkers in Vancouver as of 2021 despite a commitment from Vancouver Coastal Health to create such a program site in 2016. We urge Vancouver Coastal Health, the Ministry of Health, the Ministry of Mental Health and Addictions and the City of Vancouver to expedite construction on said sobering centers and additional in-community sobering sites


### New sobering centre planned in Vancouver

By Laura Kane · The Canadian Press  
Posted February 7, 2016 12:15 pm · Updated February 7, 2016 12:17 pm



A sketch of Frank Paul is shown from The Davies Commission of Inquiry into the death of Frank Paul. THE CANADIAN PRESS/HO - Susan Blunt

Photo by Global News. Retrieved from:  
<https://globalnews.ca/news/2502909/new-sobering-centre-planned-in-vancouver/>



staffed by properly supported peers. We believe that doing so will honor the memory of Frank Paul in a meaningful way.

- In addition to a peer-led sobering center, peer-led covered outdoor spaces that function as warming sites in the winter and cooling spaces in the summer are a priority for the membership of EIDGE and the PHS Drinkers Lounge. Such sites should operate in a similar fashion to low-barrier overdose prevention sites and include heating and cooling equipment, staffed washrooms, opportunities for first-aid training, access to harm reduction supplies, and be located in central areas of the Downtown Eastside in order to be accessible for illicit drinkers not currently reached by EIDGE and the PHS Drinkers Lounge.



## Action Item 3: Managed Alcohol Programs & Safe Housing

Managed Alcohol Programs are an evidence-based, holistic approach to reducing alcohol-related harm for many drinkers. The Canadian Managed Alcohol Program Study (CMAPS) through the Canadian Institute of Substance Use Research (CISUR) has collected and published a considerable amount of data supporting this conclusion. Most recent research has shown the MAP participants in sites across Canada had reduced risks of death, of spending time in hospital and presenting to EDs while they were participating in a MAP compared with when they were outside these programs (Zhao et al., 2022). MAPS have shown to not only be helpful to the individual but can alleviate some of the system strains. When factoring in the social costs of homelessness, it is estimated that there is a saving of between \$1.09 and \$1.21 for every dollar invested in the Thunderbay MAP due to significant reductions in the frequency of health, social, and legal services used by MAP participant in comparison to their use prior to joining the MAP and the control group (Kendall Hammond et al., 2016). During the creation of this document there has been an increase in policy and program implementation of MAPs. The BC Centre on Substance Use and CISUR co-created the [Operational Guidance for Implementation of Managed Alcohol for Vulnerable Populations](#). As well, CISUR and BCCSU are currently publishing the National Operational Guidance for Managed Alcohol Programs.



Photo: Canadian Institute for Substance Use Research. Retrieved from: <https://www.uvic.ca/research/centres/cisur/projects/index.php>



Photo: PHS Community Services Society. Retrieved from: <https://www.phs.ca/program/community-managed-alcohol-program/>

Despite the Second Generation Strategy for the DTES' commitment to scaling MAPS throughout Vancouver after sufficient data supporting their efficacy was made available, the Drinker's Lounge remains the only MAP in Vancouver that isn't hospital based. Anecdotally, this program has received multiple referrals from other Vancouver based programs. This includes an increase in referrals during COVID-19 when their own capacity has been exceedingly stretched. There is an acute need for more MAPs and MAP-inclusive housing throughout Vancouver and the DTES. Therefore, we recommend the following:

***3.1 Flexible Managed Alcohol Programs in all B.C. Housing facilities and increased access to wet shelters administered by public and non-profit agencies.***

- Create policy and program guidance to assist housing facilities to create MAP services in bed-based programs.

***3.2 More dedicated Managed Alcohol Programs in and around the DTES in accordance with Vancouver Coastal Health's DTES Second Generation Strategy***

- Investment in the creation of new MAPs should emphasize a diverse range of delivery models including services that are both within and external to housing, hospital-based, outreach-based, non-beverage alcohol exchange services and community-managed brewing co-operatives.

***3.3 Increased resources for Vancouver's existing Managed Alcohol Programs and alcohol-specific harm reduction organizations, including COVID-19 MAPs, all of which are attempting to accommodate increased demand for services despite being pushed beyond their capacity by COVID-19.***

- For example, the Drinkers Lounge CMAP provides a vital service for enough clientele to warrant remaining open 7 days a week. Due to resource constraints, they are consistently in a state of flux as their funds are not sustainable. This limits their ability to accept new referrals from local service agencies and healthcare professionals.

***3.4 Permanent funding and dedicated staff for emergency COVID-19 related MAP programs to isolated drinkers living in the DTES***

***3.5 Expanding the COVID-19 related outreach-based MAP programs that are currently provided by VCH to include modified home-detox for SRO tenants.***

***3.6 VCH-produced guidance materials for private for-profit and non-profit housing providers to design, develop and implement MAPs in collaboration with VCH, drinkers and local service providing organizations.***

- Many tenants who are living with severe AUD in the DTES and could benefit from access to a MAP live in privately owned housing, namely single room occupancy hotels (SROs). Cooperation and collaboration with private landlords and building

managers will be required in order to scale up VCH-facilitated safe supply delivery programs that are currently underway and effectively deliver MAP services to drinkers living in SROs in the future.

*“Having documents like these strategies, can help advocate for myself. When I go to hospital and they tell me I can’t be on the MAP (Managed Alcohol Program) it makes me so mad because I know it works, it lowers my blood pressure immediately. So this stuff helps me make my point when I need a drink.”*

- EIDGE member

***3.7 A formal and non-tokenistic role for drinkers and people who use other drugs in determining the future landscape of SRO housing in the DTES as the City of Vancouver moves to acquire 105 privately owned SROs and facilitate their conversion to shelter-rate housing.***

***3.8 City oversight and strict enforcement of a ban on “no-guest guest policies” in private and non-profit housing throughout the DTES, including SROs.***

- Community is an essential part of alcohol harm reduction. No-guest policies leave drinkers in greater risk or serious harms like overdose or alcohol poisoning to happen as they are likely consuming substances without any witnesses. Prior to COVID-19 many EIDGE members had individual guest policies attributed to them. This practice was and continues to alienate and stigmatise residents but directly increase their risk of harm.

