COLLABORATIVE PLANNING THROUGH COMPLEX NETWORKS: A CASE STUDY OF DEVELOPING *A FOUR-PILLAR APPROACH* TO DRUG MISUSE PROBLEMS IN VANCOUVER

BY

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A Thesis
Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree of

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Collaborative Planning Through Complex Networks: A Case Study of Developing *A Four-Pillar Approach* to Drug Misuse Problems in Vancouver

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Abstract

This thesis is concerned with the contribution of collaborative modes of urban planning to overcoming conflict in shared space. Throughout the 1990's, a conflict developed in the City of Vancouver around serious drug problems that emerged primarily in the Downtown Eastside neighbourhood. In 1993, drug overdose deaths in the city peaked at 201, providing a window into the severity of the crisis. Throughout the city appropriate responses were hotly debated. The planning processes used to facilitate that debate and, to some extent, overcome conflict are the focus of this study. While conflict over drug policy still exists in Vancouver, planning activities both within the state and in civil society culminated in 2001 in the adoption and initial implementation of *A Four-Pillar Approach* to drug problems.

This thesis primarily addresses the following question: *How did collaborative modes of urban planning contribute to the successful development and initial implementation of a four-pillar approach to drug misuse issues in Vancouver?* The recent literature on collaborative planning is examined and an argument is put forward for a complex network approach. This approach suggests that the main contribution of collaborative planning is the ability to create networks of stakeholders across societal and cultural boundaries. A detailed case study of drug policy planning in Vancouver is then undertaken. The case study identifies the key actors, arenas and processes that contributed to community learning and mobilization around drug policy issues. The results of the case study are analyzed in reference to the collaborative planning theory developed in this thesis.

The findings of this research indicate that collaborative planning contributed significantly to the development of a fundamentally new approach to drug misuse problems in Vancouver. Through interaction in diverse networks, planners and citizens built the capacity to withstand pressure from powerful actors and support the implementation of shared decisions. These findings suggest that planners should refocus their efforts toward building collaborative networks and strengthening network ties so that raw displays of power cannot overcome collaborative efforts.

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Finally, I want to acknowledge the many planners, frontline workers and citizens in Vancouver who took the time to speak with me about their involvement in addressing drug misuse problems. Their dedication to helping those in need and to making Vancouver a better place is inspiring.

and I remember
this junkie in the downtown eastside
who has aids
and who came up to me recently
after our dopefiend discussion meeting
where we discussed
fighting towards a life-saving
and enlightened place
he'd been very articulate during the meeting
he understands the situation
in his flesh
in his misery
in his anger
he understands
how other people hate him
and wish he'd just
go away somewhere out of sight
and die
he said to me
you know how cynical I am
about anything good
happening for us
but this meeting today
it gives me
a ray of hope
and I see his face
illuminated for a moment
with that most alien and elusive expression
hope

Bud Osborne, from *Complaint of an Advocate*

Table of Contents

List of Figures

Chapter 1 Introduction

1.1 Introduction

Throughout the 1990s, a conflict developed in the City of Vancouver around serious drug problems that had emerged primarily in the Downtown Eastside neighbourhood. In 1993, drug overdose deaths in the city peaked at 201, providing a window into the severity of the crisis. Both in the Downtown Eastside and throughout the city appropriate responses were hotly debated. The planning processes used to facilitate that debate and, to some extent, overcome conflict are the focus of this study. While conflict over drug policy still exists in the City of Vancouver, planning activities both within the state and in civil society culminated in 2001 in the adoption and initial implementation of *A Four-Pillar Approach* to drug problems. While tradition approaches to drug problems draw on a treatment/enforcement dichotomy, *a four-pillar approach* seeks to integrate prevention, treatment, enforcement and harm reduction measures.

Recent collaborative planning theory has refocused attention from the production of plans to the creation of networks through which ongoing planning activity can take place. The creation of these networks involves the building of institutional capital. Where a large stock of institutional capital exists, knowledge and understanding can be shared easily throughout the network, and collective decisions can be acted on relatively quickly (Healey, 1998). This research addresses the creation of institutional capital through a network approach to collaborative planning processes around drug misuse issues in the City of Vancouver.

1.2 Problem Statement

At the beginning of this new century, planning is facing many difficult challenges. Since the 1950's, planners have operated on the assumption that with the proper application of theory and social scientific methods, we could understand and control the systems in which we work. The outcomes of interventions were foreseeable. Half a century of application of this "rational model" in practice has demonstrated the fallacy of that assumption (Sandercock, 1998).

The changing societal context of planning work is emphasizing the weakness of the rational model. Globalization is shifting the policy spotlight to local levels of government as central governments decline in importance. The movement of capital, goods and people is also forcing cities to compete directly for attention in the global market. Simultaneously, the (re) emergence of previously silenced voices, those of people of colour, post-colonial people and recent immigrants, is placing a strain on local governance and planning systems (Sandercock, 1998). Planners now face people who approach problems from very different cultural reference points in their everyday lives. Local governments and planners are expected to promote economic development while providing increased social services in addressing the needs of an increasingly diverse population. It is now recognized that planners and governments cannot meet these challenges alone.

Collaborative planning emerged in response to theoretical challenges to the rational model and the changing societal context of planning work. The collaborative model focuses on interaction between citizens in order to reach shared understanding and enable collective action. Recent collaborative theory has shifted the focus of planning

work towards the mobilization of complex networks. Mobilization involves both connecting people from across diverse networks and providing opportunities for change in perceptions and systems of meaning. Planning work can be directed at providing the framework and discursive arenas for network mobilization (Healey, 1998; Innes, 2001).

The goal of planning becomes the building of institutional capacity defined as a measure of the quality of network connections in a place. Institutional capital is a collective term that includes social capital, intellectual capital and political capital. Social capital refers to both the number and quality of relationships between actors in a network. Intellectual capital is the ability of a network to gather information both internally and from its surrounding environment. Political capital can be thought of as the ability of a network to implement collective policy objectives. Planning theorists increasingly stress the importance of institutional capital in successful collaborative planning processes (Healey, 1998; Innes, 2001).

Planning to address drug misuse issues in Vancouver provides an excellent case study of the challenges facing urban planners in the current period. The Downtown Eastside is the centre of the drug crisis in Vancouver. An open drug scene and an exploding AIDS epidemic represent the most visible faces of the many social problems in the neighbourhood. These social problems, however, do not paint a complete picture of the socio-economic processes operating in the Downtown Eastside. There is also a diversity of dedicated community groups representing thousands of Downtown Eastside residents with a stake in drug policy planning. These groups are pressuring the city government for policy attention and for action.

As a result of the diversity of interests represented in the Downtown Eastside, many conflicting discourses have developed around drug misuse issues. Many stakeholders view drug misuse as a criminal act for which enforcement is the only appropriate response. Another discourse addresses addiction as a health issue requiring a comprehensive "continuum of care" approach. The mobilization of these diverse stakeholders presents a significant challenge. It is, however, an important step in the development of a collective drug misuse strategy for the City of Vancouver.

1.3 Purpose of the Study

This thesis has two main objectives. First, the current literature on collaborative planning is examined. Specifically, an argument is put forward for planning through a network or complex systems approach. This approach suggests that the main contribution of collaborative planning lies in its ability to create networks of stakeholders across traditional state/civil society boundaries, and the boundaries of cultural difference. The focus of planning shifts to providing the framework and the arenas in which complex stakeholder interaction and learning can take place (Healey, 1998; 1997).

The second key objective of this thesis is to undertake an in depth case study of drug policy and program planning in response to the drug misuse crisis in Vancouver. The purpose of the case study is to identify the key actors and arenas that contributed to community learning and mobilization around drug policy issues. Questions of how that learning and mobilization was facilitated are also addressed. The results of the case study are analyzed in reference to the collaborative planning theory developed in this thesis.

The main research question that drives the study is:

How did collaborative modes of urban planning contribute to the successful development and initial implementation of a *four-pillar approach* to drug misuse issues in Vancouver?

This question is a focal point of the study and is answered initially through a review of collaborative planning theory. The nature of that theory leads the researcher to several further questions:

How do collaborative planning techniques contribute to learning in and across diverse social and policy networks?

What is the role of institutional capital, understood as the social networks, shared knowledge and mobilization capacity in a place, in the success of collaborative efforts?

These questions will be addressed through the case study of the range of planning activities that contributed to the development of drug policy and strategy in the City of Vancouver. Several key questions guide this case study:

How were stakeholders involved in the development of a drug policy and strategy in the City of Vancouver?

Through what arenas and processes was a network of stakeholders built around issues of drug problems in Vancouver?

To what extent and through what processes was institutional capital created?

What role did informal networks and direct action play in the development of the *four-pillar approach*?

1.4 Scope of the Study

The scope of the case study is not limited to an evaluation of one deliberative forum, or to one spatial unit such as the Downtown Eastside neighbourhood. Rather, the study attempts to capture the range of planning activities, both formal and informal, which contributed to the current direction for policy development and action on drug misuse issues.

The scope of the case study will be defined by specific time boundaries. The "crisis" of drug misuse in Vancouver was recognized as early as 1994 and background is provided from that year forward. However, the City did not begin to work towards a concerted response until 1997. That year is taken as the beginning of the case study. In 2001, the City passed the policy document titled *A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver*. In the same year, the Vancouver/Richmond Health Board (V/RHB)[1] received approval to implement several health focused responses to drug problems centered in the Downtown Eastside. While conflict over drug misuse issues still exists, these policies and projects represent major achievements. These achievements, and their direct spin-offs, will be considered the end of the case study.

1.5 Research Methods

This thesis employs a descriptive case study method of empirical research. According to Yin, "the distinctive need for case studies arises out of the desire to understand complex social phenomena" (Yin, 1984, 14). This method is best suited to answering questions of "how" and "why" about contemporary events. Case studies also allow the research to draw on many sources of data in answering these questions (Yin, 1984).

The development of a response to Vancouver's drug problem certainly qualifies as a complex social phenomenon. The empirical research used in this case study draws on two sources of data. First, documentary research is used. Documents are primarily used in case study research to corroborate evidence gathered from other sources. However, if

[1] The Vancouver/Richmond Health Board became Vancouver Coastal Health Authority in 2001. For the purposes of this study, it is consistently addressed as the Vancouver/Richmond Health Board.

carefully interpreted, they can also provide key inferences about the nature of the case (Yin, 1984). Research in Vancouver drew on several documentary sources:

- Policy documents produced by City staff;
- Staff reports to Council and the Development Permit Board;
- Minutes of meetings of organizations involved in drug misuse issues such as the Coalition for Crime Prevention and Drug Treatment;
- Reports and consultation documents from the Vancouver/Richmond Health Board; and,
- Local newspaper articles, particularly from the *Vancouver Sun*, that cover the community debate on drug misuse issues.

These sources are used to construct a sequence of events, to speak to changing attitudes on drug issues, and to corroborate information gained from other sources.

The study also draws on information collected through key informant interviews. Key informants provide insight into the case and can point the researcher in the direction of new or corroborating evidence. The interviews were semi-structured and followed an interview guide. The interviews themselves consisted of questions on two conceptual levels. The first set of questions was designed to gain insight into the "facts" of the situation. The second set of questions asked the key informants to provide opinions about the process. By focusing on these two levels of questioning, the researcher collected data about the structure and timeline of the process and about the specific qualities of that process. Interviews were analyzed with the recognition that the separation of "facts" and opinions is problematic as interviewees tend to respond with the "facts that matter" (Forester, 1999).

Several key informants were identified from the hundreds of planners, community leaders, activists and community members involved in planning processes around drug misuse issues in Vancouver. They were primarily professionals working on drug misuse issues, or members of community organizations. This is a study of planning processes

and it is the planners, community workers and community leaders directly involved in those processes that are best suited to provide the most relevant information. Several key informants were extremely prominent in the development of a *four-pillar approach* in Vancouver and were easily selected. Through initial documentary research, the researcher then identified important categories of participants and attempted to select key informants from among those categories. The categories included land use planners, social planners, front line workers, business leaders, police officers, the Chinatown community, youth organizations, Aboriginal organizations and the Vancouver Area Network of Drug Users (VANDU). The researcher successfully identified key informants in each of these categories with the exception of the Chinatown community. Two key Chinese community organizations either refused interviews or could not be contacted.

Key informants were assigned codes based on the sector they represent. This code will be used in citing information from key informants throughout the study. The key informants are listed below by sector and code:

- **Planners** – Planner 1; Planner 2; Planner 3;
- **Frontline Workers**[2] – Frontline 1; Frontline 2; Frontline 3;
- **Vancouver Police Department** – VPD 1;
- **Vancouver Area Network of Drug Users** – VANDU 1;
- **Business Community** – Business 1;
- **Research Community** – Researcher 1;
- **Provincial Government** – Province 1; and,
- **Opposition Groups** – Community Alliance 1.

Twelve semi-structured interviews were conducted in March 2002. The interviews were between forty-five minutes and two hours in length, depending on the level of involvement of interviewees in drug policy planning. An interview guide was

[2] Frontline Workers are defined as persons working in direct contact with the injection drug user population. They include employees of the V/RHB working in clinics or in the street nurse program, and/or employees of service provider organizations such as the Salvation Army or the YWCA.

used, but interviewees were also given a degree of freedom to determine important topics of discussion. A sample interview guide is included as Appendix B. Eleven interviews were recorded. Two interviews involved personal tours of facilities for addicted individuals where tape recorders were both impractical and inappropriate. In these cases, the researcher made detailed notes during the tours and organized the key points immediately following the interview.

The interviews were transcribed verbatim and analyzed. The analysis technique followed Neuman (1997) who identifies the three steps in the analysis process as open coding, axial coding, and selective coding. On the first pass through the transcripts, the researcher concentrates on one interview question at a time. All responses that relate to that question are coded, allowing the researcher to easily find related comments in future passes through the transcript. On the second pass through the data, the researcher concentrates more on the codes that were developed during the first pass through the transcript than on the data itself. Major ideas and themes are organized and confirmed by the frequency of codes, and the intensity of responses that relate to that code. In a third and final pass through the transcripts, the researcher examines the data as it relates to the major codes. The goal here is to find cases and comments that illustrate and support the major themes to be highlighted.

The analysis is reported on two levels. The theoretical component of this thesis proposes a network approach to planning. As a result, some effort is made to determine the types and qualities of network ties developed through planning activities in Vancouver. Following Hillier (2000), stakeholder mapping is used to identify key nodes that allowed stakeholders to come together. This analysis focuses on the nature of

planning processes and networking activities through key themes that emerged from the stakeholder mapping exercise. The qualities of those network interactions and planning processes are examined through the analysis of the key informant interviews and documentary sources.

1.6 Limitations

The study is limited to an analysis of planning activities that contributed to a new understanding of drug misuse issues in Vancouver. As a result, two key areas of interaction are not addressed, or are addressed in a limited way. The literature on drug policy-making in urban areas highlights the importance of a regional approach to drug misuse issues. While the City of Vancouver initiated Mayor's forums with other Greater Vancouver municipalities, regional interaction is considered beyond the scope of this study. Intergovernmental interaction on drug policy issues is also important, particularly given the segregated nature of the drug policy field. However, this study addresses interaction between the three levels of government only insofar as it contributed to the growing consensus around a *four-pillar approach* in the City of Vancouver.

Case study research is heavily dependent on the availability of information about the case. While most document sources are readily available, many of the key informants were difficult to access. In addition, the planning processes under study took place over several years and involved many participants. Vancouver's Coalition for Crime Prevention and Drug Treatment alone encompasses over 60 partner organizations. In-depth interviews were conducted with 12 key informants and efforts were made to ensure that these informants represented a range of stakeholders in drug policy issues. Despite

these efforts, a detailed analysis of such a complex range of planning processes would require more extensive research.

Three significant omissions in the interview sample can also be highlighted. First, while the Vancouver/Richmond Health Board was willing to share documents, an interview could not be set up with a Health Board representative. Second, the views of aboriginal people are not adequately represented in this thesis. The key informant who was expected to provide information on aboriginal involvement in planning processes was not well selected. Poor selection of a key informant is not, however, the only reason for the lack an aboriginal perspective in this thesis. No key informants discussed the role of aboriginal people in planning processes around drug misuse issues in any detail. The DTES is home to approximately 5,000 aboriginal people, representing 50% of the total aboriginal population of Vancouver. This point alone suggests the need for further research into the role of aboriginal people in these processes, and the reasons for their omission.

Finally, no interviews were conducted with representatives of the Chinese community. This shortcoming was disappointing given the importance of the Chinese community in drug policy processes and the researcher's interest in studying "co-existence in cities of difference" (Sandercock, 2000, 13). This limitation was partially addressed by asking all key informants about the role of the Chinese community. First hand accounts of statements by Chinese community leaders in public meetings and the print, television and film media were also analyzed. While these sources do not entirely overcome this limitation, the researcher believes that they have allowed for an accurate depiction of the role of the Chinese community in drug policy processes in Vancouver.

1.7 Outline of the Thesis

This thesis explores the application of a complex networks approach to collaborative planning to the development of a policy response to drug misuse issues in Vancouver. Chapter 2 provides an overview of the collaborative planning literature. En route to developing a case for a complex networks approach, the theoretical underpinnings of collaborative planning are presented. Chapter 3 presents a detailed case study of emerging drug problems and planning activities around drug misuse issues in Vancouver. The case study is approximately chronological and stretches from 1993 to 2002, a nine year period. Chapter 4 provides an analysis of the case study grounded in the theory developed in Chapter 2. Chapter 5 synthesizes the research findings, and presents conclusions and areas for further research.

