# WINDS OF (HANGE: A HEALING VISION

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FINAL REPORT OF THE PEMBERTON / MOUNT CURRIE DRUG AND ALCOHOL TASK FORCE NOVEMBER 2004

### WINDS OF CHANGE: A HEALING VISION

Final Report of the Pemberton/Mount Currie Drug and Alcohol Task Force November 2004

### ACKNOWLEDGEMENTS

We would like to thank the following individuals for their contributions to this report.

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## MESSAGE FROM THE TASK FORCE CO-CHAIRS

This report was born out of tragedy.

Early in 2002 we suffered the tragic death of a young person. "We" are the neighbouring communities of Mount Currie and Pemberton. The young man was from Mount Currie. The death occurred in an area of Pemberton where drug and alcohol use and the accompanying problems are common.

Both communities were shocked. In Pemberton residents came out to Council meetings to express sadness, concern, and outrage. Out of these visceral reactions the Pemberton Healthy Communities Committee was formed. In Mount Currie similar raw emotions were brought forward at community forums. Frustration ran so high that a group of Elders approached Chief and Council to take action. In Mount Currie, the result was a community owned vision for Lil'wat Wellness.

These processes and outcomes were necessary and good. However, residents from both Mount Currie and Pemberton realized that the scope of the problem was not specific to either community. Finding solutions to drug and alcohol problems could not be done in isolation from each other. The fact is that drug and alcohol problems affect both communities and solving those problems requires coordinated action.

Coordinated action, however, has not always been a feature of the relationship between Pemberton and Mount Currie. There are many challenges working against us. The Village of Pemberton is a municipality and Mount Currie is a First Nation. We work in different jurisdictional frameworks. In addition, differences in the culture and history of our communities makes the six kilometres that separate us seem insignificant in comparison. The reality is that our communities have not often found common ground on which to walk.

Nevertheless, each community cares deeply for the safety of our children and the health of our families. We shop together. Our children play on sports teams together. And, we are all impacted by drugs and alcohol. Working together is an imperative.

As a result, the Mount Currie Band Council and the Village of Pemberton Council formed a Joint Task Force in the spring of 2003 to increase the safety in our communities by reducing the harm associated with drugs and alcohol. The founding premise was that drug and alcohol use creates a shared problem. It has never been "your" problem – it was always "our" problem.

Bringing together a diverse group of community leaders in the Task Force was exciting and challenging – there were many approaches and ideas about what the "problem" was and what the "solutions" ought to be. There was also no clear consensus on how to proceed. We began to seek out facilitators and knowledgeable people that had worked with communities tackling these kinds of issues before. What resulted was a meaningful relationship with the Kaiser Foundation and the Centre for Addictions Research of BC and also with the Canadian Centre for Substance Abuse. Together, they have assisted us in examining patterns of use in our communities and the perceptions we have about drugs and alcohol and the related problems. In addition to this research, the Task Force has continued to identify meaningful and actionable strategies for change. What follows is the result of our work.

The winds blowing in the valley speak of change – a change that brings a healing vision.

Eliner Warner

Mayor Elinor Warner Village of Pemberton Task Force Co-Chair

Councillor Joanne John Mount Currie Band Task Force Co-Chair

November 2004

### OUR APPROACH TO DRUG AND ALCOHOL ISSUES

When we speak of "drugs and alcohol" we are referring to a broad range of psychoactive substances that effect how we think or feel. Alcohol and tobacco are the most common, but other drugs such as marijuana and cocaine, various medications such as Tylenol 3 and other painkillers, and even caffeine found in coffee, tea, and cola are included. Most of these substances can be used in beneficial or non-problematic ways. They also present varying levels of risk to the health of individuals and communities.



The use of these substances is deeply ingrained in the cultures from which our communities come. As a result, the "solution" is not as simple as removing certain substances from our communities. We must learn to control these substances; to use them in healthy ways while minimizing the risk and harm associated with them. This has led the Task Force to consider some basic principles.

1. The concept of population health provides the most promising long-term prevention strategy. Living and working conditions, social environments, culture, and the access to health services are all recognized as influencing health and well-being. Risk factors such as unemployment, inadequate income, and unstable housing must all be addressed if we are to increase health and decrease substance use problems. Policies need to address these issues by reducing the risks and increasing protective factors that diminish their impact.

2. Health promotion recognizes the importance of increasing individual and community control over the factors that affect health. It seeks to foster the knowledge, skills, and beliefs that help people engage in safer and healthier lifestyles, and seeks to create conditions that make healthy choices the norm.