***3.9 Increased involvement from Vancouver Coastal Health and all 3 levels of government in Vancouver’s low-income housing sector beyond the delivery of highly-medicalized supportive housing and long-term care. Long-term housing with adequate support for an ageing population is urgently needed throughout Vancouver.***

- We believe that the regional health authority is well-positioned to leverage provincial funding streams to increase the available stock, improve quality of management and provide, directly or indirectly, more and different harm reduction services within Vancouver’s low-income housing sector.

***3.10 Continued advocacy from both the City of Vancouver and Vancouver Coastal Health to the ministries and agencies of federal and provincial governments responsible for housing. We believe that these parties should advocate for significant financial support for the construction and rehabilitation of non-market housing for low-income residents living in downtown Vancouver, including the DTES, Strathcona and Downtown South through the National Housing Strategy.***

***3.11 Vacancy control applied to SRO units coming under the ownership and control of the City of Vancouver or proxy non-profit housing providers to discourage the eviction of low-income***



***tenants, some of whom are drinkers living in the DTES, and slow the ongoing gentrification of the neighbourhood.***

## Action Item 4: Expanding and Reforming Addiction Treatment Services Throughout Metro-Vancouver

We consider treatment to encompass a continuum of care that is rooted in the foundational principles of harm reduction. Therefore, individually tailored treatment plans that include but are not limited to referral to Managed Alcohol Programs and medication-assisted detox / maintenance should be considered standard practice for drinkers in Vancouver. Harm reduction should be considered an integral part of the first-line standard of care for primary care practitioners and service providers working with people who use alcohol. Therefore, we recommend the following:



Photo: Peacetree Centre for Wellness and Oneness. Retrieved from: <https://www.peacetree.ca/addiction-to-awareness-8-week-program-at-daytox-in-vancouver/>

### **4.1 Reducing wait times and increasing the availability of beds and outreach services**

- Long wait times and a lack of available detox beds remains a significant barrier to accessing detox services and inpatient recovery programming for many drinkers. We recommend that a serious commitment be made by VCH, the City of Vancouver and the provincial government to allocate resources towards more publicly funded long-term treatment and detox beds and a reduction in wait times without compromising the quality of available care and follow-up.
- Re-invigorate the Substance use Treatment and Response Team (START) to include more participants. This should include creating protocols that support drinkers with more severe AUDs to allow for their participation. This could include having an outreach team who would check in on individuals at certain intervals to ensure safety in detox.
- Expand capacity of financial and staffing support of current and future detox services like Onsite to support more complex detox cases. As illicit drug supplies continue to become more toxic, VCH needs to expand services to address these new needs. Currently, when someone's urine tests positive for benzodiazepines (benzos) the VCH policies state that this person needs to access a medically supervised detox, the only one being Vancouver Detox. The wait times for Vancouver Detox have always been long, as it is the only detox currently serving people who use alcohol. Alcohol drinkers would typically wait between 2-5 weeks to access detox. If nothing is addressed wait times for alcohol drinkers will increase as more illicit drugs are contaminated with benzos and more illicit drug users need to be detoxed from. Benzodiazepines were detected in more than 20% of street opioid samples tested in Vancouver in January 2021 and over 50% of expected opioid samples from Vancouver island in March 2021 (BCCSU, 2021).

#### **4.2 A new low-barrier, community-managed inpatient detox and sobering centre in the DTES**

- We recommend that a future detox in the DTES area emulate the successful model of OnSite, a low-barrier detoxification facility operated by PHSCSS and located above InSite at 139 East Hastings Street. An alcohol-specific program site modelled after OnSite would include a ground-level drop-in site, perhaps offering alcohol exchange, non-residential MAP access, referral to services and cultural supports, with an attached inpatient detox offering medication-assisted treatment. Cannabis and tobacco use should also be permitted when accessing this service.
- A new detox and sobering centre has been promised to be built and the new location of St. Paul's hospital in the false creek flats. To ensure these services meet the needs of drinkers, consultation on these services should involve community members.

#### **4.3 Establishing a durable and properly funded interdisciplinary network of post-detox follow-up, referral, system navigation and support coordinated by VCH, the Ministries of Health and Mental Health & Addictions, and local service providers.**

- Many drinkers need continued support immediately after leaving detox. It is imperative that support be provided while respecting their desire to make a decision related to their treatment for themselves. Although such an intervention is intended to bridge the gap between leaving detox and entering long-term treatment for those who would like to do so, similar support should also be available after leaving inpatient treatment.

#### **4.4 Ensure the consistent availability of vital medications for the treatment of AUD in Vancouver, including naltrexone and acamprosate, at no-cost.**

- In recent years there have been multiple barriers to accessing approved AUD medication. This has included supply shortages for acamprosate and classifying naltrexone as “limited drug coverage” (Province of British Columbia, 2022). Naltrexone is listed as a first line therapy by both the provincial and federal AUD guidelines and should be removed from the limited drug coverage category. This has proven to be a barrier for both patients to access and for prescribers to prescribe medications.

#### **4.5 Reforms to residential detox and treatment centres rules and regulations**

- Work with community advisory groups to establish guidance materials for service provisions at both private and public detox and treatment services
  - Reform policies should be created in conjunction with drinkers as they have first hand knowledge of gaps and challenges of accessing detox and treatment services. Some examples of gaps identified by EIDGE members include reducing or eliminating bans from accessing treatment services. Members have been banned from using a treatment service for testing positive for a drug or for failing to stop drinking. It is especially problematic when a client is told they can't access treatment or detox because they have reached a certain number of “tries” or “stays” at a specific treatment service. Another reflection has been the unrealistic

requirement that attendees must be sober at intake of treatment or detox.

Typically drinkers are on a waitlist to access services to assist in reducing alcohol consumption for weeks or months and it is completely unrealistic to expect this person to be sober to access the service.

- Increasing the degree of autonomy that residents have by creating designated smoking areas by amending existing VCH regulations.
  - Currently, only one detox exists in Vancouver that provides appropriate services for illicit drinkers and people whose drinking is heavy and long-term. While more capacity is needed, many drinkers will not even consider going to detox if they are not allowed to smoke or use cannabis, which is the case at many program sites, regardless of how many beds are created. No-smoking rules and similar regulations were identified by drinkers as a major barrier to service uptake and the completion of detox programming, withdrawal management services and other clinical interventions. We urge Vancouver Coastal Health to repeal and revise these regulations in order to make all existing and future detox program sites accessible to drinkers.