Chapter 2 Literature Review

2.1 Introduction

This literature review addresses three aspects of current collaborative planning theory. First, the theoretical underpinnings of an institutionalist approach to collaborative planning are outlined. Articulated in the planning field by Healey (1997), the institutionalist approach best captures the author's understanding of the transformative potential of collaboration in planning efforts. The second section focuses on the potential outcomes of collaborative planning, particularly in cases where conflict is based in differences in the values of stakeholders. This section will draw primarily on Friedmann's work on social learning and the work of Schön and Rein on frame reflection. Following this definition of collaborative planning principles and practice, a framework for these efforts is elaborated, drawing on theory around complex networks.

A discussion of the theory and practice of collaborative planning points to appropriate methods of investigation and evaluation of these efforts. This discussion will help to formulate the research method to be used in the case study.

2.2 Theoretical Underpinnings

While collaborative planning theory has borrowed from theorists in many fields including political science, sociology, philosophy, anthropology and economics, two theoretical traditions have clearly contributed most directly. This section addresses the work of Anthony Giddens and the theory of structuration as the foundation of collaborative planning work. Healey (1997) is the key planning theorist to draw on this body of work in articulating an institutionalist approach to collaborative planning. The

work of Jürgen Habermas is then discussed. His theory of communicative action has contributed to a rich literature in the field of planning that will be addressed.

2.2.1 Structuration

Giddens' theory of structuration emerges from the recognition that we are all socially embedded in our modes of thought and ways of acting. We are born into social relationships and through social interaction, shared history and geography, these relationships are carried forward through time. We are, then, embedded in the structures that came before us, and these structures frame our world view and the resources available to us (Healey, 1997; Giddens, 1984).

Structures do not exist apart from us. Rather, they shape our daily lives and become the assumptions about the way things are done. They also define the forms of knowledge considered valid. They are often abstracted from our daily lives in such a way that we rarely notice them. Though abstracted, structures still frame our modes of thought and our value systems. They influence our systems of meaning and the cultural references we use in everyday life (Healey, 1997; Giddens, 1984).

The presence of powerful structures that are difficult to recognize and can carry power relations forward through time seems to represent a serious problem for those concerned with social change. The key to the theory of structuration, however, lies in the difference between Foucault and Giddens in their views of how abstracted systems and people interact. While Foucault believes that structures act on us, Giddens argues that structures operate through our webs of social relations (Healey, 1997; Giddens, 1984; Foucault, 1975). Our realities may be socially constructed, but we are also actively involved in doing the constructing. Through our actions, we both use and are constrained

by structures, and produce and reproduce them. If structures are carried forward from our pasts, then through "active agency," we continuously use, challenge and change our pasts as we act. Structuration essentially describes this structure/agency dialectic:

> We live through culturally bound structures of rules and resource flows, yet human agency, in our continually inventive ways, remakes them in each instance, and in remaking the systems, the structuring forces, we also change ourselves and our cultures. Structure is *shaped* by agency, just as they in turn *shape* agency (Healey, 1997, 46).

2.2.2 Communicative Action

The theory of communicative action is also grounded in its relation to the existence of abstract systems. Habermas contrasts these *abstract systems,* which make up the political and economic spheres of existence, with the *lifeworlds* in which people carry out their daily lives in interaction with others. The goal of communicative action is to halt and reverse the invasion of abstract systems into the lifeworld. Through the elaboration of a public sphere based directly on interaction and dialogue, abstract systems that are more in tune with our lifeworlds may be constructed (Healey, 1997; Habermas, 1984).

At the core of communicative action lies a new way to think about ways of reasoning and placing value. Habermas points out that there are three types of reasoning. *Technical reasoning* is based in the scientific method and means-ends rationality of the rational model. *Moral reasoning* is based in our values and ethics and can therefore be seen as linked to ethical inquiry. *Emotive reasoning* is based on emotional response and experiential knowledge. Humans use these types of reasoning almost interchangeably in daily life, but in the spheres of politics and economics technical reasoning has gained dominance. The other two forms of reasoning, moral and emotional/experiential have been pushed aside. They are viewed as representations of the irrational and are seen as

unfit for public debate. As a result, the things we truly value and care deeply about are very difficult to bring into the public sphere (Healey, 1997; Habermas, 1984).

There has been a dramatic separation between the development of public policy and everyday life. To rectify this divide, Habermas recommends bringing value-laden and emotional arguments to equal footing with those based on technical rationality. Forester (1999) has recently argued that "fact" and "value" are already hopelessly intertwined in the public sphere. When we (planners, politicians, citizens) are asked to relay "just the facts" about a particular subject or project, what is really given are the "facts that matter." In other words, these are the facts on which we place value. In this sense, the fact/value dichotomy and the separation of modes of reasoning cease to carry meaning.

As these values and emotional arguments enter public debate, the focus shifts from scientific inquiry and means-ends rationality to open debate. Because our understanding of reality is socially constructed, as is our moral reasoning, no objective criteria from outside of these debates can be used to structure them. Instead, ways of validating claims and developing strategies for collective action are created through interaction and debate within the particular setting. The opportunity to arrive at a new understanding together exists through dialogue (Healey, 1997; Habermas, 1984).

Habermas also realizes, like Giddens, that our language is itself structured by abstract systems and the power relations they carry (Habermas, 1984; Giddens, 1984). If we live in a culturally diverse society, understood to contain diverse discourses and systems of meaning and acting, how is it possible for meaningful dialogue to take place? How can those oppressed by the power structures of abstract systems be given equal

voice? To these questions, Habermas responds with communicative ethics and the concept of communicative rationality.

Communicative ethics rests on the idea that "communicative distortions" caused by power relations and strategic deception can be overcome through "open" conversation. Criteria for an open dialogue are presented in the concept of the "ideal speech situation." This ideal situation can be summarized in the five requirements of communicative (discourse) ethics:

1) no party affected by what is being discussed should be excluded from the discourse (the requirement of generality);
2) all participants should have equal possibility to present and criticize validity claims in the process of discourse (autonomy);
3) participants must be willing and able to empathize with each other's validity claims (ideal role taking);
4) existing power differences between participants must be neutralized such that these differences have no effect on the creation of consensus (power neutrality); and,
5) participants must openly explain their goals and intentions and in this connection desist from strategic action (transparence) (Flyvbjerg, 1998, 188).

Through communicative processes we can collectively arrive at a conception of what is true and right. Truth is not discerned through scientific inquiry and technical rationality. Rather, it will be determined solely through the "power of the better argument" in open public debate. Technical rationality is replaced by communicative rationality in which rational action is defined as free from coercion, deception, strategizing and manipulation. Thus, a decision is rational to the extent that it was produced through distortion-free dialogue (Dryzek, 2000).

The next section of this literature review will more fully address the application of the theory of communicative action and the theory of structuration to processes of collaborative planning.

2.3 The Impact on Collaborative Planning

Giddens' theory of structuration provides us with several points of guidance for planning in complex multicultural societies. Giddens helps us to understand culture, not as group characteristics, but as ways of thinking, acting and valuing. We can also understand institutions in this way. They are not merely the formal institutions of government. Rather, institutions are routinized ways of thinking and acting in a place (Amin and Hausner, 1997). Through diverse webs of relations we interact with people of different cultures everyday. In interaction in a multicultural world, we have the potential to make new cultures together, even as we continue to live within our own (Healey, 1997).

Through reflection on our cultural perceptions and those of others, it becomes possible to develop new systems of meaning. The structures that both bind us as individuals and segregate us as a society/community can be transformed into systems of meaning and understanding that work for us all. Giddens also argues that the way we act in interactive situations (agency) carries structuring power. Awareness of structuring forces gives us the ability to change the rules, the distribution of resources and the way we think (Giddens, 1984). Managing co-existence in shared space, arguably the key goal of planning work, requires "conscious reflexivity on our assumptions and modes of thinking, on our cultural referents, [and] thus carries transformative power" (Healey, 1997, 49).

In this conception, planning is a structuring activity. It is an effort at shaping the webs of relations that shape action with respect to places. The focus of planning work shifts to the facilitation of social learning in the process of inventing new structures and

cultures. Attention is also refocused on the mobilization of the networks through which social learning and collective cultural reflection can take place (Healey, 1997).

Social learning and the value of frame reflection entered planning theory through the work of John Friedmann and Donald Schön respectively. Social learning was brought into planning by Friedmann as an alternative method of policy research and problem solving. The positivist setting of controlled experiments was abandoned in favour of an experimental setting that aimed, "to create a wholly new, unprecedented situation, that, in its ability for generating new knowledge, goes substantially beyond the initial hypothesis" (Friedmann and Abonyi, 1976, 936). Specific problems were to be addressed within the social, political, and physical settings that they exist.

Within a specific group setting, four components or phases of social learning were suggested. First, theory of reality is important, as it is the actor's symbolic representation of the situation. Social values (values that provide normative guidance), political strategy (course of action chosen to achieve desired outcome), and social action (implementation of strategy) comprise the other three components. These components are considered valid only within this specific setting. Friedmann notes that none of these components can be altered without leading to changes in other components.

Within this setting, temporary action groups form around specific issues or tasks. These groups will include experts, political actors, and the affected public. Often, objectives, or even the nature of the problem, are not clearly defined at the outset of the process. Objectives emerge through an ongoing process of experimentation through dialogue and action. The experiment is a learning experience with the participation of many key actors central to the process. Through this process of mutual, experiential

learning, the participants' core images of reality are reorganized. This reorganization then leads to a transformation in values, political strategies, and social actions (Friedmann and Abonyi, 1976; Friedmann, 1987).

The process is defined as one of social practice, indicating action. Innes (1995) has pointed out that knowledge tends to be converted directly into action in the public realm, without necessarily including a decision-making step. If this is the case, then empowerment lies not in a role in the decision-making process, but rather a role in the production of knowledge itself. Through its focus on the dialogic, mutual production of knowledge, social learning offers marginalized groups such a role. In addition to this validation of diverse knowledges, the social learning model is also important in the transformative effect it has on those who participate. Those who have been involved will likely continue to be involved and will lead to better processes in the future.

Donald Schön, writing with Martin Rein, has introduced the concept of "frame reflection" through a look at how policy makers act in response to "intractable policy controversies." Policy controversies can be viewed in contrast with policy disputes. Disputes are solved through recourse to the "facts" of the situation or through interest based mediated negotiation. Policy controversies are based in the fundamental values of actors, in the structures that "frame" their worldviews (Schön and Rein, 1994). Intractable policy controversies are akin to what Forester refers to as "deep value differences" (Forester, 1999).

Through their frames, actors selectively view the "facts" of the situation and interpret those "facts" in ways that are consistent with their systems of meaning. Policy research, aimed at uncovering and presenting the facts, has had little success in solving

these controversies. Similarly, mediated negotiation has also failed to produce agreement on controversies involving deep value differences. In negotiation, values and the interests expressed by participants are seen as being fixed. If this is the case, very little room is left for agreement, let alone consensus, to be reached (Schön and Rein, 1994).

The inability of policy research or mediated negotiation to overcome intractable policy controversies leaves policy makers dealing in issues of deep value difference, such as drug policy, in a difficult situation. Yet, as Schön reminds us:

> ...we know that people do sometimes change their minds, even in fundamental ways, and we know of not so rare events in actual policy disputes where positions have been reframed in such a way as to open up to accommodation controversies that had at first seemed hopelessly intractable (Schön and Rein, 1994, 57).

Reframing is offered as a possible way out of intractable policy controversies. It involves reflection, not only on the policy situation, but also on the frames or values through which we view and approach that situation. It is fundamentally based on double-loop learning in which actors learn about a situation in order to act on it. Then, through reflection on their initial action, they learn to see the problem in a new way. They reframe it through reflective discourse. It is this kind of learning that Giddens also deems possible as we reflect on our cultural referents and systems of meaning. Schön primarily refers to frame reflection as it occurs in the work of professional policy makers. He does, however, suggest that the work of broadening the scope for such reflection through the democratic inclusion of lay citizens is an important extension of his own (Schön and Rein, 1994).

2.4 *A Network Approach to Planning*

If social learning and frame reflection are important ways to transcend policy controversies based in deep value differences, then we need to articulate a framework that allows these processes to take place. The increasingly used concept of policy networks, in connection with inclusionary planning theory, provides that framework. It does so in a way that allows reframing work to go beyond Schön's reflective practitioner toward the democratic inclusion of citizens in defining collective action.

Networks have a well-documented history as a form of mutual support in low-income communities (Hillier, 2000). Network theories as analytical tools in the policy and management sciences followed a similar evolution to planning theory. This point is not surprising given the extent to which planning theory has drawn on these academic traditions (Sandercock, 1998; Healey, 1997; Friedmann, 1987). Klijn (1997) demonstrates that policy networks emerged as analytical tools in policy science, political science and organizational science. In each of these fields, network concepts emerged as theories of policy development and organizational effectiveness moved from rational/actor based approaches toward interactive approaches. Thus:

> The concept, derived from policy science, of policy processes as complex interactions involving many actors has been incorporated in theories on policy networks. The concept, derived from political science, of policy making taking place in relatively closed communities has influenced theories on policy networks. The policy network approach, derived from organizational science, was strongly influenced by the resource dependency approach and the central idea that networks can be analyzed in terms of organizational problems or resources (Klijn, 1997, 29).

Networks are deeply embedded in the time and space in which they exist (Jessop, 1997). Therefore, they represent an attempt to reconcile policy processes with the context in which they take place. Amin and Hausner suggest that society itself is comprised of "a

web of interlocking networks of affiliation and interaction" (Amin and Hausner, 1997, 10). Networks, then, refer to the webs of relations we make and live in through our bonds with others. The bonds are based on trust and attempts at mutual understanding (Healey, 1997). They are also based on interdependencies and the need to access resources, knowledge and power (Hillier, 2000; Klijn, 1997). Networks are linked through a series of nodes or meeting places that may include offices, public meetings or even coffee shops. These nodes represent the arenas for discussion in which systems of meaning can be related, learned and possibly transformed (Healey, 1997). Networks have also been described, perhaps more practically, in the policy science literature. They are self-organizing, "stable patterns of social relations between interdependent actors, which take shape around policy problems and/or policy programmes" (Kickert et al, 1997). State actors, including planners, have no status above that of other actors and cannot autonomously manage the policy setting.

But not all networks are created equal. Many empirical studies of policy networks highlight the coordination of powerful urban regimes primarily involving actors from the state and economy sectors. Other studies of policy networks examine corporatist forms of governance such as those that formed in Germany following the Second World War. Such corporatist networks generally include broad-based agreement between the state, business and representatives of labour. While such networks usually provide stable consensus on social issues, they make no effort at the democratic inclusion of stakeholders and citizens (Rhodes, 1997). The result is that the structures created through corporatist or closed networks reinforce existing power relationships and systematic oppression of some social groups. This example demonstrates that, while "institutional

webs might be seen as an adaptive way of organizing and interlocking a disparate social order... such logic runs the risk of fetishizing networks as an ideal type or a normative panacea" (Amin and Hausner, 1997, 10). It is important to move beyond the recognition of network ties between groups. The forms and qualities of network connections should also be analyzed if we are to understand how networking affects policy making in urban areas (Hillier, 2000).

Given the importance of recognizing the nature of networks, it is useful to examine the characteristics of networks in a more systematic way. Amin and Hausner identify four characteristics that can be used to differentiate between networks: behavioral rationality; contextuality; strength of ties; and power relations (Amin and Hausner, 1997, 10-13). First, it is possible to distill three types of networks based on the modes of rationality they employ. Networks can be reactive, cognitive or adaptive depending on whether they employ substantive, procedural or complex/reflective rationality. For example, reactive networks that employ substantive (means-ends) rationality are likely to form around issues where goals are clear and easily achieved. Adaptive networks are likely to form around complex policy problems about which both goals and means for achieving them are uncertain. The rationality driving network interaction is complex and recursive. It is based on interaction and reflection (Amin and Hausner, 1997, 11).

Second, differences between networks can be explained by the contexts in which they are embedded. Networks are "tied up with the spatialities of time and place" (Amin and Hausner, 1997, 11). As a result, networks take forms that have evolved over time and

draw on relationships that are place specific. They are therefore resistant to outside (decontextualized) steering.

Third, the strength of ties between actors in a network is an important characteristic and has a substantial impact on network operations. Strong ties between organizations may lead to a high level of effectiveness, but it could also reduce potential for adaptation. In contrast, a loose network with weak ties between actors may be difficult to mobilize around a particular goal. It may, however, provide a large pool of actor perspectives to draw on.

Policy network studies often focus on interaction between autonomous actors with the aim of demonstrating capacity for voluntary cooperation. Recent studies of policy networks suggest that the assumption that this capacity exists may be overly optimistic (Kickert and Koppenjan, 1997). The capacity of actors to cooperate independently is further questioned in cases where deep value differences exist. Thus, "if actors do not succeed in achieving cooperation on a concrete problem, how then is it conceivable that they could succeed in building consensus on how they are going to organize that cooperation?" (Kickert and Koppenjan, 1997, 43). Self-organization also represents a problem in light of the relatively closed nature of networks. As previously noted, the formation of powerful regimes and corporatist networks results in the exclusion of underrepresented groups from policy processes. These arguments comprise a strong rationale for a state role in coordinating complex networks.