3. Harm reduction seeks practical solutions to substance use problems. It seeks ways to reduce problematic use and mitigate the harm to both individuals and communities. It takes a pragmatic approach, recognizing that psychoactive substance use is deeply rooted in our culture and that much of it is beneficial or non-problematic. Harm reduction also respects the autonomy of individuals while protecting the needs of the community.

4. Community capacity building involves the identification of key community assets and the development of networks and partnerships. Healthy communities foster social inclusion and reduce the impacts of dislocation that may result from cultural or economic changes. Faith-based organizations, community centres, schools, business associations, social service agencies, police, and local councils all have a role in building healthy communities.

While the set of circumstances that called our communities into action and led to this report are unique, we are not alone in facing the challenges related to alcohol and drug use.

The provincial government recently examined the issues and released a strategic report. *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* (2004) provides support to communities like ours in creating comprehensive, compassionate, and effective ways to prevent and reduce the harm from substance use. This provincial planning document has helped shape our report.

The federal government has also recognized the importance of addressing these issues and has asked Health Canada to lead in the development of a renewed national drug strategy. As part of this initiative, Health Canada and the provincial Ministry of Health Services commissioned an environmental scan of the situation in British Columbia published as, *Psychoactive Substance Use and Related Problems in BC (2004)*. This provides a context in which to evaluate the challenges we face in Pemberton and Mount Currie.

Activity at the international level in recent years has also resulted in several important resources that have helped inform the current process. The most important of these, Loxley et al (2004) *The Prevention of Substance Use, Risk and Harm in Australia: A Review,* examines the effectiveness of a wide range of responses and has been used to inform and evaluate the recommendations put forward in this report.

An effective strategy needs to be comprehensive and designed to address those patterns of substance use that create the greatest harms. In particular, we have learned that we should:

-Focus on all psychoactive substances;

-Consider the impact across the lifespan of our community members;

-Develop a coordinated approach involving multiple sectors within our communities and across our communities; -Develop a shared understanding of the nature of the harms we want to prevent; and,

-Develop a clear understanding of the underlying patterns of risky substance use that contribute to the harms.

The Task Force has adopted this comprehensive approach and is applying a four-step process.

- 1. Understanding the community this includes the social, cultural, and economic factors that shape the community as well as the patterns of risky substance use and the harms that are associated.
- 2. Strategy development this involves setting priorities and planning ways to respond to the identified harms.
- 3. Action the implementation of the strategy in which various community groups contribute to the solution.
- 4. Evaluation determining if we have made a difference and using the data collected to modify our plans and actions.

This report presents the findings from Step 1 and the Task Force's recommendations for Step 2. Our strategy will be effective to the degree that it is actively supported by a broad range of individuals and groups within our communities. You are the link. We need to hear from community members as to your ideas and your commitment to be part of the solution.

(Note: Copies of the reports cited in this section are available at www.silink.ca)

### UNDERSTANDING OUR COMMUNITIES

In the winter and spring of 2004, the Task Force collected information to draw a clearer picture of the harms associated with local substance use. With the support of a hired coordinator, information was collected that followed the indicator framework of the Canadian Community Epidemiology Network on Drug Use.

This process involved accessing a range of statistical information already collected by local services related to the use, availability, and harm of substance use. In addition, the meaning of the numbers was compared to the lived experience of community members through focus groups and interviews.

#### A Brief Community Profile

The communities of Pemberton and Mount Currie, located just to the north of the resort community of Whistler, are small and rural in nature. Each community has experienced population growth between 1996 and 2004, with Pemberton more than doubling in size. This kind of growth is typically associated with new residents moving into the community and increased housing development. While it can bring additional resources and assets to a community, it can also place increased stress on a community's service infrastructure.

	Population in 1996	Population in 2001	Most Recent Population	Change in Population
Pemberton	857	1637	1,997 (2003)	233%
Mount Currie	1267	1428	1,854 (2004)	146%
Total	2,124	3,065	3,851	181%

Source: Statistics Canada, Village of Pemberton, Indian and Northern Affairs

Both communities have access to services related to substance use. Within the village of Pemberton, Sea to Sky Community Services Society provides drug and alcohol service through a counsellor who is available one day per week (o.2 FTE). There is also a private practice counsellor available who offers services at no charge when necessary. Physician services are available through the local Health Centre, where referrals, pre-detox, and bridge therapy services are also offered.