*“I've never been to Detox because of their no smoking rule. I'm looking into stopping the stuff (alcohol) that's killing me now, not the stuff that's going to kill me in 40 years (smoking). I can only work on one thing at a time!”*

- EIDGE member

## Action Item 5: Peer-Led Education for Clients and Practitioners

The existing landscape of alcohol harm reduction services in Vancouver remains siloed, insular relative to other areas of public health practice and highly professionalised, in large part due to the longstanding stigmatisation of drinkers and their exclusion from the harm reduction movement. Many service providers are unaware of what alcohol-related services are available to drinkers, and many drinkers are hesitant to access programs, clinical services and other resources that are not properly integrated with the established community of people who use alcohol. Despite the significant expertise held by drinkers related to alcohol use in Vancouver, best-practises for service providers, peer support, relationship-based outreach, mutual-aid and the negative impacts of present-day alcohol policy in Vancouver, it has proved more difficult for people who use alcohol to access leadership or consultative roles in clinical, service-based and advocacy oriented spaces. Therefore, we recommend the following:

*"The professionals are here at EIDGE group."*

- EIDGE member

*"All of us would be the best D&A Councillors in the world."*

- EIDGE member

### ***5.1 The development of a centralised online platform for stakeholders working in the area of alcohol policy and harm reduction that operates through the VCH website.***

- We envision a central location on the VCH website that lists all available harm reduction and treatment services related to alcohol in the metro-Vancouver area. This will include all services, not just the ones provided by VCH and act as an integrated information hub for clients and practitioners.
- Such a resource could maintain an updated list of program scheduling throughout Vancouver, including SMART meetings, in each neighbourhood. Said website should be considered separate from other substances, be updated regularly, tell users how to navigate both the system itself and the services that it lists and link to the BCCSU AUD guidelines. This resource should also link to the resource pages for other health authorities and relevant provincial websites.

### ***5.2 Accessible and publicly available resources for clients and service providers designed by People with Lived Experience (PWLE).***

- Peer-created information and media on available medication-based treatment for AUD and system navigation that is specific to Vancouver
- Updating care providers on best-practises for AUD treatment and communicating harm reduction's role in fulfilling their standard of care



*“Over three years ago was my last drink of Listerine (illicit alcohol). Being part of EIDGE steering committee helped me in this. I have to be a leader of change to help my fellow members without judgement!”*

- EIDGE member

***5.3 Provide financial support for regular meetings of the newly formed AKE Community of Practice network of service providers to maintain the system’s responsiveness and continue effective knowledge translation activities***

- The AKE Community of Practice is now composed of 90+ peers, clinicians, service providers, and policymakers. The process of bringing this group together has led to significant policy developments and productive partnerships between service providers, harm reduction organisations, peers, and multiple levels of government that are described in detail in a later section of this document. Having assembled this community of practice and witnessed how it can be mobilised to improve drinkers’ health, we would like its efforts to continue.
- However, EIDGE and the PHS Drinkers Lounge require resources and VCH support as a host organisation to continue to expand the AKE Community of Practice and continue action on realising the recommendations of this strategy. Convening the AKE Community of Practice, facilitating joint consultations between the membership of the EIDGE and Drinkers Lounge membership and producing its document required time and resources that were scarcely available and made clear the current limitations faced by both organisations. Long-term financial support and expanded staff capacity for EIDGE, the Drinkers Lounge, and VCH could make this work possible.

***5.4 Provide financial support for regular joint meetings of the EIDGE and Drinkers Lounge membership to advise the newly formed AKE Community of Practice network of service providers to maintain the system’s responsiveness and continue effective knowledge translation activities***

- Related to recommendation 5.3, EIDGE and Drinkers Lounge members who participated in a series of popular joint organisational consultation meetings in Oppenheimer park during the summer and fall of 2021 indicated that they would like to see such meetings continue as a means of contributing to alcohol policy development in the neighbourhood. These meetings provide an important venue for the members and staff of EIDGE, a policy advocacy-focused organisation, and the Drinkers Lounge, a frontline harm reduction service providing organisation, to discuss issues affecting drinkers and contribute directly to policy development. Alcohol policy in Vancouver’s DTES has historically been incredibly exclusionary of illicit drinkers, to the point of causing harm. As such we recommend that these movement building and policy advisory committees continue after



Photo: Brittany Graham.

this document has been submitted in order to ensure that drinkers voices are heard during the policy implementation phase of this project.

***5.5 Mandating the consideration of alcohol in City drug policy planning activities related to the housing and overdose syndemic.***

***5.6 Ensuring physician knowledge of and willingness to pursue a variety of medication-assisted treatment options for drinkers, including the Sinclair method and other modified but clinically effective uses of Naltrexone.***

### **5.7 Evidence-based and peer-directed Harm Reduction Education for health care Practitioners and social service providers**

- Destigmatizing education for health care and social service providers on evidence-based harm reduction approaches to the management and treatment of high-risk alcohol use and AUD. Including:
  - Regular peer-facilitated alcohol harm reduction site visits to discuss alcohol harm reduction with health care providers, facilitated by VCH as a form of continuing education for health professionals and social service providers.
  - Accessible continuing education modules and required training on best-practises for alcohol-related treatment and harm reduction for primary care providers that emphasise referral to low-barrier services and the perspectives of drinkers themselves
  - Recommend to the College of pharmacists, physicians, and nurses that some peer-directed, evidence-based addiction education requirements be made mandatory in training programs and continuing education mandates. Such an amendment to the required curriculum should emphasise cultural relevance, safety, and appropriateness as well as antiracism and the use of humanising terminology.
    - VCH should establish mandatory training for clinicians and practitioners regarding previously established guidelines and guidance for clinical care for people who use substances. If training is not completed within a specific period of time they won't be able to practice in this health region.