There is broad agreement in the network management and communicative planning literature that several conditions must exist for a network approach to planning to be effective. These conditions have been characterized as diversity, interdependence

and interaction/communication (Innes and Booher, 2002; Klijn, 1997; Amin and Hausner, 1997). Diversity is important for reasons that are more tangible than principles of democratic inclusion, although those principles are important. Diversity provides the inputs that allow for the development of new solutions. When actors with diverse ways of viewing collective problems interact, they provide each other with a more nuanced way of understanding a problem. In this way, the involvement of diverse actors creates the potential for innovation. When diverse actors come together, through the dialogical process of interaction they may come to understandings that are beyond the ability of any actor to imagine individually (Innes and Booher, 2002; Friedmann, 1976).

For network planning to be effective, there must also be some degree of interdependence between actors. Interdependence implies that each actor has something the other actors need. It is a reciprocal relationship that may evolve into relationships of reciprocity as actors come to realize their interdependence. Due to the complex nature of social problems, actors traditionally thought of as "powerful" can become dependent on less "powerful" actors. Innes and Booher offer the example of a neighbourhood organization bringing substantial weight to bear on development processes while a "powerful" developer stands to lose much (at least financially) from disagreements in that neighbourhood (Innes and Booher, 2002). Interdependence, then, is not based on altruism, but on efforts to achieve individual goals. It is based on each actor making "rational" choices. That is to say, actors seeking to gain the maximum output for the minimum input.

At first glance, this point would seem to stifle the possibility for interactive strategies. These strategies are time consuming, costly, and tend to subject the goals of

one actor to the strategies of others. In network theory, the prisoners' dilemma is often invoked to show that, given the absence of communication, actors will choose to sell each other out for personal gain. However, the prisoners' dilemma misses two key points. First, actors do interact and can communicate to reach shared understanding (Klijn, 1997). Through communication, they may come to understand that their goals are substantially different than they originally thought. Second, actors in networks know that they will have to work with each other on an ongoing basis. As Innes and Booher note:

> Players involved in repeated games with each other will choose to cooperate rather than to minimize their own risk by turning on the other players because a cooperative strategy produces more benefits over time than an uncooperative one (Innes and Booher, 2002, 229).

As actors interact together through connections in a network, interdependencies can turn into trust. Even if trust is not forthcoming, once cooperation develops in a network, go alone strategies become increasingly less feasible. Thus, interdependence is the glue that holds a network together and the fuel that drives network relations forward (Innes and Booher, 2002).

The final condition for network management is interaction between diverse stakeholders. Recent communicative planning theory, however, points to the specific qualities of interaction in a network. Innes and Booher (2002) suggest that *authentic dialogue* is a necessary condition for collaborative planning through complex networks. Drawing on discourse ethics, authentic dialogue is achieved when actors speak with sincerity, accuracy, comprehensibility and legitimacy. In addition to these points, it is important to include the diversity of actors in the dialogue. Dialogue creates the flows of information that bind collaborative networks together. Excluding important actors from

the network results in missed opportunities for innovative solutions (Innes and Booher, 2002).

The goal of dialogue in collaborative networks is to build shared meaning around collective problems. This goal highlights the importance of listening as the "critical practice of everyday life" (Forester, 1989). Listening in situations of diversity means maintaining one's own perspective while trying to understand the positions of others and the assumptions on which they are based. It is founded in a relational view of difference through which we search for points of agreement and sources of conflict. Building shared meaning in this context refers to:

> ...working collaboratively to develop one's own contribution and find the place for it in the total picture. Effective persuasion in this sense requires listening and understanding what other actors are contributing, as well as paying attention to the emerging meaning the group is creating (Innes and Booher, 2002).

It is interaction based on dialogue between diverse and interdependent actors that allows collaborative planning through networks to succeed. The network approach points explicitly to the institutional context in which planning takes place. It becomes important to understand that context, but planners need to do more than that. If planners hope to move beyond understanding network relations toward drawing on those networks in situations of conflict, it becomes necessary to manage and even change those networks (Klijn, 1997).

In a 1998 article on the potential of collaboration in building institutional capacity, Healey focuses explicitly on building networks that include formal cooperation across state organizations and informal social ties centered in civil society. For Healey, collaborative planning contributes to place making activities across sectoral and

jurisdictional boundaries. It encourages interaction between diverse stakeholders in developing policies and programs as well as delivering them. Collaborative planning recognizes diversity as the principle resource of complex networks. Collaborative planning efforts draw on the different knowledges that exist in civil society, on the voices from the "mainstream" and from the "borderlands" (Sandercock, 1998). Different stakeholders use different systems of meaning and experience places in different ways. Thus, they have access to different types of information and they interpret and present that information in entirely different ways. Healey argues that:

> ...what makes an urban governance process 'knowledgeable' is the collective capacity to establish arenas and discussion fora which enable interaction in ways which are sensitive to cultural differences in ways of thinking and valuing, and ways of communicating (Healey, 1998, 1540).

In helping to facilitate the inclusion of diverse stakeholders and their forms of knowledge, planners are beginning to focus on the importance of social infrastructure. This infrastructure takes the form of relationships between governance entities, citizens and businesses. These relationships form the networks in places that are increasingly stressed in successful collaborative governance initiatives. Networks that are dense, well informed and inclusionary allow collaboration to be mobilized quickly, thus contributing to innovation and adaptation potential (Healey, 1998).

Effective networks are enabled by stocks of "institutional capital." The collective term "institutional capital" includes social capital, intellectual capital and political capital. Social capital refers to "features of social organization such as networks, norms and social trust that facilitate co-ordination and co-operation for mutual benefit" (Putnam, 1995b, 67). It is the knowledge of who to talk to, and who to trust. Intellectual capital refers to the knowledge resources of a network, or the network's ability to gather

information from its environment (Innes, 2001). Intellectual capital flows from social capital. Where information can move quickly and widely throughout a network, and where a network is diverse enough to include many forms of knowledge, large stores of intellectual capital can be built up. Political capital can be thought of as mobilization capacity or the ability to reach mutual understanding and collective policy objectives. When policy objectives are defined through inclusive discourse and shared meanings, they are also more likely to be implemented with minimal opposition.

Where "thick" reserves of institutional capital exists, stakeholders can come together early in planning processes and address conflict in constructive ways (Amin and Thrift, 1995). Knowledge and understanding can be shared easily throughout the network, and collective decisions can be acted on relatively quickly (Healey, 1998; Amin and Thrift, 1995). Institutional capital is the source of network power, understood as "a shared ability of linked agents to alter their environment in ways advantageous to these agents individually and collectively" (Innes and Booher, 2002, 225).

Institutional capital, and its use in policy processes, is not merely a matter of the development of networks and norms in a local culture. A growing criticism of the social capital theory is that it tries to explain too much through the actions of citizens and excludes the important roles of other actors. Following this argument, while social and cultural contexts clearly play a role, state agency is also an important factor in building institutional capacity. Even large stocks of institutional capital may, "remain a latent phenomenon in the absence of responsive and inclusive political institutions" (Lowndes and Wilson, 2001, 641).

In recognizing the importance of institutional capital, the goal of public policy shifts toward the building of institutional capacity. Planning, as the sharp point of public policy, has a significant role to play in managing complex stakeholder processes. The goal becomes the creation of arenas where stakeholders can learn to relate to each other. Through the work of developing these arenas, institutional capacity is built that provides stakeholders with the knowledge and the networks to help them with plans and projects in the future. The focus of urban planning is not simply the production of plans, but also the creation of a rich institutional setting in which ongoing planning activity can take place.

Several criticisms of communicative/collaborative approaches to planning have recently emerged. Habermas' conception of power and the ability of dialogue to overcome power relations in society have been described as naïve (Flyvbjerg, 1998). This criticism is wound up in the notion of the ideal speech situation as a "counterfactual extreme" (Dryzek, 2000, 24). When we "scratch the surface" of collaborative efforts, we tend to find it impossible to "guarantee that all participants will act in an open and honest manner all the time" (Tewdwr-Jones and Allmendinger, 1998, 1981). Flyvberg argues that the weakness of communicative planning theory is its grounding in rationality, albeit a procedural notion of rationality. Decisions are considered to be rational when they are based on the power of the better argument as determined through open dialogue. However, Flyvberg contends "rationality" is defined in the context of power and not through open communication:

> ...the raw exercise of power tends to be more effective than appeals to objectivity, facts, knowledge, rationality, or the "better argument," even though rationalization may be used to legitimate the exercise of raw power (Flyvberg, 1998, 141).

In other words, "why use the force of the better argument when force alone will suffice" (Flyvberg, 1998, 80). Thus planning decisions which appear to be based on dialogue among stakeholders are often the result of backroom power plays by a few powerful stakeholders. Collaboration and citizen engagement are simply veils used to legitimate these decisions.

A similar argument is made by Hillier (2000), who directly addresses a complex network approach to planning. Hillier's analysis distinguishes between formal and informal networks. Formal networks develop around "official" state-led processes. In spatial planning, formal networks are facilitated through citizen participation processes and stakeholder-based collaborative initiatives. Informal networks result from communication and interaction outside of these formal network processes. Actors tend to network informally when they become frustrated with formal processes. They also network informally when they perceive they can achieve more by "going round the back" than would be possible through formal channels. Informal networking is described as direct action or intervention in the political system. Hillier succinctly distinguishes between formal and informal networking as insider vs. outsider strategies:

> Insider strategies may be summarized as attempts to influence decisions from within the institutions of the planning system, thereby implying a willingness on behalf of actors to abide by the formal rules and participatory structures set down. Outsider strategies, in contrast, tend to rely on generating sufficient public concern through the media to force decision makers' hands on vote-sensitive issues and/or lobbying decision makers directly (Hillier, 2000, 37).

Following Flyvberg, Hillier finds that the informal networks of powerful actors are better able to influence policy decisions than the weak networks of less powerful actors. Less powerful actors often have no choice but to participate

through formal networks (Hillier, 2000). Thus, less powerful actors must rely on rationality, and rationality becomes the power of the weak (Flyvberg, 1998).

While each of these criticisms accurately exposes weaknesses in communicative action and network approaches, they do not damage the value of these theories to the field of urban planning. The ideal speech situation is clearly out of step with political processes in complex and pluralistic societies, but it has been adopted by planning theorists as a set of conditions to be sought in specific planning settings. Thus, like technical rationality based on scientific inquiry:

> ...the conditions of communicative rationality will never fully be met, but the attempt to approximate them should help ensure that decisions take into account important knowledge and perspectives, that they are in some sense socially just, and that they do not simply co-opt those in weaker positions (Innes, 1998, 60).

Innes and Booher (2002) propose the concept of network power to help explain how planning through complex networks is accomplished. Network power contrasts with Flyvberg's conception of power. For Flyvberg, power is wielded by powerful players to their own benefit. Network power, as previously defined, emerges through dialogue and interaction between interdependent actors. Innes and Booher do not deny the presence of forms of power outside of consensus building processes. Nor do they deny the impact of those forms of power on decision-making. Rather, they point to the importance of inclusive and meaningful planning processes.

Collaborative planning theory emphasizes a more critical approach to stakeholder involvement with the goal of broadening stakeholder-based participation. Broadening participation lends credibility and legitimacy to planning decisions. It allows policy makers to draw on a wide range of knowledge and make connections between various

aspects of planning issues. Stakeholders involved in the decision-making are also more likely to help in, or at least support, implementation and action (Healey, 1998). Finally, building large stocks of network power, or institutional capital, through interaction in complex networks may make direct action outside that network less effective and politically palatable.

Flyvberg (1998) and Hillier (2000) respectively conclude their critiques of communicative planning theory with comments on the practice of planning and democracy. They both conclude that planners need to become more attuned to the ways that power impacts planning processes. They also argue that planning processes that are assumed to be based on open dialogue inevitably ignore the impact of power. Instead, planning should become "the constructive mobilization of differences toward the promotion of democratic decisions which are partly consensual, but which also accept irresolvable disagreements" (Hillier, 2000, 52). A planning practice that is prepared for this conflict, they argue, provides a better framework for democratic inclusion than a practice that ignores it. These arguments do not call for a retreat from collaborative planning processes. Rather, they emphasize the need for attention to the details of those processes, particularly the meaningful inclusion of citizens. While the case studies conducted by Flyvberg and Hillier differ from those conducted by the communicative theorists, their conclusions are not irreconcilable. Innes and Booher (2002) also conclude by pointing to the role of planners in facilitating network interaction in ways that are inclusive of the diversity of stakeholders in a place.

Summary

A network view of collaborative planning remains grounded in Giddens' theory of structuration. Power shapes institutional structures, but these structures are also constantly reshaped through dynamic social relationships, through network power (Healey, 1997; Giddens, 1984). The characteristics of collaborative practice presented here outline the ways planners are helping to shape social relations in places. A recast urban planning focuses on the social processes of governance. Planning is increasingly about:

> ...fostering the institutional capacity to shape the ongoing flow of "place-making" activities in ways which can promote long-term sustainable improvements to material quality of life and to the sense of identity and well-being of people in places (Healey, 1998, 1544).

Methods of opening networks up to include citizens and stakeholders remain a key gap in network management theory (Rhodes, 1997). In contrast, the democratic inclusion of citizens in decision-making processes has long been a concern in planning theory. As discussed above, the theory of communicative action and a focus on how power affects planning decisions now underlies a rich seam in the planning literature. If the concept of networks is to be drawn into our understanding of how to co-exist in shared space, it must be infused with the inclusionary arguments that are fundamental to communicative action. It must do so in a way that pays attention to specific power relations in a place. The melding of these two bodies of theory may provide useful insight into a network approach to governance that includes citizen participation and results in social learning.

Healey (1997) argues that the mobilization of networks is the key force in social change. Mobilization involves both connecting people from across diverse networks and

providing opportunities for change in perceptions and systems of meaning. Planning work can be directed at providing the framework for network mobilization. It can provide the arenas in which discussion and learning can take place. The goal of planning becomes the building of institutional capacity defined as a measure of the quality of network connections in a place. Healey succinctly defines planning in this setting:

> Collaborative approaches in this context are focused explicitly on the task of building up links across disparate networks, to forge new relational capacity across the diversity of relations which co-exist these days in places (Healey, 1997, 61).

2.5 Drug Policy and Collaborative Planning

This section briefly addresses the application of a collaborative planning perspective to drug policy planning. A brief description of key drug policy concepts is provided. The literature on drug policy planning is then examined. This literature is taken primarily from Europe, particularly from Switzerland and Germany. In these countries, the failure of the "war on drugs" was recognized far earlier than it was in North America. As a result, the importance of broad stakeholder involvement and the coordination of diverse networks in drug policy making has emerged.

Drug policy is a broad policy field that encompasses the many ways we define, regulate and use "drugs" in our society. It also includes consideration of attempts to mitigate the harm to individuals and society stemming from the improper use of, and addiction to, psychoactive substances. Drug policy debates are often caught up in questions of whether or not to legalize substances that are defined as illicit drugs. This argument is a small part of the broader issues addressed in the drug policy field:

> To legalize or not to legalize? That is not really the right question. The appropriate question is much broader, and it is one that incorporates the "legalize or not" question with respect to particular psychoactive drug

> products: What, simply stated, are the best means to regulate the production, distribution and consumption of the great variety of psychoactive substances available today and in the foreseeable future (Nadelmann, 1992, 86)?

In Canada, the federal government has the primary responsibility for the regulation of psychoactive substances. The definition and categorization of drugs is legally defined in *The Controlled Drug and Substances Act (1997)*. The *Act* contains a series of schedules that categorize a variety of drugs in terms of their perceived impact on Canadian society. Health Canada bases categorization decisions on several criteria:

- the degree to which the substance is abused in Canada;
- the degree of danger the substance represents to the health and safety of the Canadian public;
- commercial considerations such as the efficacy of the substance in the legitimate market; and,
- Canada's international commitments with respect to the United Nations Drug Conventions (Brucker, 1997, 147).

Illicit drugs are listed under Schedules I-III of the *Act*. Schedule I contains those substances thought to be the most harmful to Canadian society. Possession and trafficking of these substances is subject to harsh penalties under the *Act*. Drugs listed under Schedule I include heroin, cocaine, and codeine (products containing greater than 8 mg). Schedule II contains marijuana and other cannabis derivatives. Schedule III drugs include amphetamines, methamphetamines and magic mushrooms (Brucker, 1997).

This thesis focuses on what might be more clearly defined as *illicit* drug policy or drug misuse policy. Drug policy in this sense is not directly concerned with categorizing various drugs according to the harm they may do to individuals and communities. Rather, it involves developing policy responses to problems associated with *illicit* drug use and addiction. It is in this sense that the term "drug policy" is used in this thesis.

Conceptually, there is a traditional model of drug policy that divides the potential methods of addressing drug problems into three categories. These categories are prevention, treatment and law enforcement. Prevention is primarily characterized by school based education programs. Treatment traditionally involves abstinence based detoxification and "12-step" programs. "Law enforcement" encompasses all manner of supply reduction efforts. These may include arresting addicts and street level dealers, providing security at international borders, and eradicating crops in developing countries. It is recognized that within each of these categories a large range of activities is possible (Heymann, 2001).