In Mount Currie, the Mount Currie Health Centre has two substance use counsellors available five days per week (2.0 FTE), made possible through the National Native Alcohol and Drug Abuse Program (NNADAP). The counsellors' work includes prevention education, intervention and outpatient treatment, referrals to more specialized services, and follow-up counselling.

Residential substance use treatment service is not available in either community. A resident wanting detox service can access it in Vancouver, which is two hours away. Mount Currie residents have access to six treatment programs designed for individuals (Round Lake, Armstrong, Lantzville, Namgis, Alert Bay, Tsow-Tun-Le-Lum) and four family treatment programs (Nenqani, Williams Lake, Kakawis, Tofino), all of which are outside of the community.

#### Substance Use

Due to the small size of the communities, no survey data exist that indicate percentages of the population using specific licit and illicit substances. Focus group discussions with parents and youth in both communities indicate that their perception is that alcohol is the substance that is used the most often, followed by marijuana. While a wide range of illicit substances in addition to marijuana were perceived to be used in Mount Currie and Pemberton, no specific illicit substance seemed to be used with the same frequency as alcohol and marijuana. This general picture is similar to that in most rural communities in British Columbia.

Interviews with substance use service providers in Mount Currie indicate that they perceive alcohol as the most commonly used substance in the community, followed by marijuana and cocaine/crack. One counsellor put the perceived presence of marijuana versus cocaine/crack into perspective by indicating that 50% or more substance users seeking help were using marijuana compared to less than 20% using cocaine/crack.

Focus groups with youth in Pemberton and Mount Currie indicated a high degree of tolerance for alcohol and marijuana use.

#### Availability

The communities of Pemberton and Mount Currie have access to alcohol through a Pemberton-based BC Liquor Commission outlet and a small group of licensed restaurants in Pemberton. Comments from focus group participants indicate that residents can access alcohol through legal purchase, illegal home brewing, and that adults are willing to provide underage youth with alcohol. Illicit substances are available through multiple means including growing marijuana locally, substances brought in from outside communities, and friends and relatives sharing whatever they have available.

Youth who responded to a question during the focus groups about ease of access indicated alcohol and marijuana were easy to obtain. They indicated that it would be a bit more difficult to get other drugs but not impossible.

#### Harms Associated with Substance Use

Coroner's reports from 1999 through 2003 for Mount Currie and Pemberton indicate a total of seven deaths in that time period that were identified as having drug and/or alcohol involvement.

The local Emergency Health Services report provided information on alcohol-related ambulance calls in Pemberton, Mount Currie and area for a 16 week period, January 1 to May 16, 2004. One hundred and forty-eight calls were recorded<sup>1</sup> and 46.6% of those calls were related to alcohol use (69 alcohol-related and 79 non-alcohol related calls).

The Pemberton RCMP detachment and the Stl'atl'imx Tribal Police provided information about the activity in the Pemberton Detachment Holding Cell for a 14 week period January 1 to April 28, 2004. During that time period, a total of 158 people were booked into the holding cells. The majority (96%) of people in the holding cells were booked for alcohol-related reasons.

Substance use service providers commented on their experience with the harms associated with substance abuse. They identified daily drinking and binge drinking as a cause for concern. They associated the level of alcohol use with clients who took risks and had frequent blackouts and they also believed that it led to family problems and neglect, violence and accidental injury.

Focus groups with youth in Pemberton and Mount Currie also revealed that youth are more likely to engage in risky behaviours while using alcohol or drugs. Risky behaviours that youth admitted to included: unsafe sexual activity; drug experimentation; and/or driving vehicles.

<sup>&</sup>lt;sup>1</sup> The calls that were tracked and recorded for this study did not include patient transfers between hospitals or calls outside the response area.

### FOUR WINDS OF CHANGE: A HEALING VISION

The Task Force has examined the data on patterns of substance use and harm in Pemberton and Mount Currie. Based on the data, we have had many discussions about how to deal with drug and alcohol in our communities. It has been a difficult challenge but we have ended up with 13 recommendations for action and change. We have worked to blend these ideas and recommendations into four main themes – representing four winds of change.

These four winds of change are united by our healing vision which is:

### "We are neighbours, friends and relatives working together to reduce the harmful effects of drugs and alcohol on our communities. We respect our differences and find strength in the common goal of a healthy and safe environment for our children and families."

The winds of change are blowing through the valley. The wind brings a vision of a healthy and safe future together.