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**5.4 Ensuring adequate continuity of harm reduction-oriented care for people who use alcohol between regional health authorities, hospitals, programs and providers.**

*“For years the only people looking out for us was us. It’s nice to know places like drinker lounges exist, I know they are looking out for me.”*

- EIDGE Member

## Action Item 6: Establishing Long-Term Partnerships with Governmental Partners

As the discussions that informed the AKE project progressed, it became clear that establishing and maintaining working relationships with actors and institutions outside of our working group will be necessary to successfully implement this Vancouver Alcohol Strategy. The following section of this document includes a proposed series of partnerships that the organisers of the AKE project would like to develop both independently and in partnership with local government, including the City of Vancouver and Vancouver Coastal Health. Participants repeatedly spoke to the pressing need for policy action by ministries, agencies and affiliated organisations of the provincial government. Although the City of Vancouver possesses the capacity to independently support the development and delivery of several recommendations included in this document, the financial, regulatory and programmatic support of the province will be required in order to properly incorporate alcohol harm reduction into Vancouver's alcohol policy landscape. With respect to the province of British Columbia, and through it the ministerial oversight for Vancouver Coastal Health, we recommend the following actions:



Photo: UBC News. Retrieved from: <https://news.ubc.ca/2021/01/28/basic-income-guarantee/>

***6.1 Recommendation to relevant provincial ministries and agencies that a peer-directed and sustained addiction education requirement be made mandatory in training programs and continuing education mandates for crown prosecutors, judges, social workers and EMS workers and other non-medical civil servants who interact with the addictions treatment landscape in Vancouver on a daily basis.***

- Emphasis on cultural relevance, safety and appropriateness.

***6.2 Assist B.C. Housing to develop and implement MAPs where appropriate and supported by the Ministries of the Attorney General, Health, and Mental Health & Addictions as design as well as implement tenant-suggested best practises for alcohol harm reduction in B.C. Housing facilities and remove harmful no-guest policies in supportive housing buildings in the DTES.***

- Additionally, we support the co-development of mandatory training on the importance of Managed Alcohol Programs and the risks of alcohol withdrawal syndrome to be included and disseminated by folks with lived experience of alcohol use to all staff of all participating B.C. Housing buildings.

**6.3 Sustained financial commitment from the Ministries of Health and Ministry of Mental Health & Addictions to support the opening of new MAPs in and around the DTES and improve the capacity of existing programs including the Drinker's Lounge CMAP.**

**6.4 Engaging with WorkSafe B.C. to explore non-punitive options for AUD response**

**6.5 Engage with B.C. Family Services in order to advocate for expanded support services for families living with the intergenerational effects of AUD that do not involve the removal of children from the custody of their parents.**

**6.6 Engage with municipal police departments, the RCMP, and municipal bylaw enforcement offices to advocate for a harm reduction approach that is specific to alcohol that accounts for AUD and the systemic factors that lead to illicit drinking.**

**6.7 The creation of MAP-specific licensing requirements for the distribution of alcohol from the Liquor Distribution Branch and Liquor & Cannabis Regulation Branch of the Ministry of the Attorney General that enable the development of new programs unhindered by concerns surrounding their legality.**

**6.8 Support the LCRB and LDB in developing a specific legislative definition of Managed Alcohol Programs in order to allow for their modified inclusion in or exemption from the Liquor Control and Licensing Act and Liquor Distribution Act, including all regulations that relate to said Acts.**

**6.9 Advocate for an amendment to the Liquor Control and Licensing Act 2015 in order to grant the City of Vancouver and Vancouver Park Board the authority to suspend the enforcement of sections 73 (Unlawful possession or consumption of liquor), 74 (Intoxication in public place), and 75 (Giving liquor to intoxicated person) for all people who are known to the community as living with AUD, using non-beverage alcohol and/or struggling to find or remain in stable housing in public spaces over which each respective body has jurisdiction.**

**6.10 Support the creation of an inter-ministerial working group on alcohol harm reduction at the provincial level**

**6.11 Requiring an equity-focused policy impact assessment and response plan for changes to alcohol pricing that occur at the provincial level, including changes to minimum unit prices and alcohol taxation.**



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**6.12 Develop enforceable standards of practice for interacting with drinkers for law enforcement officers in Vancouver and throughout the province. These guidelines should direct officers away from punitive enforcement measures, including fines, charges, liquor pour-outs and confiscation when interacting with drinkers in Vancouver and emphasise the negative health consequences associated with said measures**

- Require that officers working in and around Vancouver's DTES abide by the aforementioned exemption of people who are known to the community as living with AUD, using non-beverage alcohol and/or struggling to find or remain in stable housing from the enforcement of sections 73, 74 and 75 of the *Liquor Control and Licensing Act 2015*.
- Educational materials and associated guidelines for practice should provide law enforcement officers with established protocols for accessing and utilising a centralised alcohol harm reduction resource page hosted by Vancouver Coastal Health and direct officers to refer drinkers towards harm reduction services in lieu of legal penalties whenever feasible.

**6.13 Liaise with Provincial Jails to develop peer-directed harm reduction guidelines for incarcerated people living with AUD and expand access to medication-assisted treatment, including MAP services and culturally-appropriate care.**

**6.14 Direct the Ministry of the Attorney General, Ministry of Finance, and Ministry of Health to study and pursue an allocation strategy for alcohol-related excise tax and licensing revenues towards evidence-based alcohol harm reduction measures including MAPs.**

**6.15 Establish Formal Partnerships Between Harm Reduction Service Providers and Clinical Services within Regional Health Authorities**


**6.16 Work with local stakeholders in the private sector to advocate to local and provincial governmental bodies for more community-based harm reduction services and housing for people who use alcohol. Our conversations with local business owners and their associations have led us to a shared understanding that the more services we can provide for drinkers, the greater our collective positive impact on our neighbourhoods will be.**

**6.17 Connect with local breweries, retail alcohol outlets and the Liquor Distribution Branch to establish working community service-based partnerships through which new and existing MAPs and alcohol exchanges throughout Vancouver can access a consistent supply of beverage alcohol in order to continue to provide impactful interventions.**

## What we have done and where we are going

In the time that has passed since the participants of the AKE project first met and began discussing how to best reduce alcohol-related harm in our city, new partnerships have developed and unprecedented progress has been made. In our experience, we have not previously seen public policy change or the formation of new coalitions of peers and service providers occur at such a rapid rate. By speaking to these developments and the speed at which they happened, we hope to communicate that our coalition of partners and peers is incredibly capable of producing unprecedented results when we are consistently connected, well-resourced and included in governmental decision making processes. Since we started working together in June of 2020, our minimally-resourced coalition has played a key role in guiding & accomplishing the following initiatives, many of which are the product of collaborations that emerged prior to the beginning of the AKE project:

- On February 24, 2021, Vancouver City Council unanimously passed a bylaw amendment to allow for public consumption of alcohol at a parklet in front of 111 Princess Ave (the Drinker's Lounge). Along with the installation of this parklet, the City of Vancouver has committed to providing one time funding to extend Drinker's Lounge operating hours from 5 hours a day to 7 hours a day (Monday to Friday), as well as pay peer honoraria for daily maintenance of the parklet. This grant will also support increased outreach to drinkers at public drinking hotspots within the DTES, including the Astoria bus stop, Main & Hastings, Pigeon Park, and the area surrounding Oppenheimer park. The steering committee that led to this development was composed of PHSCSS, VANDU, Strathcona BIA and the City of Vancouver, and included opportunities for peer advisory throughout. The proposal was also discussed with the core Alcohol Knowledge Exchange organisations, including PHSCSS, VANDU, BCCSU, Pivot Legal Society, VCH Indigenous health and others. While we believe that creation of an outdoor location in the DTES that allows for the legal public consumption of alcohol is a positive step towards improving drinkers' access to safer spaces, several concerns should be acknowledged and monitored as the project progresses. These potential negative side effects of the pilot are outlined within Action Item 1 of this document. They include increased enforcement to those street based drinkers who don't or won't access legally sanctioned outdoor drinking spaces, who are therefore vulnerable to further displacement, harassment, pour-outs and fines if public drinking at other locations is no longer tolerated. The decriminalisation of all drinkers, regardless of any connection to sanctioned public drinking spaces or drinker service providers, remains an overarching goal of this strategy document.
- Kilala Lelum (KL), the Urban Indigenous Health and Healing Collective, included a proposed partnership with the Drinker's Lounge Community Managed Alcohol Program in their application to Health Canada's Substance Use and Addictions Program (SUAP) 2021/22 funding opportunity. This task includes two 0.8 full-time equivalent outreach



workers, and two 0.8 full-time equivalent licenced practical nurses who will specifically support drinkers both at the Drinker's Lounge Community Managed Alcohol Program and KL's existing clientele. The goal of increasing staff support in this manner is to provide a better quality of care and assistance for all drinkers who access these programs, particularly those members who are enrolled in MAPs but cannot access the physical Drinker's Lounge space due to mobility issues, as well as new referrals to the program.

- The COVID-19 pandemic required VCH to create a system of novel outreach-based safe supply programs for people who use drugs in Vancouver who were required to self-isolate due to COVID-19 infection. In addition to oral and injectable opioids, common Medication Assisted Treatment modalities available through this program included methadone, suboxone, tobacco, cannabis, and alcohol. To our knowledge, this outreach-based program to deliver a form of Managed Alcohol Program to residents of isolated hotels, private SROs, and social housing facilities without MAP services is the first of its kind in Vancouver. Multiple EIDGE members participated in this program and have spoken very highly of its effectiveness at stabilising their drinking behaviours and preventing alcohol withdrawals during periods of self-isolation.
- Pivot Legal Society, The Drinkers Lounge CMAP and EIDGE have collaborated to produce a "Drinkers Rights Card " and accompanying stickers that can be placed on bottles or throughout the Downtown Eastside. The cards contain information about the risks and harms of alcohol confiscation and liquor pour-outs and explain that said actions violate drinkers' rights under sections 15 and 7 of the Canadian Charter of Rights and Freedoms. They also include a declaration of a lack of consent to alcohol confiscation on the part of the drinker and describe how the harassment of illicit drinkers by police and bylaw officers contradicts the City of Vancouver's stated support of harm reduction and the province's Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder. On June 28th, 2021, The Drinkers Lounge hosted a barbecue to celebrate the opening of their parklet and the release of the cards, which were discussed and distributed to attendees. The purpose and intended impact of this resource is to provide drinkers with the tools they need to advocate for themselves and their friends to protect their health and wellbeing during interactions with law enforcement.
- EIDGE was featured as an Exhibitor at the 2021 British Columbia Centre on Substance Use Conference, titled "Bridging The Gap: Connecting harm reduction, treatment and recovery". The organisation prepared a poster detailing the VAS development process and the strategy's recommendations and hosted a 30-minute Q&A on June 17th, 2021. EIDGE's participation in this conference allowed for a wide-ranging network of peers, policymakers, service providers, activists, and clinicians to learn more about the work we have done.





Photo: Pivot Legal Society. Retrieved from: [https://www.pivotlegal.org/rights\\_card\\_alcohol\\_seizure](https://www.pivotlegal.org/rights_card_alcohol_seizure)

- EIDGE conducted a poster presentation at the Canadian Centre on Substance Use and Addiction's 2021 Issues of Substance conference, titled "Vancouver's Alcohol Knowledge Exchange: Lessons learned from Creating a Community-Led Alcohol Harm Reduction Strategy". The organisation prepared a poster detailing the AKE and VAS development process, including the strategies recommendations and hosted a 30-minute Q&A on June 17th, 2021. EIDGE's participation in this conference allowed for a wide-ranging network of peers, policymakers, service providers, activists, and clinicians to learn more about the work we have done.
- Representatives from EIDGE and the Drinkers Lounge have been active participants on the Astoria Drinkers Lounge steering Committee convened by the City of Vancouver departments of Social Planning and Engineering Services, and the Vancouver Parks Board. Through this steering committee, EIDGE and Drinker's Lounge organisers have advised the City of Vancouver Social Policy and Projects Division, Engineering Services, Vancouver Parks Board, the Strathcona Business Improvement Association, and the Strathcona Residents Association on matters related to bench removal where illicit drinkers socialise and the creation of new public spaces for drinkers in the DTES. We have consistently opposed the removal of benches and bus stops along the 800 block of East Hastings St, encouraged the Parks Board to replace removed amenities used by

drinkers at Maclean Park and have advised the creation of new public spaces and washrooms used by drinkers on Hawks Avenue. Conversations about the winterization of these new public spaces for drinkers and potential peer involvement in their maintenance is ongoing and supported by the City of Vancouver.



Photo: Aaron Bailey.

- EIDGE has developed an educational pamphlet called “think before your drink” to assist drinkers to understand their own drinking patterns and create individual harm reduction strategies that work for them. We continue to distribute this pamphlet during outreach activities, while placing posters around the community to advertise EIDGE meetings, and from the VANDU office alongside the Drinkers Rights Cards.

## Next steps and a timeline for action

Having established the accomplishments of our collective in the previous section, we would like to invite the audience of this document to consider what is possible if continued work in the area of alcohol-harm reduction and related knowledge exchange in Vancouver were to be financially, logistically and legislatively supported by multiple levels of government. This timeline reflects our group's vision for attainable and transformative improvements in drinkers' health and safety in Vancouver that, in our view, could be accomplished within the 6 months following the release of this report, within 1 year and within 5 years.