Many analysts now argue that the criminalization of drug use and strict adherence to abstinence-based treatment programs creates policy problems. If heroin were not illegal to ingest, users would not need to use dirty needles and risk exposure to HIV and Hepatitis C. If addicts were not socially isolated, they could remain in the workforce and would not need to commit crimes to support their habits. These analysts also argue that the current drug policy regime violates the human rights of drug addicts and unnecessarily criminalizes otherwise law abiding citizens (Riley, 1998; Oscipella, 2001; Alexander, 2001). From these arguments, and the alarming spread of HIV/AIDS among injection drug users, harm reduction approaches to drug problems have emerged.

Harm reduction approaches differ from traditional approaches to addiction problems in that they do not emphasize the prevention of drug use. Instead, harm reduction approaches focus on reducing the negative impacts of drug use on users, communities and society. These approaches stem from health promotion strategies in addressing drug misuse problems. Specific strategies under a harm reduction approach

may include needle exchanges, supervised (safe) injection facilities, prescription of heroin, and/or methadone maintenance (Single, 2000). Harm reduction approaches also include aspects of traditional approaches to drug problems, most notably drug treatment facilities. In contrast to traditional treatment approaches, low thresholds for access to these facilities are stressed in the harm reduction paradigm. In other words, under harm reduction approaches, drug addicts do not have to stop using drugs in order to access services (MacPherson, 1999).

At the local level, drug policy planning is a field characterized by conflict, both spatial and value based. Spatially, drug problems are often localized as a result of marginalization and social exclusion processes in urban areas. Indeed it is in urban areas where the contexts for drug problems are concentrated. Contributions to this context include the complexities of urban social life, the anonymity provided to both drug users and dealers, and simultaneous access to drugs on the street and on the world market (Kübler and Wälti, 2001).

Given that serious drug problems are local issues, they are debated primarily in the local government arena. In most jurisdictions, however, local governments have neither the authority nor the capacity to address these problems. In Canada, the federal government is responsible for the regulation of health care and the controlled substances. Health services are provided through provincial governments and, in British Columbia, through provincially organized regional health districts. Local governments have the responsibilities of land use control and urban service provision (MacPherson, 2001). These services often include police services, as is the case in Vancouver. However, the cost of addressing a drug crisis through enforcement alone is prohibitive. Such an

approach has also proven to be ineffective in many jurisdictions. While drug problems manifest themselves at the local level, effective policy action can be taken only through the coordination of responsible government agencies (Kübler and Wälti, 2001).

Drug problems in urban areas also tend to expose deep value conflicts. One key conflict has resulted from the need for cities to compete directly in the global market. In what has been termed a "policy of attractiveness," most cities today focus planning efforts on creating an environment that will attract the drivers of the international economy. These are the young and highly paid professionals who want to live in the centre of places to work, play, and spend. The socially marginalized, particularly the homeless and drug users, tarnish the image that city governments are trying to project. Local governments are caught between the need to care for the socially disadvantaged and the need to provide an environment that is favourable to developers, young professionals and the tourism industry. So institutionalized is this conflict that in many cities social policy and "attractiveness policy" are handled in mutually exclusive policy fields. The tensions between these fields are perhaps closest to the surface in conflicts over drug problems (Kübler and Wälti, 2001).

Another major conflict that emerges in debates over urban drug policy has been described as "public health versus public order." A public order response to drug misuse favours abstinence as a moral stance and police enforcement as an appropriate policy response. This view is at the heart of the "war on drugs." A public health response recognizes drug misuse not as a crime, but as a health issue. If those addicted to drugs are not criminals, but victims, then an appropriate response is not enforcement, but treatment. Responses should focus on treatment and harm reduction facilities, not on increased

police action. The conflict between the public health and public order camps is not merely moral. It is also spatial. As facilities are sited in neighbourhoods, further conflict emerges infused with the rhetoric of public order and economic development (Kübler and Wälti, 2001).

The presence of different visions of drug problems and possible responses leads to the formation of conflicting coalitions around those points of view. These coalitions form around a public health and social policy perspective on one hand, and a public order and urban attractiveness perspective on the other (Kübler and Wälti, 2001). The concepts of collaborative planning, particularly those that emphasize building relationships across networks and the possibility of transformative learning, may be the only way to move forward together.

In a study of responses to drug problems in several European cities, Kübler and Wälti (2001) found that similar planning practices developed in each city. First, through interaction across networks, public order and public heath perspectives were reconciled as each side learned to respect the other's role in addressing drug problems. In fact, a distinctive "social public order" regime emerged in all of the study cities. Second, neighbourhood mediation was a key to success in all facility siting and implementation processes. In most cities, particularly those in Switzerland, participatory implementation and monitoring procedures were established. The key example of this form of community participation in drug policy planning is the *Drogenstammtisch* (Round Table on Drugs) in the Swiss city of Basel. Through this forum, many diverse stakeholders participated in the implementation and ongoing evaluation of locally sited harm reduction facilities.

Participants often came to see distinctly different points of view as valid, as is summarized by a local resident:

> We nearly spat at each other at first. But in the end we started to listen to each other. At some point, I said, "I think it is our moral duty to care about our own drug users, but we do not want to be a reservoir for drug users coming from the whole region"...Then something happened. Suddenly, there was no more squabbling; we listened to each other and realized: dammit, in some way, we all want the same thing (Kübler, 1999, 56).

Drug policy making in urban areas is often characterized by a complex institutional environment and multiple stakeholders with conflicting visions of drug problems. Local governments are themselves torn between the need to care for citizens, particularly those who are most vulnerable, and the need to attract people and investment. In light of these conditions, collaborative action seems particularly well suited to issues of drug policy development and implementation. These issues also provide an excellent case study of the ability of collaboration to coordinate diverse networks of stakeholders and overcome deeply embedded conflict.

Chapter 3 Developing a Four-Pillar Approach in Vancouver

3.1 The Policy Context: The City of Vancouver and the Downtown Eastside

The City of Vancouver is located on Canada's west coast in the Province of British Columbia. It is British Columbia's largest city, and the third largest city in Canada. The population of the City of Vancouver is approximately 545,000 (Statistics Canada, 2001). The City is one of 21 municipalities that make up the Greater Vancouver Regional District, with a population of approximately 2 million. Vancouver is Canada's primary seaport on the Pacific Rim, and the second largest seaport on the west coast of North America.

Vancouver is an ethnically diverse city. Forty-six per cent of Vancouverites were not born in Canada, and 20 per cent of the population immigrated to Canada since 1991. Vancouver's largest ethnic minority group is people of Chinese origin. Approximately 30 per cent of the population identify themselves as Chinese. People of South Asian origin make up 6 per cent of the population. Other significant ethnic minority populations include Filipino, Black, Latin American and Japanese. Vancouver has a significant and growing Aboriginal population. As of 2001, there are over 10,000 Aboriginal people in Vancouver, comprising 2 per cent of the total population (Statistics Canada, 2001).

Vancouver is often described as a dual city. On one hand, it is arguably among the most beautiful cities in the world. It is bounded by the Pacific Ocean to the West, the Coast Mountain Range to the North, the Fraser River to the South and the fertile Fraser Valley to the East. Land and real estate prices in Vancouver are extremely high relative to the rest of Canada. Canada Mortgage and Housing Corporation estimates that the average house price in the Vancouver region will reach $399,000 in 2003 (CMHC, 2002). Much

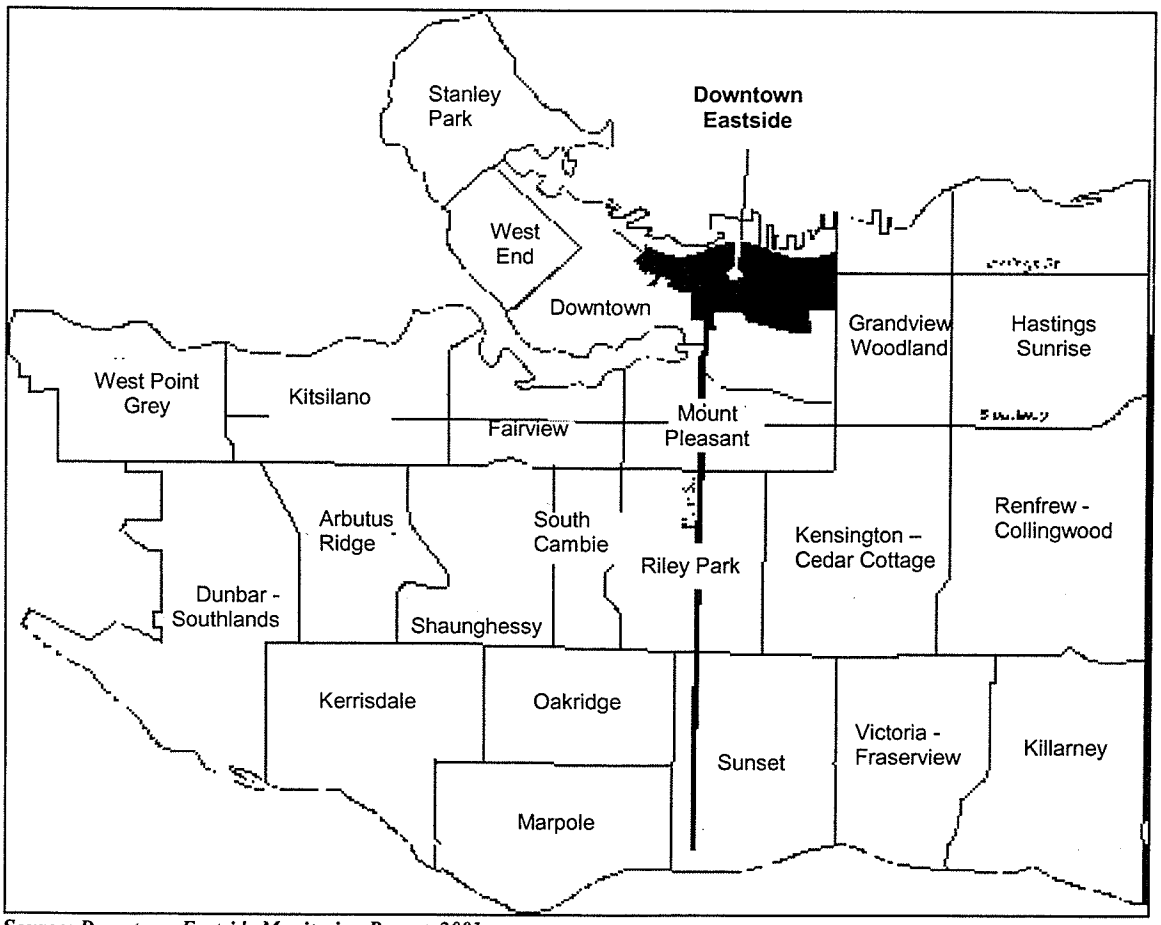
of Vancouver's economic well being rests on its beauty. The tourism and service industries are the largest employment sectors in the city (Statistics Canada, 2001).

Vancouver has another side that is rarely promoted to tourists. In the Downtown Eastside (DTES), there is an extremely high concentration of poverty, homelessness, mental illness and drug addiction. The DTES has approximately 16,000 residents and the incidence of low income is 68 per cent. The median household income is $11,029 per year, making the neighbourhood "the poorest postal code in Canada." In contrast to the high housing prices in the rest of the city, DTES residents primarily occupy single room occupancy hotel units in which the monthly rent is geared to the shelter component of Income Assistance ($325 per month). There are over 5,000 Single Room Occupancy (SRO) units in the DTES. The Aboriginal population of this single neighbourhood is estimated to be 5,000, representing half of the total Aboriginal population of the City of Vancouver (Downtown Eastside Monitoring Report, 2002).

The Downtown Eastside was once the heart of downtown Vancouver. Over the course of the Twentieth Century, however, a series of changes and events caused the decline of the neighbourhood. Throughout the 1960's and 1970's, the Central Business District migrated westward toward Burrard Street. Closing businesses and declining property values left the Downtown Eastside with a concentration of low-income housing units. The social makeup of the neighbourhood declined further in the 1970's as a result of province-wide funding shortages that led to the massive de-institutionalization of people with mental and psychiatric illnesses. A large number of these former patients located in the Downtown Eastside where they found affordable housing and a relatively

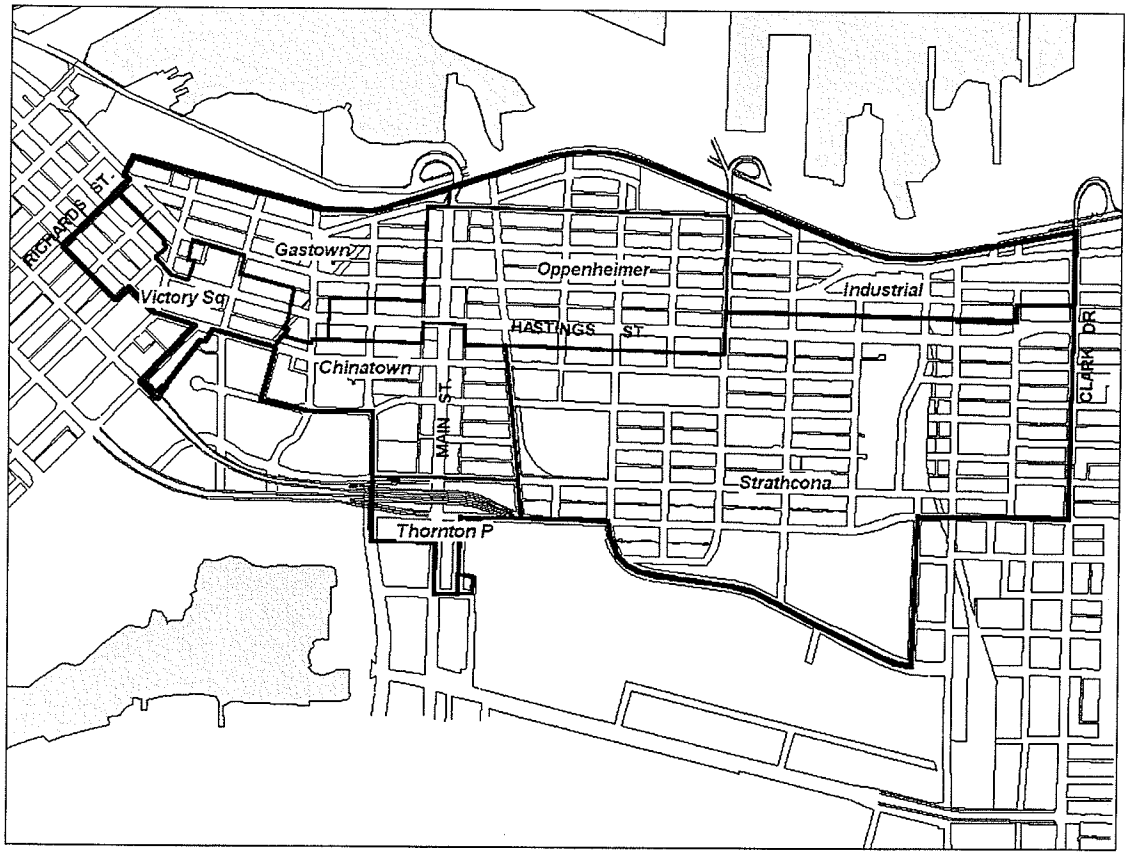
welcoming community. By the 1980's, drug users and dealers had come to dominate the street life in the neighbourhood (Downtown Eastside Revitalization Program, 2001).

Figure 3.1: The Downtown Eastside in the City of Vancouver



Source: Downtown Eastside Monitoring Report, 2001

Figure 3.2: Neighbourhoods of the Downtown Eastside



Source: Downtown Eastside Community Monitoring Report, 2001

Drug problems, low-income housing, and a depressed business environment remain the obvious characteristics of the Downtown Eastside. They do not, however, wholly define the neighbourhood. Several areas surrounding the DTES are active business districts, including Gastown and Chinatown, both of which contribute to Vancouver's tourism industry. As the historic centre of the City, the Downtown Eastside contains a disproportionate share of Vancouver's heritage buildings. Developers eager to convert the single room occupancy hotels to tourist accommodation or to condominiums are exerting redevelopment pressure. Recent revitalization projects are also contributing to the overall health of the neighbourhood. All three levels of government, in partnership

with a large and diverse network of active community groups, are carrying out this revitalization work (Downtown Eastside Revitalization Program, 2001).

Despite this work, drug problems are still present and serious. It is an open drug scene, with users often injecting in plain view of residents, tourists and police officers. Several reasons have been given for the concentration of drug problems in the Downtown Eastside. These include a concentration of poverty, poor housing conditions, and the increased availability and decreased costs of heroin and cocaine. Enforcement efforts have also led to the displacement of dealers and users from other parts of the city.

3.2 Drug Misuse Problems in the City of Vancouver

The City of Vancouver has a serious drug problem. As a result of its location on the Pacific Rim and its status as a major seaport, the city has become one of the key ports of entry for illicit drugs entering the North American market. Since the late 1980's, drug problems in the city have been intensifying. Globalization, making international drug trafficking both easier and more lucrative, is exacerbating the problem (MacPherson, 2001).

The Downtown Eastside is the centre of the drug trade in Vancouver. It is important to recognize, however, that the problems are not isolated to the Downtown Eastside. The misuse of illicit drugs is a problem in every neighbourhood in Vancouver. There is an average of 147 overdose deaths in Vancouver each year. Of these deaths, only sixty-two occur in the Downtown Eastside. The rest are spread throughout the city (MacPherson, 2001, 22).