## NORTH WIND: PROMOTING HEALTHY LIFESTYLE CHOICES

Pemberton and Mount Currie are growing rapidly and have a very high percentage of young families and children. Rapid growth presents a variety of challenges. The sense of community cohesion can become diminished, and attitudes that escaped notice before may now be seen as linked to significant harm. Growing communities also need increased amenities for recreation and healthy leisure activities.

**Recommendation 1:** That a joint community wellness campaign be conducted in both Pemberton and Mount Currie that promotes healthy lifestyle messages emphasising both personal and community responsibility.

**Recommendation 2:** That community groups be encouraged to sponsor events that seek to promote community cohesion in the context of healthy activities. These might include, for example, opportunities to get to know new neighbours or build awareness of the opportunities for leisure, recreation, or cultural enjoyment in the valley. Specific events might include:

- •Sports meets for all youth in Valley;
- •Alcohol free graduation celebration (i.e.-Dry Grad);
- •Family nights and activities;
- •Outdoor movie night;
- •Regular music or theatre performances in public parks;
- •Community dinners; and,
- •First Night alcohol free New Years Eve festivities.

**Recommendation 3:** That the Councils in both Pemberton and Mount Currie make an effort to maximize the development of recreational and leisure infrastructure. Specific projects might include:

- •Skate park;
- •Sport development and training facilities and opportunity;
- •Shared recreation centre;
- •Shared senior activity centre; and,
- •Promote safe non-motorized travel for pedestrians between Pemberton and Mount Currie (e.g. Pemberton to Mount Currie Trail).

Community amenities are not just bricks and mortar type facilities like a recreation complex. There are also many other soft recreation assets that could be developed for Pemberton and Mount Currie residents. All of these things share one thing in common – they give opportunity for making a healthy lifestyle choice. We strongly believe that our investments in promoting healthy lifestyle choices will have productive outcomes that reduce harm associated with drug and alcohol misuse.

# SOUTH WIND: IN (REASING AWARENESS

Increasing the awareness of the risks associated with certain patterns of alcohol and other drug use is a cornerstone to creating a healthier environment. This involves attention to policy issues, social norms, and personal choices. Meaningful change comes with an increased awareness of these inter-related risks factors and a community commitment to address the risks and promote protective factors.

**Recommendation 4:** That a joint public awareness program be implemented within Pemberton and Mount Currie that promotes personal knowledge, counters unhealthy attitudes and beliefs, and promotes good social policy. The awareness activities should include both education (including parent education) and social marketing aspects. In particular this program should address issues such as:

- Tobacco use;
- •Binge drinking;
- •Underage drinking;
- •Drinking and driving;
- •Fetal Alcohol Syndrome/Effect risks and impacts; and,
- •Adolescent marijuana use.

**Recommendation 5:** That an effort be made to coordinate a multi-partner regulation and enforcement team to address problems related to the sale and consumption of tobacco and alcohol in both Pemberton and Mount Currie. This strategy needs to include among others the police, liquor licensing, and by-law enforcement. Appropriate regulations and enforcement are one of the most effective strategies in reducing alcohol-related harms and of drawing public attention to the issues. This team should give particular attention to:

- •Enforcement of smoking regulations;
- •Sale of alcohol or tobacco to young people;
- •Serving or selling to intoxicated individuals;
- •Drinking and driving counter-attack coordinated by RCMP and Stl'atl'imx Tribal Police;
- •Regulation of trading hours and pricing; and,
- •Off-site sales (bootlegging).

**Recommendation 6:** Produce and publicize an easily accessible alcohol and drug resource directory for both Mount Currie and Pemberton.

Through awareness building activities we create an environment that is discouraging of harmful behaviours associated with alcohol and other drugs. The other side of discouraging harmful behaviours is having positive, healthy behaviours around substance use ingrained in our social consciousness.

# EAST WIND: IMPROVING SERVICES

Our review of existing services makes it clear that there are not enough resources available within the region to deal with the many effects of alcohol and other drug use. We need to take proactive measures that are investments in the future. However, there are people that need our assistance and support now. These are people that are chronic alcohol and drug users. These are people that have overdosed. These are people on the path to a healthy recovery. These people and others have immediate needs that are currently not being met in our communities.

**Recommendation 7:** That the Vancouver Coastal Health Authority be encouraged to provide increased services in the valley. Needed services include:

- •More alcohol and drug counselling services in Pemberton; and,
- •An outreach worker to work with reducing harm among chronic alcohol abusers.

**Recommendation 8:** That local governments continue to make increased public transit services between communities a priority.