<b><i>Call to Action: Short-term (6 months - 1 year) goals and our request for support</i></b>	<b><i>Purpose and Rationale:</i></b>
<b>Continued financial and logistical support for the Alcohol Knowledge Exchange Community of Practice</b>	The AKE Community of Practice is now composed of 90+ peers, clinicians, service providers, and policymakers. However, we require resources and VCH's support as a host organisation to continue to expand it.
<b>The development of a centralised information network for stakeholders working in the area of alcohol policy and harm reduction that operates through the VCH website.</b>	We envision a central location on the VCH website that lists all available harm reduction and treatment services related to alcohol in the metro-Vancouver area. This will include all services, and act as an integrated information hub for clients and practitioners.
<b>Allocate permanent funding to the Eastside Illicit Drinkers Group for Education for operations and the hiring of a 0.5 FTE Program Coordinator to oversee the implementation of the VAS alongside VCH staff and system navigation with peers</b>	EIDGE currently has no permanent funding and requires resources to continue to support the AKE Community of Practice. Without this support, EIDGE cannot continue to convene this network. Key budget items include one 0.5 FTE Program Coordinator and funds for peer stipends.
<b>Create a new position (i.e an Alcohol Harm Reduction Specialist) within VCHs Harm Reduction and Substance Use Services team with a mandate to develop Vancouver's alcohol harm reduction infrastructure in partnership with illicit drinker's advocacy groups</b>	A staff member with an alcohol-specific mandate within VCH is desperately needed to translate community organising work into public health policy and oversee the functioning of the AKE going forward, in partnership with a potential 0.5 FTE EIDGE Program Coordinator, as well as the system it reflects.

<b>Call to Action: Medium-term (1-5 years) goals and our requests for support</b>	<b>Purpose and Rationale:</b>
<b>Immediately eliminate repeat visit bans and smoking bans at VCH-operated detox and treatment centres</b>	<i>"I've never been to Detox because of their no smoking rule. I'm looking into stopping the stuff (alcohol) that's killing me now, not the stuff that's going to kill me in 40 years (smoking). I can only work on one thing at a time!" - EIDGE member</i>
<b>Expand the capacity of currently operating MAPS and allocate sufficient funding to permanently extend PHS Drinkers Lounge hours to 7-days a week, 7am to 7pm.</b>	Existing MAPS and the PHS Drinkers Lounge CMAP is not adequately funded to meet demand for its harm reduction services. They require more resources and staff.
<b>Statements of support on drinker access to parks, parklets, public amenities including washrooms and benches, and against street sweeps</b>	We believe VCH has an integral role to play in supporting the implementation of VAS recommendations beyond its jurisdiction by lending its support as a respected and politically influential public health actor.
<b>Liaise with the Vancouver Police Department to achieve meaningful decriminalisation of illicit drinkers, including by ensuring that all constables are briefed on Drinkers Rights cards</b>	We are not confident that the Vancouver Police department will meaningfully engage with the requests and legal rights of illicit drinkers unless they are presented, publicly endorsed, and held accountable by a reputable public health authority
<b>Develop and support the implementation wet and damp shelter program guidelines for existing VCH-funded shelter spaces</b>	Despite high rates of polysubstance use, drinkers are not accounted for in harm reduction-related programming or funding proposals to VCH
<b>Expanding capacity of existing VCH-funded detox sites and recovery centres and permanent support for outreach based home detox / SAFE programming.</b>	There is an urgent need for more on-demand public detox and recovery beds in Vancouver. Additionally, there is currently an unmet need for s VCH-organised outreach-based home detox, SAFE programming and MAP services in private SROs, non-profit housing and LTC facilities.
<b>Act as a public health-oriented liaison to advocate for the implementation of all non-VCH specific recommendations of the VAS</b>	We believe VCH has an integral role to play in supporting the implementation of VAS recommendations beyond its jurisdiction by lending its support as a respected and politically influential public health actor.

<b><i>Call to Action: Long-term (5+ years) goals and our requests for support</i></b>	<b><i>Purpose and Rationale:</i></b>
<b>More, organizationally diverse, peer-led and culturally-safe Managed Alcohol Programs throughout Vancouver, in accordance with the Second Generation Strategy</b>	Vancouver Coastal Health’s Second Generation strategy has been declared complete despite the lack of new MAPs that were promised in the document. Demand for new and diverse forms of MAP that are operated by drinkers themselves far outpaces available organisational resources in Vancouver, and the Canadian Managed Alcohol Programs (CMAPS) study has compiled an extremely strong evidence base for their efficacy.
<b>A new low-barrier, community-managed inpatient detox centre in the DTES and a province-wide increase in the number of publicly funded detox and recovery centre beds that are available on-demand for people with long term and severe alcohol use disorder</b>	Long wait times and a lack of available detox beds remains a significant barrier to accessing detox services and inpatient recovery programming for many drinkers. We recommend that a serious commitment be made by VCH, the City of Vancouver and the provincial government to allocate resources towards more publicly funded long-term treatment and detox beds and a reduction in wait times without compromising the quality of available care and follow-up.
<b>Permanent funding for “wet” and “damp” shelters and multi-seasonal, low-barrier, peer-led sobering / alcohol first aid sites that also function as warming/cooling centres within the DTES</b>	The large majority of shelters and programming sites are not accommodating of drinkers who are often left exposed to the elements and denied services. The 2011 report of the Davies Commission inquiry into the freezing death of Frank Paul called for a dedicated sobering centre to be opened, but this has not happened. Drinkers have spoken to the urgent need for outdoor, peer administered first-aid, warming / cooling, and sobering centres that emulate the model of the overdose prevention site for peers who use illicit alcohol in the DTES.
<b>A mandatory diversionary protocol, prepared in partnership with the VPD, to prevent the usage of holding cells for structurally vulnerable illicit drinkers</b>	A transparent process and law enforcement accountability is required to ensure that police attempt to take drinkers home or to a peer-run sobering centre before pursuing more harmful measures including placement in a holding cell or hospital admission.



## Conclusion

Despite ongoing education and activism from peer-led groups, Vancouver has not prioritised alcohol harm reduction. For too long, drinkers have felt that their successes and failures were solely based on their individual will. The Vancouver alcohol strategy was created by people who have seen the health and social system in Vancouver fail to support our community. When someone who uses alcohol wants to access treatment or use harm reduction services they are met with a series of obstacles that make it feel like it is impossible to make the changes they want to make. So many of the recent deaths of illicit drinkers would have been preventable if they received the proper care they deserved.