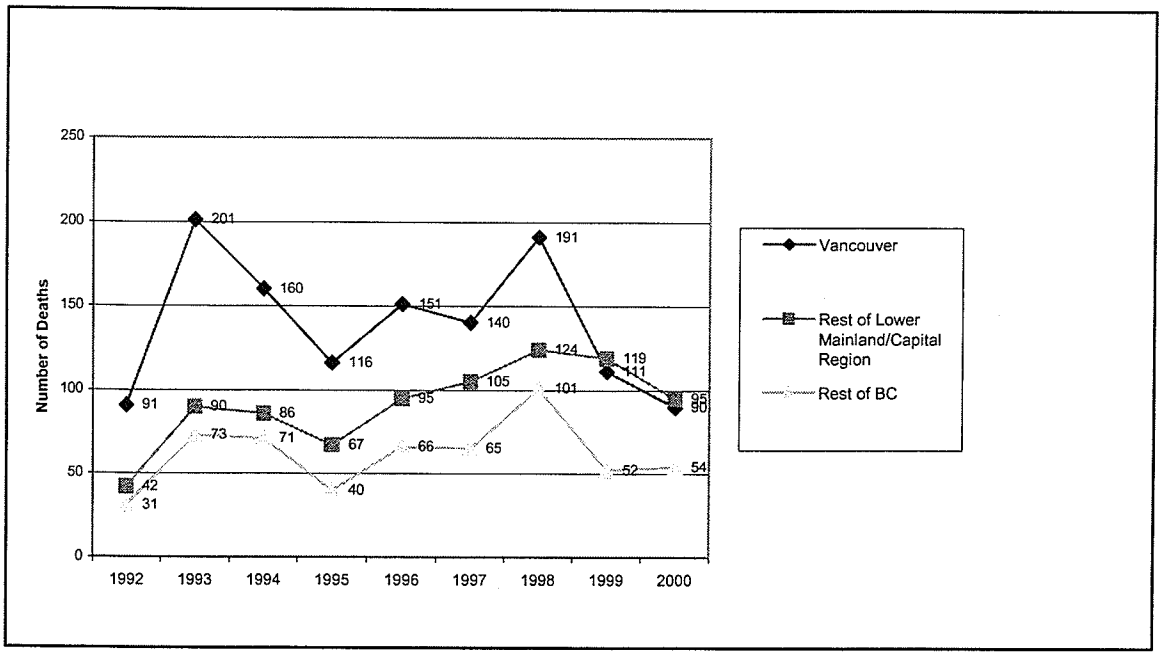
Vancouver's drug use epidemiology reveals the severity of the crisis. In addressing drug misuse in the DTES, Community Health Area (CHA) statistics collected

by the Regional Health Authority are used. The V/RHB is comprised of seven CHAs and the DTES neighbourhood comprises most of Community Health Area 2 (CHA2). The data is collected annually by the Canadian Community Epidemiology Network on Drug Use – Vancouver Site. Drug-induced mortality and HIV/AIDS infections through injection drug use are briefly examined here (McLean, 2001).

Drug-induced Mortality – From 1992 to 2001 there were 1089 deaths related to the ingestion of illicit drugs in the City of Vancouver. There was an average of 121 overdose deaths per year over this period. In the rest of the Lower Mainland and the Capital Region (Victoria) combined, there were 872 overdose deaths from 1992 to 2000 (99 per year). In the rest of British Columbia, outside these major urban areas, there were 553 overdose deaths (61 per year) (McLean, 2001, 32). Deaths from drug overdose in British Columbia have been heavily concentrated in the City of Vancouver. Given the small population of the City of Vancouver relative to these other geographical areas, the incidence of overdose deaths per 1000 population is much higher than elsewhere in the province.

Peaks in overdose deaths in 1993 and 1998 resulted from shipments of high grade heroin or cocaine hitting the Vancouver market without warning. Recent reductions in the number of overdose deaths in Vancouver are attributable to many factors, including the harm reduction activities of community organizations. It should be noted that, while overdose death figures in Vancouver appear to be dropping, 90 deaths in one year still represents a crisis. In addition, Vancouver recorded 191 overdose deaths as recently as 1998. Falling overdose figures over a two-year period do not necessarily represent an end to this crisis (McLean, 2001, 32).

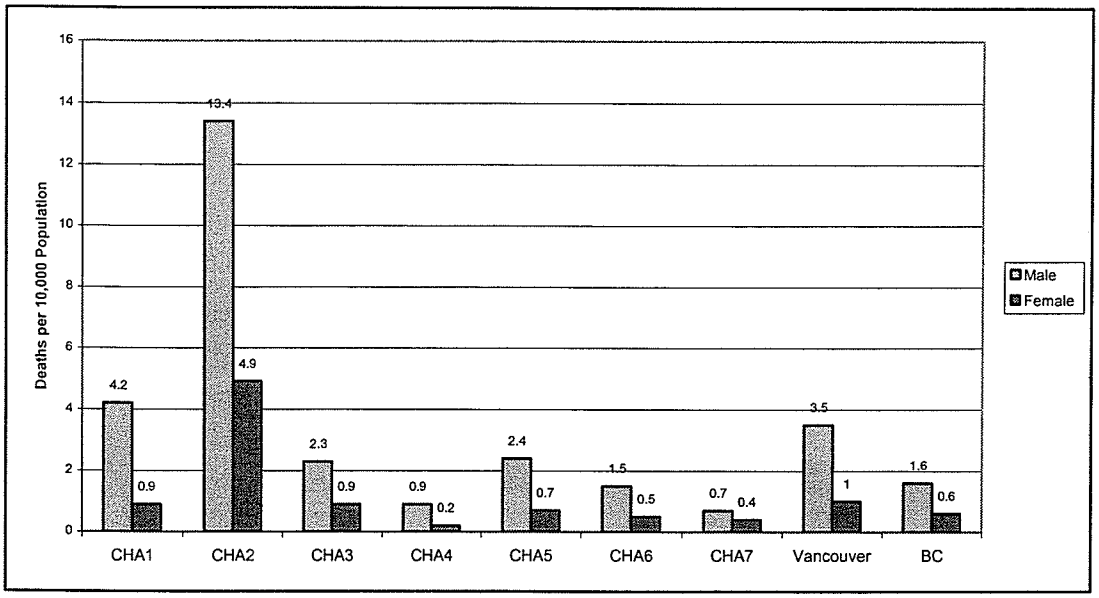
Figure 3.3: Illicit Drug Deaths in Vancouver, 1992-2000



Source: McLean, 2001, 32

Within the City of Vancouver, drug overdose deaths are highly concentrated in CHA1 and CHA2. These Community Health Areas include the DTES (CHA2) and the directly adjacent Downtown/West End areas (CHA1). From 1995 to 1999, the drug-induced mortality rate per 10,000 population in CHA2 was 13.4 for males and 4.9 for females. Drug-induced mortality in CHA1 was 4.2 for males and 0.9 for females. These figures compare to the City of Vancouver at 3.5 for males and 1.0 for females, and to the province-wide rate of 1.6 for males and 0.6 for females (McLean, 2001, 28). These figures confirm that the DTES is the centre of the drug crisis in Vancouver. They also show that drug problems affect other areas of the City, primarily around the downtown core.

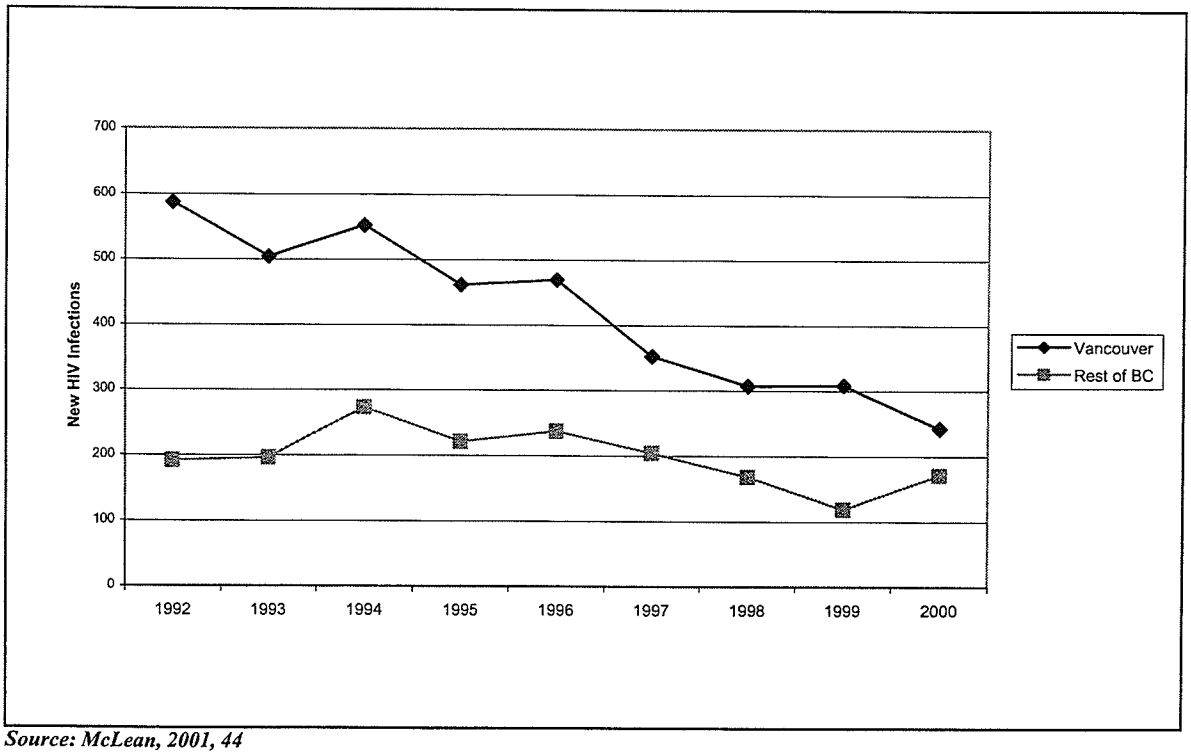
Figure 3.4: Drug-induced Mortality in Community Health Areas, 1995-1999



Source: McLean, 2001, 28

HIV/AIDS Transmission – Injection drug use is one of the primary risk factors for acquiring HIV/AIDS. Vancouver has a high HIV infection rate compared to the rest of the province. The HIV infection rate has fallen steadily throughout the 1990s, largely as a result of increased awareness and harm reduction measures. Despite the falling rate of infection among injection drug users, Vancouver's injection drug user population represents among the highest concentrations of persons with HIV/AIDS in the developed world. HIV prevalence among the estimated 4700 injection drug users living in the DTES is approximately 35 per cent (McLean, 2001, 44).

Figure 3.3: New HIV Infections in Vancouver and British Columbia, 1992-2000



Source: McLean, 2001, 44

MacPherson (2001) has identified five trends in Vancouver's drug misuse problem. First, overdose deaths rose sharply in the early 1990s and have remained relatively constant since then. The sharp rise was a result of the introduction of cheap cocaine and extremely pure heroin in 1992. In 1988, approximately twenty-five overdose deaths occurred in Vancouver. In 1993, that number reached 201. Since then, Vancouver has averaged 147 overdose deaths per year (MacPherson, 2001, 14).

Second, injection drug use is causing the spread of both HIV and Hepatitis C. While the HIV infection rate among drug users has recently declined from a high of nineteen percent in 1997 to between three and five percent in the last two years, it is still high in comparison with other cities that have similar drug using populations. Hepatitis C infections, on the other hand, have increased rapidly throughout the 1990s. It is thought

that injection drug use is the cause of approximately eighty percent of new Hepatitis C cases in Vancouver (MacPherson, 2001).

Third, drug misuse among youth is on the rise. Teenagers are increasingly using hard drugs such as ecstasy and heroin. Drug use among young people is often connected to histories of poverty, abuse and substance misuse. The number of homeless youth is also increasing in Vancouver. Drug addiction among this homeless population is associated with increased crime and sexual exploitation (MacPherson, 2001).

Fourth, the number and type of treatment facilities for addicted drug users is inadequate. The 1990s saw no expansion of treatment facilities in the city, despite the explosion of drug related problems. There are also few facilities that are prepared to deal with difficult users, such as those that are intoxicated. In addition, those users that have attempted to quit, and then relapse, are often excluded from programs (MacPherson, 2001).

Finally, the relationship between drug misuse and crime has become clear. While there is no way to tell with certainty which crimes result from drug dependence, research does show that drug users do commit crimes to support their habit, and in response to feelings of desperation (MacPherson, 2001).

Taken together, these epidemiological data and recent trends demonstrate the many dimensions of the drug problem in Vancouver. Drug use and the associated harm to individuals and the community have risen steadily throughout the 1990s. In the Downtown Eastside, public disorder has become a way of life for users, business owners and residents alike. A strategy for action is sorely needed.

3.3 Case Study

This case study addresses the attempts of a broad range of stakeholders to address severe drug misuse problems in Vancouver. It also examines the efforts of the City of Vancouver to mediate a public discussion around this complex and sensitive issue. The case study takes place from 1993 to 2002, a period of nine years. The four-year period between 1997 and 2001 is the primary focus of the study. The case is presented in six relatively distinct phases that emerged during the research.

- Phase I: Vancouver: An addicted city? (1993-1997)
- Phase II: Mobilizing the Network (1996-1997)
- Phase III: Building Institutional Capacity (1998-2000)
- Phase IV: A Framework for Action (2000-2001)
- Phase V: Initial Implementation (2000-2002)
- Phase VI: Vancouver's Drug Election (2002)

The phases are approximately chronological, however there is a degree of overlap between phases. This overlap results from overlap between phases of the planning and interaction processes in the "real world." A chronology of key events in drug policy planning in Vancouver is included as Appendix A.

3.3.1 Phase I: Vancouver: An Addicted City?

Drug misuse problems have always existed in the City of Vancouver and particularly in the Downtown Eastside. However, drug problems beyond those commonly found in transitional and low-income neighbourhoods in major urban centres first surfaced in Vancouver in the late 1980's and early 1990s. The introduction of cocaine and the flooding of the Vancouver market with cheap high-grade heroin led to an explosion in addiction problems. Between 1988 and 1993, deaths from drug overdose grew to epidemic proportions. In 1988, there were 61 overdose deaths in the city. By 1993, that number had grown to 201 (McLean, 2001, 32). In addition to overdose deaths,

the DTES began to feel the impacts of problems associated with injection drug use. An open drug scene literally took over the streets around the corner of Hastings and Main Streets. Legitimate businesses, non-addicted residents and the nearby Chinatown community soon found it impossible to carry on with life and business as usual. More frightening was the outbreak of diseases associated with injection drug use. Though slowly at first, AIDS and Hepatitis C spread through the DTES injection drug user population.

Front line workers, mainly social workers, police officers and planners, had a unique vantage point from which to view the growing crisis:

> **Planner 1:** We were at the epicentre of this scene that became bigger. I mean it was there before, but it became so much bigger, much more problematic. There were a lot of people dying of HIV and overdose and Hepatitis C. Open drug use and all that stuff you see today really developed in the late 1980's and early 1990s.

In 1993, the provincial government responded to the crisis by appointing Chief Coroner Vince Cain to lead a task force investigation into the cause of the deaths. The *Cain Report* painted a frightening but sympathetic picture of addiction problems in British Columbia. Addicts were characterized as victims with health and, often, psychological problems. The "one size fits all" approach emphasizing education, abstinence and enforcement was heavily criticized (Cain, 1994). Cain also described and harshly critiqued the present state of the system for addressing drug misuse issues in the province. In this assessment, the Chief Coroner found that health services for addicts were woefully inadequate, if they existed at all. As a result, addicts received jail sentences rather than treatment for addiction related problems. The failure of the enforcement approach was apparent in the frustration of law enforcement officials that

participated in the research. Police officers pointed the finger at the revolving door of the courts and immigration rules that allowed non-citizens to remain in the country even after being convicted of trafficking in narcotics. Many in the law enforcement community were also coming to realize that the drug problems were manifestations of larger social and health problems (Cain, 1994).

The *Cain Report* made 62 recommendations to address the problem of drug overdose deaths in British Columbia. Three key recommendations are touched on here. First, the report recommended the establishment of a provincial task force to examine and challenge legal issues and legal practices around drug misuse problems. Second, the report recommended the controversial step of decriminalizing the possession of both soft and hard drugs. The rationale behind this recommendation was to move from a criminal model of dealing with illicit drugs to a medical model. Within this recommendation, Cain also recommended the use of prescription heroin in treating addicts. Finally, the report called for harsh sentences for criminals involved in the importing and high-level trafficking of illicit drugs. These three recommendations are indicative of the tone of the *Cain Report*. It advocated a move towards a balanced approach that incorporated education, treatment and harm reduction for citizens and addicts, and the use of enforcement measures appropriate to the motivations of the perpetrator (Cain, 1994). In this sense, the report was an important early influence in the development of a *Four-Pillar Approach* to drug misuse issues in Vancouver.

The *Cain Report* succinctly (re) framed the debate that was to follow in the City of Vancouver. It also posed a significant challenge to policy-makers and citizens:

> The drug problem in British Columbia is very real and very serious. No one in this province is immune to the problem. It is a social problem, as

> well as a health problem. The answers are not easily found. Neither are the remedies cheap. The problems cover a wide range of issues; the solutions are equally expansive and expensive. But unless these are dealt with head-on and now, future generations may well be unable to contend with the consequences of our generation's unwillingness to face up to reality (*Province*, 5 February 1995, A24).