**Recommendation 9:** That a community coalition develop and operate a sobering centre that is separate and distinct from a jail cell and can be accessed 24 hours a day.

**Recommendation 10:** That community agencies be encouraged to develop broad services that address the harms from substance use in the context of other needs. These might include:

- •A drop-in centre or friendship centre in Pemberton;
- •More self-help and mutual support groups; and,
- •Reducing harm by making areas where people use alcohol and other drugs safer clean-up garbage, clear brush, create walkways and lighting as areas develop.

By improving services we will support our friends, family and neighbours that need help now to deal with alcohol and drug misuse. We will reduce immediate physical harm and stop the cycle of violence that has taken lives in our communities.

# WEST WIND: COMMUNITY LEADERSHIP AND RESPONSIBILITY

The Pemberton/Mount Currie Task Force came together as a response to grass roots demand that leadership take control of the alcohol and other drug use issues in our communities. We have responded and given this matter attention and energy. It remains important that the leadership in both communities continue to address the issues.

**Recommendation 11:** That the leadership (Councils and other community leaders) continue to speak and take actions that bring the harms related to alcohol and other drug use out of the closet and into the public domain. Some of the ways in which leaders can do this is to:

- •Hold a memorial ceremony to recognize those who have been affected by substance use (e.g. plant a tree for people who have died);
- •Develop a joint policy statement about substance use to be adopted by local and regional governments and community service organizations; and,
- •Fund a memorial recognition award for a Mount Currie and Pemberton youth that has contributed to the promotion of healthy lifestyle choices.

**Recommendation 12:** That the Councils review all existing regulations related to tobacco and alcohol and assess their ability to address related harms through the application and enforcement of existing or new regulations and guidelines. Specifically, they might:

- •Consider the impact on harm related to substance use when considering any application that involves access to alcohol or tobacco;
- •Ensure regulations are enforced in such a way that significant harms are minimized; and
- •Encourage business leaders to adopt a code of ethics around the responsible promotion and sale of alcohol and tobacco that minimizes harm and promotes healthy choices.

**Recommendation 13:** That both Councils promote ways to reduce the social tensions that exist between Mount Currie and Pemberton and that restrict positive relationships. Some examples of activities that might create positive relationship building include:

- •Host a special day for Mount Currie and Pemberton celebration and sharing;
- •Have joint meetings where Pemberton Village Council and Mount Currie Band Council can discuss issues of common interest; and,
- Develop a Youth Council with representation from Pemberton and Mount Currie that can inform regional decision makers about concerns and priorities.

Establishing the Task Force and developing this report are good first steps. Leaders in both Mount Currie and Pemberton, however, must continue to work together and take responsibility for a better future.

### CONCLUSION

Getting to this point has taken longer than we thought.

We thought that coming together would immediately translate into actions for change. However, we have learned two things. One, we learned that the reasons for drug and alcohol misuse is complex and elusive. There is no silver bullet. No single action will solve this problem. It will take consistent efforts over time. Two, the Task Force learned that building relationships to enable change is an activity that requires patience and persistence. We are learning and growing together. This is an historic first time the leaders in Pemberton and Mount Currie have sustained a working group to tackle a significant and difficult public issue. It is not enough. But it is a start – a meaningful start.

All of us now play a role in taking control of this issue. We all share responsibility for healthy communities. We encourage you to complete the "Community Feedback" form at the end of the report.

This report sets out 13 recommendations. It is our belief that these recommendations will be implemented by local governments, faith groups, community service organizations, individuals, families and government agencies all taking actions that are consistent with their own values and abilities. The recommendations are not a prescriptive list of activities. The recommendations are general descriptions of activities that can work in concert with each other - starting and finishing at different times and being led by different protagonists - all contributing to the overall health and well being of our communities. Like the wind, our efforts will be directed yet flexible. As the wind blows, gusts of energy come from new sources - increasing the collective force for change.

We believe the winds of change are blowing in the valley.

All of us now play a role in taking control of this issue. We all share responsibility for healthy communities.

Please complete the "Community Feedback" form on the opposite page and drop off your comments at the Mount Currie Band office or the Village of Pemberton office prior to February 15, 2005. (addresses are on the back of the form)

### Thank you!

### YOUR TURN - COMMUNITY FEEDBACK

1. How have you been negatively affected by drugs and/or alcohol?

2. In your opinion, what recommendations outlined in this report need to be implemented first?

3. What other recommendations would you like to see implemented?

4. How would you or your group like to contribute to implementing any of the report recommendations?

5. Other thoughts or comments?