EIDGE and Drinkers Lounge formed the alcohol knowledge exchange to bring together people with lived experiences, services providers and policy makers to develop strategies to effect real change in the health systems created to support drinkers. We have written this document to highlight that healthcare is a right for all, including those who drink.

This document is the culmination of that work and is a road map for system change in Vancouver. We have made over 50 recommendations to better all aspects of the health and social sectors that drinkers use. Many of these gaps have been expressed by members of EIDGE for over a decade. During this time we have seen member after member pass away from alcohol related harms. Most of these deaths were preventable if they had been able to receive the health and social services that they needed. We say this not to lay blame but to highlight the severity of these recommendations. We believe that in order to effect real change in the lives of people who drink alcohol we need to create and sustain a system of support. This report lays out a clear plan of how these supports could be created, sustained and supported.

# Appendix 1: Presentation materials

## The Vancouver Alcohol Strategy

Designing Harm Reduction-focused Alcohol Policy from the Grassroots in Vancouver's Downtown Eastside

Prepared by the Eastside Illicit Drinkers Group for Education & Aaron Bailey\*

**Background: The Alcohol Knowledge Exchange (AKE) project**

Alcohol harm reduction is absent from the City of Vancouver's drug policy and program planning initiatives that are guided by the 4 Pillars Strategy. In Vancouver, organizations working with people who drink illicit alcohol<sup>1</sup> and people whose alcohol use is heavy and frequent in Vancouver today are not sufficiently resourced or operating toward a common vision of alcohol harm reduction for all.<sup>2,3,4,5</sup> Service providers working with drinkers are disconnected from one another by sectoral silos. This fragmentation is a significant barrier to protecting and improving the health and wellbeing of drinkers.

The AKE project was developed through a partnership between the Eastside Illicit Drinkers' Group for Education (EDGE), the Drinkers Lounge CMAP and Vancouver Coastal Health in 2019. We connected 80+ stakeholders throughout Vancouver who work in the area of alcohol harm reduction to improve system-level capacity to serve people whose drinking spans the continuum of use. By centering the perspectives of drinkers and undertaking consultation from the "bottom-up", we developed *The Vancouver Alcohol Strategy*, a unified vision for alcohol policy in Vancouver that pairs population-level alcohol control efforts with a community-based model of harm reduction.

**Drinker-Led Alcohol Policy Development**

Drug policy in Vancouver has historically been "top-down". While individuals and organizations of people with lived experience of substance use are typically consulted, governments and public health authorities have more power to frame policy problems, select a range of solutions that are considered feasible, and make final decisions about policy implementation.

The AKE's VAS development process was intentionally "bottom-up" in its approach. AKE discussions sought to resolve the barriers to navigating Vancouver's fragmented alcohol-specific service landscape that were described by EDGE and Drinkers Lounge members.





Figure 1: The Drinkers Lounge facility



**Vancouver Alcohol Strategy Recommendations**

- 1) **Equity-focused Decriminalization of Illicit Drinkers in Vancouver**
  - Non-enforcement of sections 73 (Unlawful possession or consumption of liquor), 74 (Intoxication in public place), and 75 (Giving liquor to intoxicated person) of *Liquor Control and Licensing Act*, 2015 and section 4C of the *City Land Regulation Bylaw (no.8735)* by the VPD and bylaw for all people who are known to the community as illicit drinkers.
  - Non-enforcement includes ending liquor pour outs, ticketing and drink confiscation. It does not include increased policing of drinkers outside of sanctioned spaces.
  - Alternative pathways to the criminal justice system for drinkers and improved access to community amenities including benches, green space and public washrooms.
- 2) **Creating Safe Indoor Spaces for Drinkers**
  - Adequate, predictable and community-directed funding from multiple levels of government for several safe, indoor, peer-led, non-clinical and COVID-19-safe spaces for people who drink illicit alcohol in Vancouver.
- 3) **Managed Alcohol Program and Safer Housing**
  - More dedicated Managed Alcohol Programs (MAPs) in and around the Downtown Eastside (DTEs) in accordance with Vancouver Coastal Health's DTES Second Generation Strategy.
  - Permanent funding for emergency COVID-19 related MAP programs for isolated drinkers.
  - Guidance materials for private for-profit and non-profit housing providers who implement MAPs in collaboration with VCH, drinkers and local service providers.
  - Vacancy control in SROs, a ban on no-guest policies and a formal role for drinkers and people who use other drugs in determining the future of Vancouver's SROs.
- 4) **Expanding and Reforming Addiction Treatment Services**
  - More publicly funded long-term treatment and detox beds in order to improve access and reduce wait times without compromising the quality of available care and follow-up.
  - Integrated harm reduction and clinical care for drinkers, similar to the OnSite model.
  - Changes to detox and recovery house rules to eliminate bans, remove the requirement that attendees be sober at intake and creating designated smoking areas.
- 5) **Peer-Led Education for Clients and Practitioners**
  - The development of a centralized information network on the VCH website for stakeholders working in the area of alcohol policy and harm reduction.
- 6) **Establishing Long-Term Partnerships**
  - Long-term financial commitments from the City of Vancouver, provincial ministries, Vancouver Coastal Health, and the private sector to support alcohol harm reduction.

\* EDGE research support, The Right to Remain Research Collective member, MSc Health Promotion candidate at Queen's University. Contact: [bailey.aaron@queensu.ca](mailto:bailey.aaron@queensu.ca)

1. EDGE defines illicit drinking as the consumption of "alcohol not meant for human consumption, illegally produced homemade alcohol, and store bought alcohol that is used in an illegal way (e.g. drinking alcohol in public spaces)" (Brown et al., 2018)
2. Brown et al. (2018). Research into action: The Eastside Illicit Drinkers Group for Education's SROs experience as a community-based group in Vancouver, Canada. *Drug and Alcohol Review*, 37, 216-218.
3. Crabtree et al. (2018). Perceived harms and harm reduction strategies among people who drink non-beverage alcohol: community-based qualitative research in Vancouver, Canada. *International Journal of Drug Policy*, 59, 85-93.
4. Crabtree et al. (2018). Results of a participatory needs assessment demonstrate an opportunity to involve people who use alcohol in drug user activism and harm reduction. *Harm Reduction Journal*, 13(1), 1-9.
5. Illicit alcohol in British Columbia. Results from a qualitative research study. (Accessed June 2021)