The reaction to both the epidemic of overdose deaths and the recommendations of the *Cain Report* came from all levels of government and community groups in the DTES. Action on the recommendations was, however, slow to materialize. The key result of the explosion of drug related problems and Cain's report was to draw attention to the issue of drug misuse in Vancouver. By 1997 drug problems had emerged from the DTES and the sole purview of the Vancouver Police Department (VPD) to become a key policy issue for local, provincial and federal governments.

Despite Cain's findings, the provincial government continued to cut addiction services. In March 1995, the Pender Detox Centre located in the heart of the DTES, was closed due to a lack of provincial funding. Once again, front line workers were in a unique position to comment on the availability of services for drug users:

> Here we are with heroin being the major killer and we've got less services now than when Vince Cain released his report...Other than a few isolated things, we are in worse shape now than back then. There's been no political will to really reflect what Cain recommends (Aird, *Vancouver Sun*, 7 March 1996).

While options for harm reduction and treatment were not forthcoming, the City of Vancouver increased enforcement efforts. By the end of 1994, the VPD had initiated a community policing program in the DTES. A storefront police station was opened near Pigeon Park, a hangout for users and dealers. New storefront stations were also planned for other areas of the DTES including the historic Gastown District. In 1995 and 1996 DTES groups representing condominium owners and merchants pressured Council and

the Police Board for increased enforcement. In October 1996 residents crowded into a Police Board meeting and delivered the message that the open drug scene was no longer to be tolerated. Within days of the Police Board meeting, the VPD responded by doubling the force in the DTES. In addition, a tough zero tolerance attitude was promised (Bell, *Vancouver Sun*, 25 October 1996, A1). It was evident that an enforcement ethic still dominated in the city.

By early 1997, the number and concentration of intravenous drug users on the streets had reached a crisis point. The open drug scene shocked even seasoned front line workers and police officers, to say nothing of citizens commuting through the neighbourhood every morning. Drug related crime levels rose to the point that they were having a significant impact on the overall crime rate of the City (Whynot, 1998).

In addition to the deterioration of street life in the DTES, an HIV/AIDS epidemic emerged in the injection drug user population. A study for the BC Centre for Excellence in HIV/AIDS found that there were 6,000-10,000 injection drug users in the DTES. The study also estimated that nearly 50% of these addicts had contracted the HIV virus. The neighbourhood, traditionally labeled Canada's poorest postal code, quickly became known for the prevalence of HIV/AIDS infection. By 1997, the DTES had among the highest concentrations of people living with HIV/AIDS in the developed world (Crary, *Associated Press*, 16 October 1997).

As the situation in the DTES deteriorated, lack of action on the *Cain Report* was increasingly criticized. In response to the HIV/AIDS crisis, the Vancouver/Richmond Health Board (V/RHB) took the unprecedented step of declaring a public health emergency in September 1997. The outbreak of HIV/AIDS, the increasing drug related

crime rate and the lack of action on the *Cain Report* led Vancouver's Mayor, Phillip Owen, to enter the debate. In 1997, Mayor Owen declared illicit drugs the most significant barrier to the revitalization of the DTES and the most important issue facing the City of Vancouver. Mayor Owen came to power in 1993 as a member of the pro-business Non-Partisan Association (NPA). In his first term in office, Owen had kept a relatively low profile. In fact, some critics had labeled him "Phillip the Dim" (Mickelburgh, *Globe and Mail*, 12 October 2002, F3).

In 1996-1997, Mayor Owen took an aggressive stance on drug misuse issues. He took aim at the Province, particularly over the closure of treatment and detox facilities and the lack of action on the *Cain Report*. Mayor Owen also addressed barriers at the federal level, particularly regulations that hindered police. Barriers to enforcing drug-related laws in Vancouver included the *Charter of Rights and Freedoms*, which Owen saw as unfairly protecting the rights of addicts against unwarranted search and seizure. While Mayor Owen criticized the provincial government for removing health and detox facilities in Vancouver, he believed enforcement was the most appropriate approach to drug misuse issues.

Summary

By mid-1997, drug problems had reached a state of emergency in the DTES. The rest of the city was also impacted as drug-related crime affected citizens in all neighbourhoods of Vancouver. Moreover, health problems caused by intravenous drug use and extremely poor living conditions of the addict population were well beyond the capacity of the service regime that was in place. The exploding HIV/AIDS epidemic led citizens of Vancouver to recognize the human toll that drugs were taking on their city.

A heated debate had emerged around potential solutions to the crisis. This debate can be characterized by a clear split between the enforcement ethic of a "public order" camp and the social service/health care ethic of a "social service" camp. This split was not easily demarcated. Even within the VPD, opinion varied widely as to the capacity of enforcement to address the crisis. Some officers claimed that progress was being made with increases in the force and the new emphasis on community policing. Many recognized that without health and other services, the social problem of drug addiction would not be solved through enforcement alone. The debate was confined to those directly involved in drug misuse issues and government officials. Gastown and Chinatown residents and merchants were also involved, primarily in demanding increased law enforcement personnel in the DTES. Citizens of Vancouver did little more than watch in horror the scene that was unfolding.

In October 1997, the Deputy Chief of the Vancouver Police Department emphasized the need for change:

> ...if we wiped the chalkboard clean and said how would we deal with the situation now, the last thing we would come up with is the present system (Engler, *Vancouver Sun,* October 8, 1997, A1).

3.3.2 Phase II: Mobilization of the Network

3.3.2.1 Vancouver's Coalition for Crime Prevention and Drug Treatment

By mid-1996 Mayor Owen recognized the impact illicit drugs were having on the City of Vancouver. As Chair of the Vancouver Police Board, he was aware of escalating property crime rates. He drew the connection between the rising crime rate and the spiraling drug problems in the DTES. Mayor Owen also heard from citizens who no longer felt safe in their neighbourhoods (Owen, Memo to Council, 1996).

In response, Mayor Owen formed the Urban Safety Commission in July 1996. The initial mandate of the Commission focused on law enforcement issues. Objectives of the Commission included:

- To identify key issues affecting the safety and quality of life of Vancouver residents and visitors;
- To identify limitations in the present laws and processes which restrict the City's ability to address these issues;
- To make legislators and government agencies aware of these issues, and the impact of legislation and government operations on our ability to manage our community; and,
- To propose and lobby for changes in legislation and government programs (Owen, Memo to Council, 1996).

By 1997, the Urban Safety Commission was in operation, led by Mayor Owen. The new Chief Constable Bruce Chambers and City Manager Judy Rogers provided staff support. Rogers was a well-respected senior manager with decades of experience in innovative public policy work. She had a unique understanding of the complexity of social policy, and the need to involve a broad range of stakeholders from the outset of policy processes. As senior bureaucrat in Vancouver, Rogers also had significant influence over the evolution of the process. It was the recognition of the complexity of the issues surrounding addiction that led to a significant decision early in the process:

> **Planner 2**: The City of Vancouver decided to start early. They were not in a hurry to develop this policy. They wanted to come to an understanding on this issue, and that meant allowing it to go from 1997 to 2001 and beyond. And so, it was really the wisdom of allowing the public discussions to be very broad and longer than most public policy discussions that was so useful.

With that in mind, Mayor Owen and the Chief Constable announced the formation of Vancouver's Coalition for Crime Prevention and Drug Treatment (the Coalition). The goal of the Coalition was to build and strengthen community partnerships to address crime and safety issues in Vancouver. In announcing the Coalition, Mayor Owen emphasized the role of communities:

> No sector of society can escape responsibility for the drug trade and its effects on our neighbourhoods, our children and the elderly. It is up to neighbourhoods and communities to take action to prevent drug use and related crimes and to improve drug treatment (Owen, Memo to City Council, 1996).

The City also committed $2 million in land for drug treatment facilities. The VPD promised to reallocate 75 to 100 additional officers to the streets. Membership in the Coalition was by invitation of the Mayor. Seventeen organizations were initially invited to join and many came to the table with something substantive to offer. The School Board, the VPD and the Royal Canadian Mounted Police (RCMP) offered to develop a new drug awareness program in Vancouver schools. Simon Fraser University and Vancouver Community College committed to develop a community leadership program to train community leaders in the DTES. The organizations that were invited to join were also enthusiastic about the opportunity to be part of the discussion:

> **Business Community 1:** We received an invitation and I think it's always better to be part of the dialogue than to be outside it. To try to shape it rather than being on the outside and reacting to what they're proposing.

Planners involved in the development of the Coalition were supportive of this informal approach to membership:

> **Planner 3:** It was very open, and it had to be to get it started. And together, the Coalition partners and the Coalition office just started working on, well, "what kind of drug policy would work for Vancouver?" Here's the problem, here are all the players, and of course the community gained a significant voice in that.

An analysis of the initial membership, however, casts doubt that "all the players" were invited to join. It is difficult to overlook the predominance of business/tourism sector organizations on the initial list of members. These organizations included the Board of Trade, the Downtown Vancouver Business Improvement Association, Tourism Vancouver and the Vancouver Hotel Association. By contrast, the membership list was devoid of social service providers and groups that worked directly with drug users. The initial membership indicated a strong slant towards crime prevention rather than a significant concern with drug treatment.

The exclusion of an entire sector of the community, and ironically that sector that deals most directly with addicted individuals, did not go unnoticed. One front line worker who had worked in the DTES for many years recognized the inadequacy of the initial membership:

> **Frontline Worker 1:** The Mayor sent a letter saying he'd formed this Coalition, so we wrote him very early on saying, "We've been in this community for years, why aren't we involved?" The initial membership was a very partial list.

Other front-line workers took out their frustrations in the media. A Downtown Eastside Youth Activities Society worker stated, "We just deal with 5,000 people a month who use drugs. What do we know?" (Edge, *Vancouver Sun*, 17 October 2001, A17). Vancouver's Coalition for Crime Prevention and Drug Treatment received a mixed

reception. It would, however, evolve to play the critical role in the development of a *Four-Pillar Approach* to drug misuse issues in Vancouver.

3.3.2.2 The Vancouver Area Network of Drug Users (VANDU)

In parallel to the official formation of Vancouver's Coalition for Crime Prevention and Drug Treatment, drug users also began to organize themselves in 1997. Building a network of drug users and drug user organizations began with the work of *MindBody Love (MBL).* MBL was a civil society organization active in harm reduction issues around dance drugs (primarily ecstasy). The members of MBL initiated a project in 1997 to mobilize a network of drug users, but had few direct ties to the injection drug user population. They met with members of the DTES Political Response Group and IV Feed, a group that opened Vancouver's first (semi-sanctioned) safe injection site. Through these organizations, members of MBL met seasoned DTES activists, most notably Bud Osborne and Ann Livingston. Osborne, a recovering addict himself, was a well known DTES activist and poet (Health Canada, 2001). Livingston had an extensive background in community organizing and advocacy for people with disabilities and drug users. The community building techniques of John McKnight factored prominently in her approach to community organizing work (VANDU 1). In *Building Communities from the Inside Out* (1993), McKnight argued that community development work should begin by focusing on the assets and capacities that exist even in the poorest communities.

The first meeting of what would become the Vancouver Area Network of Drug Users (VANDU) was held in Oppenheimer Park in the heart of the DTES. The park was a major centre of the drug scene. It was frequented by users and dealers as a result of police sweeps that chased them from the 100 Block of Hastings Street. The meeting was

set up in the middle of the park among users and dealers. Organizers began by asking users, "What are your issues? What would help you most right now?" (Health Canada, 2001, 10). Responses were carefully recorded on flip charts. Following the meeting, Osborne took the comments to the V/RHB to ensure that the needs of drug users, as expressed by drug users, entered the political process.

From this first meeting, VANDU evolved through these discussion group techniques. Discussion group meetings became a regular occurrence, held every Saturday. Osborne managed to secure the Four Corner Street Church, "the one the street people call the Hot Dog Church," to hold the meetings (VANDU 1). The meetings consisted of constant assessment and reassessment of issues facing drug users. Osborne facilitated while Livingston took copious notes on flip charts. The charts were an important component of the discussion group format. They allowed participants to review what was said and ensure it reflected their views. The flip charts were never discarded, and so provided a record of these views over time. When users grew impatient with the discussion and demanded action, the flip charts were used to formulate action plans. A key example was the development of the CPR program for addicts. A member first suggested that users get first aid training a full year before it was finally implemented. Since it remained on the charts over the course of that year, it finally became a reality and was one of VANDU's most successful initiatives (Health Canada, 2001).

Each meeting would end with a discussion about how to get more people to come out the following Saturday. From week to week, membership grew exponentially:

> **VANDU 1:** Pretty soon our meetings just got enormous. There were 7, then 12, then 15, then 40. And once they were 40, they were 100 and from then on we were 100 people every Saturday. And it would go down so

> you'd get 75 depending on whether welfare Wednesday had just happened.

The influence of John McKnight is clear in the early work of VANDU. From the outset, the organizers focused on the positive and looked for assets among the drug user population. The difficulty of convincing drug users to attend the Saturday meetings following the receipt of welfare cheques provides an example:

> **VANDU 1:** The Saturday following welfare Wednesday is always going to be the lowest number, and then you can get work done that you can't do in the larger group. So, you try to use everything to your advantage, whatever it is. Even if it doesn't seem like an advantage. That's how VANDU got going.

This positive approach may also help to explain the rapid growth of VANDU:

> **VANDU 1:** So, the methods I learned from John McKnight were that people will be much more attracted to a group that looks for their strengths than a group that says, well, they've all been sexually abused and they're addicted and there's all this stuff that's wrong with them. Our group tried to do the opposite, which was to say there's something you're obviously doing or you wouldn't be alive and in this room, because the slaughter was just unbelievable.

The discussion in the meetings made it obvious that the tragedy of the overdose deaths had penetrated the psyche of the drug user population. One VANDU member likened this reaction to survival guilt among those users still alive to meet and talk about it. The result was the impression that, "while we are sitting here analyzing, people are dying and no one is doing anything about it" (VANDU 1). These sentiments translated into motivation for a series of protests and demonstrations. The demonstrations were meant to draw public attention to the DTES and the plight of the addicts who lived there. The most graphic and moving of these demonstrations took place in Oppenheimer Park. One thousand crosses were erected to represent the approximately 1000 people who died of drug overdoses in Vancouver in the early 1990s (Health Canada, 2001).

In addition to these efforts at direct action, the formation of VANDU marked the entrance of drug users into the formal political process and the public debate. The initial example of political involvement was Bud Osborne's delivery of the flip charts to the V/RHB. But soon after the Saturday meetings began, a more comprehensive approach to political participation was adopted. The essence of VANDU's policy was to show up at every meeting or forum on drug misuse issues. In 1998, this policy culminated in VANDU joining the Coalition for Crime Prevention and Drug Treatment:

> **VANDU 1:** The Mayor had this conference in 1998 and I called him up and said drug users should really be there, and he agreed. He gave us two spots and eight of us showed up. We were trying to, you know, humiliate them. I mean, my line is you're not going to have a conference about women's issues and not let any women in, so you're not having this without us. We've got to be here. It's just insane not to have people who use drugs there. That's how we end up with these terrible messes. So yeah, we joined [the Coalition] as soon as we were able to, and I don't think people were that comfortable letting us join, but they did let us join. That was the beginning of our relationship with the Mayor.

3.3.2.3 Summary

While the Coalition and VANDU were the two outstanding examples of mobilization in 1997, they were not the only examples. In the Collingwood neighbourhood, the Collingwood Neighbourhood House had formed a drug and alcohol committee. In the wake of the peak in overdose deaths, the issues discussed at the meetings refocused on the costs and benefits of harm reduction measures. In the affluent West Side, a group called *From Grief to Action* formed. Parents had organized this support group around the one thing they all had in common, an addicted child. But *From Grief to Action* wanted to be more than a support group. They wanted to be activists and soon began advocating for increased treatment and harm reduction services. Their message would permeate the debate around drug policy issues in the coming years. In the

DTES, many service providers and community groups entered the debate in a variety of ways. These groups included the Salvation Army, the YWCA, the Downtown Eastside Youth Activities Society and many others. In the next phase of the case study, the work of the Coalition and other organizations began to make connections between these disparate nodes of action.

3.3.3 Phase III: Building Institutional Capacity

In this phase of the case study, processes of interaction between actors increased dramatically. In order to address the activities of actors and groups in these processes, this phase of the study is divided into several sections based around nodes of interaction. These sections will address planning work undertaken through:

- Vancouver's Coalition for Crime Prevention and Drug Treatment, the Mayor's Office and the City of Vancouver;
- Forums of interaction organized by groups outside of the formal City-led processes;
- The Vancouver/Richmond Health Board;
- The Vancouver Police Department; and,
- The Vancouver Agreement, a tripartite agreement between the three levels of government.

This phase of the case study will also address the emergence of an organized and vocal opposition to an increasingly health-based approach to drug problems in the City of Vancouver.

3.3.3.1 Vancouver's Coalition for Crime Prevention and Drug Treatment, the Mayor's Office and the City of Vancouver

Membership in the Coalition was initially limited to groups invited to join by Mayor Owen. The Coalition's approach to membership soon became less formal. Membership was open to any group or agency with an interest in drug misuse issues in

Vancouver. In addition, there were few responsibilities of membership. Partner organizations simply had to commit to improving crime prevention and drug treatment in the city through any means they could offer. In practice, this commitment meant anything from sponsoring community forums to simply participating and learning about the issues (Planner 3). This fluid approach to membership, along with increased recognition of the drug crisis in the city, led to rapid expansion of the Coalition in 1998.