## Vancouver's Alcohol Knowledge Exchange

Lessons Learned from Creating a Community-Led Alcohol Harm Reduction Strategy

Prepared by the Eastside Illicit Drinkers Group for Education, Aaron Bailey\* & Brittany Graham\*

**Background: The Alcohol Knowledge Exchange (AKE) project**

Alcohol harm reduction is absent from the City of Vancouver's drug policy and program planning initiatives that are guided by the 4 Pillars Strategy. In Vancouver, organizations working with people who drink illicit alcohol<sup>1</sup> and people whose alcohol use is heavy and frequent in Vancouver today are not sufficiently resourced or operating toward a common vision of alcohol harm reduction for all.<sup>2,3,4,5</sup> Service providers working with drinkers are disconnected from one another by sectoral silos. This fragmentation is a significant barrier to protecting and improving the health and wellbeing of drinkers.

The AKE project was developed through a partnership between the Eastside Illicit Drinkers' Group for Education (EDGE), the Drinkers Lounge Community Managed Alcohol Program (CMAP), and Vancouver Coastal Health in 2019. We connected 80+ stakeholders throughout Vancouver who work in the area of alcohol harm reduction to improve system-level capacity to serve people whose drinking spans the continuum of use. By centering the perspectives of drinkers and consulting from the "bottom-up", we developed *The Vancouver Alcohol Strategy (VAS)*. The VAS is a unified vision for alcohol policy in Vancouver that pairs population-level alcohol control efforts with a community-based model of harm reduction that meets the needs of structurally marginalized drinkers.



Figure 1: The Vancouver Alcohol Knowledge Exchange project timeline

**Drinker-Led Alcohol Policy Development**

Drug policy in Vancouver has historically been developed in a "top-down" manner. While individuals and organizations of people with lived experience of substance use are typically consulted, governments and public health authorities have more power to frame policy problems, select a range of solutions that are considered feasible, and make final decisions about policy implementation.

The AKE's VAS development process was intentionally "bottom-up" in its approach. AKE discussions sought to resolve the barriers to navigating Vancouver's fragmented alcohol-specific service landscape that were described by EDGE and Drinkers Lounge members. The document and its recommendations are reflections of illicit drinker's policy priorities.



Figure 1: The Drinkers Lounge facility



**Vancouver Alcohol Strategy Recommendations**

- 1) **Equity-focused Decriminalization of Illicit Drinkers in Vancouver**
  - Non-enforcement of sections 73 (Unlawful possession or consumption of liquor), 74 (Intoxication in public place), and 75 (Giving liquor to intoxicated person) of *Liquor Control and Licensing Act*, 2015 and section 4C of the *City Land Regulation Bylaw (no.8735)* by the VPD and bylaw enforcement for all people who are known to the community as illicit drinkers.
  - Non-enforcement includes ending liquor pour outs, ticketing and drink confiscation. It does not include increased policing of drinkers outside of sanctioned spaces.
  - Improved access to community amenities including public washrooms and benches.
  - Alternative pathways to the criminal justice system for drinkers including a standardized process for preventing the use of holding cells and the creation of low-barrier, peer-led sobering centers.
- 2) **Creating Safe Outdoor and Indoor Spaces for Drinkers**
  - Adequate, predictable and community-directed funding from multiple levels of government for several safe, indoor, peer-led, non-clinical and COVID-19-safe spaces for people who drink illicit alcohol in Vancouver.
  - New sanctioned parks, park-lets, and plazas where illicit drinkers can use alcohol in the DTES.
  - Drinker-friendly warming and cooling stations throughout the DTES equipped with first-aid and overdose response resources geared towards alcohol and polysubstance users.
- 3) **Managed Alcohol Program and Safer Housing**
  - More dedicated Managed Alcohol Programs (MAPs) in and around the DTES in accordance with Vancouver Coastal Health's DTES Second Generation Strategy.
  - Permanent funding for emergency COVID-19 related outreach-based MAP programs for isolated drinkers, particularly those living in privately owned SROs.
  - Guidance materials for private for-profit and non-profit housing providers who implement MAPs in collaboration with VCH, drinkers and local service providers.
  - A ban on no-guest policies in SROs and a formal role for drinkers and people who use other drugs in determining the future of Vancouver's SRO housing stock.
- 4) **Expanding and Reforming Addiction Treatment Services**
  - Changes to detox and recovery house rules to eliminate bans, remove the requirement that attendees be sober at intake, allow smoking, and create designated smoking areas.
  - More publicly funded long-term treatment and detox beds in order to improve on demand access and reduce wait times without compromising the quality of available care and follow-up.
  - Integrated harm reduction and clinical care for drinkers, similar to the OnSite model.
- 5) **Peer-Led Education for Clients and Practitioners**
  - The development of a centralized information network on the VCH website for stakeholders working in the area of alcohol policy and harm reduction.
  - Peer-facilitated alcohol harm reduction site tours and story sharing for health service providers.
- 6) **Establishing Long-Term Partnerships**
  - Long-term financial commitments from the City of Vancouver, provincial ministries, Vancouver Coastal Health, and the private sector to support alcohol harm reduction.

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1. EDGE defines illicit drinking as the consumption of "alcohol not meant for human consumption, illegally produced homemade alcohol, and store bought alcohol that is used in an illegal way (e.g. drinking alcohol in public spaces)" (Brown et al., 2018)
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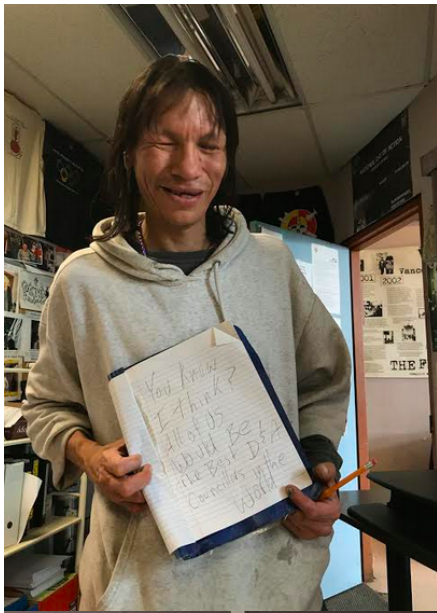
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