In April 1998, the first large scale Coalition Partner Forum was held. Over 100 participants including the seventeen founding partners and many potential partner organizations attended. Small group discussion was used to generate ideas for partnerships between business and social service providers. From this initial effort, Coalition Partner Forums became a key technique for network building. The forum also marked the entrance of the Vancouver Area Network of Drug Users into the formal public discussion. It was at this forum that VANDU officially joined the Coalition.

In March 1998, Van City Credit Union held a series of focus groups on a proposed agenda for an international symposium on crime prevention and drug treatment. Van City was well known in the city for corporate responsibility and sponsorship of community activism. The focus groups were conducted with representatives of the social service, economic, cultural and education sectors. The Coalition office incorporated this input into a proposed agenda for the symposium and sought Coalition Partner support. Sponsors for the event were easily found, demonstrating the value of early network building efforts. The sponsors represented a range of community sectors and contributed funding, venues, accommodation and transportation for international speakers (Coalition Report, 2002).

Vancouver's International Symposium on Crime Prevention and Drug Treatment was held in June 1998. Delegates included officials from the three levels of government and many community stakeholders. Five speakers were flown in from the United States and Europe to debate the issues. Presenters from the U.S. told delegates of the disastrous outcomes of the war on drugs in the United States and encouraged Vancouver to focus instead on reducing the social impacts of drug abuse. The European experience in addressing drug misuse issues was also addressed. The successes of cutting edge harm reduction programs were detailed, as were the potential risks (Ward, *Vancouver Sun*, 13 June 1998).

The International Symposium had several important outcomes. First, it introduced a new way of thinking about drug misuse issues in Vancouver. Health-based harm reduction approaches were, to some extent, legitimized through their effective application in other jurisdictions. In addition, what had been a Downtown Eastside issue was recast as an issue for the entire city. Media coverage was refocused from the "carnival" of the open drug scene and Main and Hastings to potential solutions to the crisis. Second, the International Symposium was the first time that people in Vancouver holding fundamentally conflicting values regarding drug use met:

> **Planner 2:** That was the first time that people from that spectrum came together, and there was a tension in the room. A real, palpable tension in the room. We can simplify it, and it's not really fair, but to the legalization and anti-legalization lobby.

The symposium format did not allow for significant discussion between those disparate groups. Still, the tension and hostility between stakeholders reinforced the City's commitment to a longer timeline for policy development. It also changed the approach to public involvement and dialogue:

> **Planner 2:** It was a real wakeup call for all of us. Myself, the City Manager, the Mayor and many of the team trying to put this policy together. It was that we really needed to be in for the long haul on this discussion and to develop an information base that people could understand.

The results of this realization were twofold. First, the public involvement strategy shifted from providing large-scale forums for discussion (although those continued) to small discussion groups with ten to twenty participants. Second, the need for an information base and the development of a common language around potential solutions to drug problems led to a commitment to policy research. Specifically, the International Symposium sparked a strong interest in European harm reduction programs (Planner 1; Planner 2).

In addition to network building, the Coalition office and many Coalition partners contributed to strategic planning efforts in the DTES. In partnership with the City of Vancouver, the Coalition was involved in developing options for drug and alcohol initiatives, community policing, youth issues and public education. In July 1998, the City released a series of reports under the heading *A Program of Strategic Actions for the Downtown Eastside* (Au, Administrative Report, 2000). The individual reports addressed the following areas:

- Report 1: Downtown Eastside: Building a Common Future
- Report 2: A Program of Strategic Actions for the DTES
- Report 3: Background Paper on Drug Treatment Needs In Vancouver
- Report 4: Housing Plan for the DTES, Chinatown, Gastown, Strathcona
- Report 5: Victory Square Area Concept Plan
- Report 6: Gastown Land Use Plan

The *Background Paper on Drug Treatment Needs in Vancouver* demonstrated the shift in thinking that had occurred over the previous year. City staff had continued to research European and US examples of drug treatment systems. Staff visited Oregon to

examine the extensive continuum of care model developed by Portland's Central City Concern. The language and concepts of a comprehensive continuum of care thus entered the public discourse in Vancouver. The report redefined treatment in a broad sense as:

> ...a continuum of care that begins with education, prevention and appropriate care, and continues on to support recovering addicts in training for work, completing school, finding housing and restoring families (MacPherson, Report 3, 1998).

The report did not recommend developing harm reduction services.

City staff took the six reports to the public and encouraged input throughout 1998. By late August, staff had singled out illicit drugs as the main cause of community deterioration in the DTES (*Vancouver Sun*, 31 August 1998, B1). Media coverage of the reports sparked increased interest across the city. In the DTES, the reports led to the first organized opposition to additional services for drug addicts, primarily from the Gastown and Chinatown business owners. The Coalition got involved once again, providing another partner forum specifically focused on the DTES. Over 200 participants attended the Simon Fraser University forum, demonstrating the growing interest in the issue over the summer of 1998. Just six months earlier, the first Coalition Partner Forum drew only half that number of participants. By the end of 1998, membership in the Coalition had more than doubled to 47 partner organizations (Rogers, Administrative Report, 1999).

While the Coalition retained a citywide focus, events in 1998 also led to Coalition actions on behalf of the DTES. The Coalition Office, several Coalition Partners and City staff applied for funding to the National Crime Prevention Council (NCPC). The application proposed a community development approach to crime prevention. It strongly met the Federal Department of Justice criteria as an innovative and reproducible pilot project to reduce crime and increase public safety. In early 1999, the City of Vancouver

received $5 million under the NCPC program. Soon after, Council approved the five-year Downtown Eastside Revitalization Program (DTES-RP). While an analysis of the DTES-RP is beyond the scope of this study, two key points can be made regarding the impact of the program on the drug policy discourse in Vancouver. First, the DTES-RP addresses health, housing, crime prevention and economic development issues, all of which are related to the drug problems in DTES neighbourhoods. Second, the majority of the funding under the program is intended for community building. Program activities take place under five general headings:

- Research on community needs and service gaps;
- Community mobilization to identify opportunities for sub-communities to act on their own behalf;
- Facilitation and mediation to assist sub-committees to find common ground;
- Coordination of actions; and,
- Public education to increase awareness of issues facing the community (Au, Downtown Eastside Revitalization Program – Interim Report, 2000).

The DTES-RP enabled residents, including marginalized groups, to participate in the public discussion around drug problems. In this way, the program influenced the citywide debate on drug misuse issues despite its DTES focus.

In 1999 the Coalition and the City implemented a network building/public involvement program based on smaller group meetings. This strategy resulted from the recognition that hostility between groups could not be resolved in larger group settings. The cornerstones of the new approach to public involvement were the Mayor's Forums with Coalition Partners. Mayor Owen had used small group settings in 1997 and 1998 to discuss specific issues around the creation of the Coalition (Coalition Report, 2002). However, in 1999 Mayor's Forums were used to discuss drug policy issues and to facilitate face to face discussions between disparate groups (Planner 2).

Mayor's Forums were held in Mayor Owen's office and were intended to be intimate gatherings. The forums typically involved ten to twenty people representing Coalition Partner organizations. The Mayor and the Coalition Office tried to ensure wide representation of Coalition Partners, including drug users, service providers, the education sector and the business community:

> **Planner 2:** We always tried to ensure that the spectrum was there because it was about hearing all of those issues, and about them hearing one another. It was a very important process that needed to occur to inform decision-makers, and to inform one another as we moved into drafting this policy.

The next Coalition Partner Forum was the Community Crime Prevention Forum in October 1999. The forum was again held at Simon Fraser University and emphasized small group discussions. In this case, small group workshops were set up to build skills in community crime prevention techniques. Participants described the forum as a watershed. Groups with vastly different perspectives on the issue finally came together to discuss the issues. A planner who acted as a facilitator at the forum described interaction in the workshops:

> **Planner 2:** There was a group of drug users and the business community in the room and for the first time, they told us, that in years and years of having different views on the issue that they were in the room talking together, face to face, about the issues. They had never met each other before and talked about those issues. Never had they actually sat down for two days together, met one another, understood one another, and actually started to have a meaningful dialogue.

By the end of 1999, the City of Vancouver and the Coalition for Crime Prevention and Drug Treatment had built a network of organizations around drug misuse issues in the City of Vancouver. Through large forums, smaller group settings and the International Symposium, the tension that existed between groups had eased somewhat.

Clearly, conflict still existed and the situation was far from one of consensus on how to move forward. But the City and the Coalition had succeeded in providing enough venues for discourse that most of the stakeholders became involved in that discourse together. The City and the Coalition had also facilitated a broader public debate so that new possibilities for action on the drug crisis entered the public consciousness. At that point, the Mayor and his senior officials felt it was time to develop an official drug policy.

3.3.3.2 Forums Sponsored by Community Actors

Non-governmental organizations and community groups also sponsored large-scale forums during this period. The Fraser Institute, a right wing policy think tank, organized the first of these forums in April 1998 prior to any Coalition organized events. The second was the *Out of Harms Way Conference* held in November 1998. The Carnegie Community Action Project and the Portland Hotel Society sponsored the conference. These forums will be addressed briefly in this section.

The Fraser Institute Forum, titled *Sensible Solutions to the Urban Drug Problem,* was the first gathering of a broad spectrum of stakeholders in the drug policy field. The forum involved policy makers, law enforcement representatives and advocates for street workers and drug users. The discussion focused on the failure of the enforcement approach to drug problems in Vancouver and the potential effectiveness of a harm reduction. European harm reduction measures were profiled, particularly those used in Switzerland. The importance of bringing together law enforcement representatives, front line workers and drug users was clear. In fact, an important outcome of the forum was recognition by all sides that "in every city where innovations were taking place regarding

substance abuse, most of these initiatives directly involved law enforcement" (Turvey, *Vancouver Sun*, 27 April 1998, A11).

Reaction from the participants from the DTES was surprisingly positive. In a letter to the *Vancouver Sun*, the Director of the DTES Youth Activity Society commented, "I never thought I'd be in a position to congratulate the Fraser Institute, but I was delighted by the scope of their gathering. The community needs this kind of leadership on this issue" (Turvey, *Vancouver Sun*, 27 April 1998, A11). VANDU representatives were also impressed with the conference. One VANDU member felt that "the Fraser Institute put on the best conference on harm reduction in this city" (VANDU 1). Policy makers, including Mayor Owen, were less impressed. Owen took immediate steps to distance himself from what he called, "just a big love in. Let's get rid of the problem and make it all legal" (Bula, *Vancouver Sun*, 30 May 1998, B3). The Mayor promised that the upcoming Coalition sponsored forum would bare no resemblance to the harm reduction focused Fraser Institute conference.

The second large-scale community based forum was organized by the Carnegie Community Action Project (CCAP) and the Portland Hotel Society (PHS). The CCAP is a non-profit program of the Carnegie Community Centre Association, located at the corner of Main and Hastings Streets. The Carnegie Centre itself is an active community centre, providing social and cultural programming for DTES residents. The CCAP more specifically addresses community development issues, including drug policy and housing (CCAP website, 10 December 2002). The other sponsor organization, the Portland Hotel Society, manages residential hotels for the hard to house. PHS is well known for it's no eviction policy and for a tolerance that has helped change attitudes towards drug users in

the neighbourhood. Liz Evans, founder of the society, summarized this approach to addicted individuals in the *Vancouver Sun*:

> They're not the incomprehensible aliens who are wrecking the community for the "real poor people." They're human beings who are sick, who should get some help with their drug problem if they want it, but if they can't do that, still deserve what everyone else has – a chance to be happy at moments, to have a place to live, and an opportunity to use the talents and skills that each one of them has to give back to the people around them (Bula, *Vancouver Sun*, 3 June 2000, D1).

On November 20 1998, these two groups put together the *Out of Harm's Way Conference*. The gathering was similar to those sponsored by the City and the Coalition Partners, but was much less formal. Rather than being held in a downtown hotel, the conference was held in Oppenheimer Park, a focal point of the open drug scene in the DTES. The conference featured international experts from Europe and the United States that had faced similar problems in their cities. Two key messages emerged from the presentations of the international experts. First, it is crucial to push politics to the sidelines of the debate. As a large body of planning theory tells us, politics is a necessary (or at least unavoidable) part of policy formulation. The point of these speakers was primarily to urge action. The second message to emerge from the conference was that health problems, including addiction, must be removed from the scope of police work (Mulgrew, *Vancouver Sun*, 24 November 1988, B1).

The conference was a valuable contribution to the discourse on drug misuse issues in Vancouver. A broad range of stakeholders attended the gathering. In contrast to the 200 participants in the largest of Coalition sponsored forums, the *Out of Harm's Way Conference* brought together over 700 participants. These participants included politicians and law enforcement officials, but also addicts and other DTES residents. The

participation of this truly diverse group provided a forum for networking, trust building, and mutual learning. An urban columnist for the *Vancouver Sun* noted this aspect of the conference:

> It brought together disparate and often antagonistic groups: residents, business people, city bureaucrats, provincial cabinet ministers, federal health officials. Coroner Larry Campbell and the drug squad sat along one row, a group of junkies and young adults with day-glow hair sat nearby. It was a remarkable scene full of mutual respect – like a family reunion where the weight of shared history tempers relationships…People shared an entire day, ate together and discussed difficult problems with each other. For a day, it was not "us" and "them," it was "we" (Mulgrew, *Vancouver Sun*, 24 November 1998, B1).

Large-scale public forums organized outside of the Coalition-led processes were not common occurrences in Vancouver. They are both expensive and difficult to organize. However, these events contributed significantly to the discourse in the city as a whole. They tended to be less formal and to elicit broader participation than Coalition forums. Face to face contact between groups on various sides of the drug policy debate was facilitated, particularly at the *Out of Harm's Way Conference*. Thus, these forums resulted in the development of respect and trust, as well as mutual learning around drug policy issues.

3.3.3.3 The Vancouver/Richmond Health Board

Following the declaration of a medical emergency in the DTES in 1997, the Vancouver/Richmond Health Board (V/RHB) released a plan to address the crisis. Titled *Vancouver/DTES HIV Action Plan*, it was intended to address the escalating rates of HIV infection. The V/RHB designated $2.7 million to enhance services for addicts and $1 million for community development work (V/RHB, An Integrated Health Approach to the DTES, 1999). The Community Health Innovation Strategy that emerged from the

plan provided the first government funding for VANDU's outreach work with the injection drug user population (Health Canada, 2001).

In June 1998, the V/RHB initiated a community consultation process to consider a proposed resource centre for addicts in the DTES. The federal Minister of Health and the Chair of the V/RHB appointed a steering committee to lead these consultations. Health Canada also committed $1 million toward developing the centre (V/RHB, 1999).

The steering committee contacted 23 community organizations in the DTES, Chinatown, Gastown and Strathcona neighbourhoods. These "key stakeholders" were invited to discuss their perspective on the centre. Throughout August and September, the steering committee met with individual organizations, but did not facilitate discourse between the groups. In October an Information Exhibit was held in the DTES. Over 2000 invitations were sent out and advertisements in the newspapers encouraged the attendance of the public. The purpose of this meeting, as opposed to the earlier meetings with individual stakeholder groups, was "to provide a forum for community input and discussion" (V/RHB, 2001, 2). Several important stakeholders chose not to participate, including the Gastown Homeowner's Association. In addition, VANDU is inexplicably absent from the list of participants (V/RHB, 2001).

The consultation results demonstrated strong support for the concept of a resource centre for drug users. They also ignited significant opposition and conflict in the community. An examination of the key points to emerge from the consultations demonstrates the presence of this conflict. Organizations that strongly support a harm reduction approach showed strong support for the centre. They commented on the need for stable funding and a diversity of support programs for diverse cultural groups

(V/RHB, 2001). Despite that support, many of the points in the V/RHB consultation documents focused on ensuring safety and security surrounding the centre. Several community members also wanted to ensure that no drugs would be consumed on the site, and that abstinence is the immediate goal of any approach to addiction (V/RHB, 2001).

Site selection was also addressed through the consultation process and further revealed the conflict in the DTES. The V/RHB and several key stakeholders identified proximity to drug users as the main consideration for siting the resource centre. Gastown and Chinatown business interests responded immediately and deliberately outside of the V/RHB processes. In a letter to the *Vancouver Sun,* the chair of the Chinatown Merchants Association demanded that any new facilities be located as far from Chinatown as possible. A number of business and property owner organizations also presented an open letter to City Council opposing new services for drug users in the DTES and surrounding neighbourhoods (V/RHB, 2001). Despite this opposition, the V/RHB chose a site for the resource centre on Powell Street, in the heart of the DTES.

The City of Vancouver was also drawn in to the ongoing conflict over services for drug users in the DTES. City staff were already conducting meetings regarding the *Program of Strategic Actions for the DTES* in September 1998. The V/RHB consultations and proposals added fuel to the fire. Once the V/RHB decided on a location for the proposed resource centre, it required development permit approval by the City's Development Permit Board. On September 18 1998, the City held a public meeting in Chinatown to discuss its *Strategic Actions* report. After a brief presentation the room erupted in a shouting match. Chinatown and Gastown residents and business owners demanded increased police presence in the DTES. Advocates for low-income individuals

and drug users demanded new treatment facilities and housing. One point of agreement between the two groups was the situation in the DTES was clearly the fault of the City of Vancouver (Mulgrew, *Vancouver Sun*, 19 September 1998, B1).

The V/RHB itself became a focus of conflict and debate in 1998. Bud Osborne, who had helped form VANDU, was appointed to the Board by the left leaning New Democratic Party (NDP) provincial government. Once on the Board, Osborne established and chaired a committee to examine solutions to the addiction epidemic. In September 1998, while the City and the Health Board were holding separate consultations in the DTES, Osborne's report was leaked to the press. The report proposed four safe drug consumption sites in the DTES. It was the first concrete proposal for publicly sanctioned drug use in Canada (McMartin and Bains, *Vancouver Sun*, 16 September 1998, A1).

The chair of the Health Board quickly downplayed the proposal and stressed that the Board had not yet discussed the proposal. Despite these efforts, the report generated enormous debate. The VPD and Mayor Owen immediately condemned the proposal for safe injection sites (McMartin and Bains, *Vancouver Sun*, 16 September 1998, A1). The public debate was carried out primarily in the pages of the *Vancouver Sun*. On one level, it was a debate about the effectiveness of safe injection sites and the potential impact on the surrounding neighbourhoods. On another level, it was a moral/philosophical debate about harm reduction vs. abstinence-based approaches, and about legalization of illicit drugs. The debate culminated in an independent opinion poll conducted by Viewpoints Research in November 1998. The poll found that 44 per cent of residents favoured safe injection sites while 47 per cent opposed the sites. The split in the results encouraged

advocates of harm reduction measures (Mulgrew, *Vancouver Sun*, 14 November 1998, B5).

The V/RHB provided another node of interaction for stakeholders and the broader publics of Vancouver. Planning and consultations around potential responses to the drug related health crisis in the DTES provided a valuable forum for diverse groups. Specific proposals for facilities for drug users added a spatial component to the conflict. That conflict over how to best address the crisis was intensified as a result of concrete proposals for specific locations. Finally, the presence of Bud Osborne on the Board was a source of conflict and debate. Osborne's proposal for safe injection sites broadened the discussion around harm reduction approaches on a moral level throughout the city.

3.3.3.4 Vancouver Police Department

Many analysts of drug policy agree that a comprehensive approach to drug problems must have the support of law enforcement agencies (Kerr, 2000). Through the mid to late 1990s, the Vancouver Police Department (VPD) changed its approach to drug misuse to be more supportive of a comprehensive approach. First, the department fundamentally changed its approach to enforcement in the DTES in response to the open drug scene. Second, the department became more involved with other actors with a stake in drug policy. In particular, VPD officers worked with VANDU and social planners to search for new ways to address the crisis in the DTES. In doing so, the VPD contributed to broader discussion of drug policy issues in the city.

The Vancouver Police Department (VPD) involvement in drug misuse issues principally occurred through street level enforcement. In the mid-1990s, the VPD changed the way they carried out enforcement in the DTES. These changes were

implemented for two key reasons. First, the department and individual officers realized that traditional enforcement was having little effect on conditions in the DTES. A VPD officer commented that "we did over 1000 arrests down there last year, and it didn't even cause a ripple. These people are addicted" (VPD 1). The media and many of the citizens of Vancouver also recognized the futility of dealing with the problem through traditional enforcement measures. In October 1998, a highly publicized police crackdown resulted in 73 arrests in the DTES. Among the "dealers" arrested in the sweep, only one individual was non-addicted. The editors of the *Vancouver Sun* criticized the crackdown:

> Vancouver's finest have now decided to roust a group of sad sack refugee claimants with barely an address between them. Do you think they were responsible for the 61 kilos of cocaine seized on the waterfront last week? Do you feel safer? (*Vancouver Sun*, 17 October 1998, B5).

The second impetus to change came through the budgetary process and an analysis of departmental expenditures. On an annual basis, the VPD was attending 4000 overdose calls but making only 2000 arrests. Thus, police were unnecessarily attending over 2000 calls per year at a cost of approximately $14.5 million (VPD 1). Most of the calls were from the DTES and involved rice alcohol. In addition, geographical analysis revealed that the vast majority of calls were coming from a few problem SRO hotels. The choice for the VPD was clear:

> **VPD 1:** As a department, if good work is picking bodies up and taking them to the hospital, we might as well keep doing that, but let's recognize the cost. Or, we try to reduce the cost to ourselves and other agencies involved. Rice alcohol alone was killing 80 to 100 people per year. It was also contributing to the perception of disorder in the DTES. So, either we accept the costs and the deaths, or we eliminate the product.

The VPD chose the second option and, over a period of two years, began working on "environmental" approaches to enforcement.

In dealing with problems associated with alcohol and drugs, Vancouver police learned two valuable lessons. First, dealing with addiction problems by attending disturbance calls and making arrests is futile. As one officer said, "it's like shoveling water" (Wild, 2002). Second, enforcement strategies focusing on environmental factors and non-addicted dealers rather than addicts are more effective. Police hoped they could apply these lessons when approaching drug policy (VPD 1).

Members of the Vancouver Police Department were also involved in the broader discussion around drug policy issues. One of the ways they entered that debate was through biweekly meetings at the Carnegie Centre. These meetings involved police officers, members of VANDU and City of Vancouver social planning staff. The meetings typically dealt with the relationship between police and drug users in the DTES. They evolved to address the broader policy concerns in the neighbourhood. (VPD 1; VANDU 1).

VANDU members clearly recognized the value of these meetings despite the conflict they generated. A VANDU member that participated in the meetings commented:

> **VANDU 1:** Well, when we meet with the police every second Tuesday, that's changed things probably more dramatically than anything. I would say, "have you ever heard of prescription heroin or safe injection sites? You guys want to put drug dealers out of business? Well so do we, and there's nothing like prescribing a drug to get it off the streets." Then some of them would click over because, well, they're not stupid. I think the drug users' relationship with the police has changed.

The VPD members involved in the Tuesday meetings were also convinced of their value:

> **VPD 1:** They are very contentious issues, but shit, we're living in the same place, and no one said it had to be pretty or easy. The Health Contact Centre, for example, came out of a collaborative discussion with a whole bunch of people that would normally be choking each other. People on

> very different sides of the agenda. We ended up together saying, well, what about this or that.

Vancouver Police Department representatives also participated in the City and Coalition led processes at every opportunity.

Instigating changes in enforcement practices and participating in the community discussions led to significant changes in the attitudes of many VPD officers. A key example of this change was the Odd Squad's production of the film *Through a Blue Lens.* The Odd Squad was a group of officers that worked the odd (as opposed to even) shift. *Through a Blue Lens* chronicled both the lives of addicts on the streets of Vancouver, and police efforts to deal with the problems created by the open drug scene. Odd Squad officers' interaction with drug users in the DTES, and their changing personal attitudes towards those addicts, led them to produce the film:

> **VPD 1:** Because they were so concerned with what they were seeing, how drugs were killing people, eating them up, they wanted to tell the story of addiction down here. They were the ones that initiated the project. They were absolutely agents of change.

The Odd Squad also influenced other officers on the force:

> **VPD 1:** I think our attitudes around drugs as a health issue are changing dramatically. The film that the Odd Squad did was a fundamental focal point for changing our opinion. It's different when it's your own people that work on something like that.

The VPD is a large organization that deals primarily in law enforcement. Not all VPD officers share these changing attitudes. However, by 1999 the VPD as an organization was ready to support a continuum of care approach that included harm reduction. In a *Vancouver Sun* article in October 1999, the new Chief Constable stated that the VPD "is focusing its efforts on community policing and supports a continuum of

care approach that includes enforcement, prevention, treatment and harm reduction" (*Vancouver Sun*, 20 October 1999, A15).

3.3.3.5 The Vancouver Agreement

Drug misuse issues cross many jurisdictional boundaries and can therefore confound the silos of vertically integrated governance systems. In Canada, responsibility for different components of a comprehensive drug strategy is divided among the three levels of government. Even within the separate levels of government, jurisdictional divisions present barriers to coordination. In addressing drug misuse issues in Vancouver, a framework was needed to break down the barriers that separated these jurisdictional silos. The Vancouver Agreement (VA) was created to provide that framework.

The governments of Canada, British Columbia and the City of Vancouver signed the draft Vancouver Agreement in July 1999. The draft VA contained the principles and organizational structure for cooperation on community development initiatives in Vancouver. It also stipulated that the first five-year focus of the VA would be the DTES (Vancouver Agreement, 2000).

The Vancouver Agreement also defined the administrative structure for intergovernmental coordination. First, a Policy Committee was established consisting of the federal Minister, the provincial Minister and the Mayor of Vancouver. The Policy Committee was responsible for the policy directions of the VA and for all decisions carried out under the Agreement. The day to day administration of the VA was delegated to the Management Committee. The Management Committee was made up of 3 senior officials from each level of government. The core task of the Management Committee was to develop and recommend detailed proposals for the approval of the Policy

Committee. The Management Committee was also empowered to establish Sub-committees as required. The working structure of the VA includes the following:

- Coordination Unit, including the Executive Coordinator;
- Technical Committee, including the Executive Coordinator, one liaison from each level of government and the Chair of each Sub-committee;
- Health and Safety Sub-committee
- Social and Economic Development Sub-committee;
- Housing Sub-committee; and,
- Project-based working teams (Vancouver Agreement, 2001).

The structure of the VA is extremely complex and is made even more so by the involvement of many agencies within each level of government. For example, eight provincial Ministries and one Crown Corporation (BC Housing) are involved in the Agreement. A comprehensive analysis of the structures and functions of the VA is beyond the scope of this study. However, VA activities are addressed insofar as they contribute to the drug policy discourse in the City of Vancouver.

Following the announcement of the draft Vancouver Agreement in July 1999, reaction from the DTES was extremely negative. Low-income residents felt that the VA, without a commitment of dollars, had no legs. They urged action over more research and discussion. On the other hand, Chinatown and Gastown business and property owners came out against any new resources for addicts in the DTES.

Following the negative reception, the three levels of government conducted a public consultation process in the DTES. Eleven community meetings were held, six open to the public and five by invitation with key stakeholder groups. The private stakeholder meetings were conducted with the following groups:

- Community Directions Committee (representatives of the low-income community);
- Gastown community (Business Improvement Society, Homeowners Association);

- Chinatown community (Chinatown Merchants Association and cultural organizations);
- Vancouver Aboriginal Council; and,
- Women's community (service providers in the DTES).

In addition to these efforts at inclusiveness, VA staff conducted four of the public meetings in languages other than English (Chinese, Vietnamese, French and Spanish). In total, over 200 people participated in the process. Senior officials of the three levels of government attended all meetings (Vancouver Agreement, 1999).

Participants in the review process were, for the most part, supportive of the principles of the VA. All participants recognized the need for action and hoped the VA could be a catalyst. Concerns about drug misuse permeated the discussions, particularly around themes of community health and safety and housing. The discussions also revealed familiar disagreements and conflict over the appropriate response to drug problems in the DTES. Some groups advocated a health-based approach and focused on maintaining and enhancing services for addicts. Others argued that government policies had contained the problems in the DTES. The discussions were laden with conflicting discourses on addiction, roughly equating to the public health vs. public order stances on the issue. Despite this conflict, most participants agreed that a comprehensive substance misuse strategy was needed. Many emphasized the importance of community involvement and of capacity building to allow marginalized residents to fully participate in the process (Vancouver Agreement, 1999).

On March 9 2000, the finalized Vancouver Agreement was signed. Staff began planning the first phase projects for the DTES and the *First Focus* was announced in September 2000. A comprehensive approach to health, safety and community development was outlined in the announcement. It included increased police

enforcement, health care initiatives and housing. The *First Focus* also promoted the use of a *Four-Pillar Approach* to drug misuse issues in Vancouver. Concrete proposals for the DTES included a new "health contact centre" for addicts and expanded health services provided through the V/RHB. In addition, a physical redesign of the corner of Main and Hastings was proposed in an effort to separate non-addicted dealers from addicted users (Vancouver Agreement, 2000).

Criticisms again came from all sides of the debate in the DTES. Low-income residents and advocates for drug users were disappointed with the lack of a proposal for safe injection sites. Without these sites, they argued, the situation on the streets was unlikely to improve. The *First Focus* actions also led to the formation of a powerful coalition of business and property owners in the DTES. The Gastown, Chinatown, Strathcona Victory Square Community Alliance (Community Alliance) came together to oppose any new services for drug users in the community. The Community Alliance demanded an immediate moratorium on the development of facilities in the DTES (Morton, *Vancouver Sun*, 29 September 2000, B1).

The Vancouver Agreement impacted the discourse on drug policy in Vancouver in several ways. First, community consultations on the draft VA provided yet another forum for discussion on drug policy issues. These discussions included a broad range of stakeholders in the DTES, notably including several non-English speaking groups in the dialogue. Second, concrete proposals under the VA sparked debate in a very focused way. The proposals also provided the impetus for a new opposition coalition in the Community Alliance. Finally, the VA provided a vehicle through which local drug policies could be implemented. This point was important from an implementation

standpoint, but it also provided a degree of legitimacy for the City of Vancouver's innovative drug policy work.

3.3.3.6 Direct Action and the Community Alliance

Significant opposition in the communities of Vancouver emerged when it became clear that the City and the V/RHB were considering developing harm reduction facilities in the DTES. Opposition to the formal planning processes and proposals developed on two fronts. First, business and resident groups in the DTES, Gastown, Chinatown and Strathcona opposed new facilities in their neighbourhoods. Second, the Chinese community generally opposed dealing with drug addiction through any means other than enforcement and abstinence-based treatment. There was significant overlap between the two groups in their membership, their views on drug misuse and their roles as actors in drug policy processes in Vancouver. Both groups, for the most part, refused to engage in collaborative planning processes. Instead, they followed a strategy of direct action as political lobbying. They entered the planning process only at the legislatively prescribed points such as Development Permit Board hearings. This section addresses the emergence of political opposition to the City's efforts to address drug misuse problems in Vancouver.

A formal opposition to new drug treatment and harm reduction facilities came together in May 1998. A coalition of five groups, including the Strathcona Residents Association, the Gastown Homeowners Association, the Gastown Business Improvement Association, the Gastown Community Safety Society and the Chinatown Merchants Association held a press conference at the Chinese Cultural Centre. At the press conference, they voiced their demands of the City and provincial governments:

- No new resources to assist or facilitate the use of illicit drugs;
- Reject the draft housing plan for the DTES, including the anti-conversion by-law meant to protect low income rental housing; and,
- Take immediate steps to ensure the safety of people in the DTES, particularly tourists (Bula, *Vancouver Sun*, 28 May 1998, B1).

The VPD were called to prevent violence from breaking out when a group of activists and low-income residents arrived to interrupt the meeting. This first public clash between DTES business and property owners and low-income residents and activists revealed the rift in the neighbourhood. It would become a recurrent theme and a significant challenge to those trying to build consensus around a new drug policy in Vancouver.

Throughout 1999, the coalition of DTES property owners and businesses continued to oppose City strategies to address addiction problems, particularly in the DTES. In January 1999, another source of opposition emerged. The Canadian Alliance for Social Justice and Family Values formed to represent the Chinese community and traditional Chinese values. The founders recognized that the Chinese community tends to remain silent on political issues. However, they also felt that the community needed to be heard before tradition values were totally lost. They spoke out within the Chinese community through a monthly newsletter and through the Chinese language print and broadcast media. They addressed many issues of concern, but took particular offense to the direction city drug policy appeared to be heading. City Councilor Don Lee is an important voice in the Chinese community in Vancouver. He explained that the view of drug misuse in the Chinese community is strongly linked to Chinese history:

> Historically we got the biggest lesson from the Opium Wars. If we allow people to continue to be addicted to opium, in less than a few decades there will be no one strong enough to serve in the army and there will be

not enough people to earn money and pay taxes. It's not right (Wild, 2002).

Planners working in the DTES and on drug policy issues also recognized the fundamentally different views on drug use held by the Chinese population of Vancouver:

> **Planner 1:** We realized that quite early on because of the reaction from Chinatown when we started talking about drug treatment. We realized there is a whole cultural issue that was really connected to China and Chinese history, the Opium Wars in the early part of this century. We have to account for that. We may just think they don't have rational views on addiction, but you have to realize that culturally, where they grew up, they have a visceral reaction to opium being forced on them by the British. So, that's part of their response.

On January 22, 1999 the weight of that history was brought to bear on the debate around drug misuse issues in Vancouver. The Alliance held an anti-drug forum to demonstrate community opposition to safe injection sites, not just in the DTES, but on moral grounds. The conference included an address by provincial Attorney General Ujjal Dosanjh who strongly supported the Alliance's stance against harm reduction. Another speaker suggested the most significant weakness of those opposed to a harm reduction approach was their lack of coordination. The speaker argued that "addicts and those who support reduced harm programs are well organized while we, as a community, hold these little meetings and think politicians will help us" (Steffenhagen, *Vancouver Sun*, 23 January 1999, B5).

By the summer of 2000, these two opposition groups had coalesced into the Gastown-Chinatown-Strathcona-Victory Square Community Alliance (Community Alliance). The Community Alliance held a press conference in August 2000 and announced their two new requirements of the three levels of government:

- That the three levels of government not open any new facilities that would assist, facilitate, or encourage drug use; and,

- That the Vancouver Police Department enforces the Criminal Code of Canada equally across all jurisdictions within the City of Vancouver.

The Community Alliance then employed two strategies to achieve these goals. First, they dealt only with decision-makers, primarily on City Council and the V/RHB. Second, they publicized their efforts as widely as possible to impress the severity of the situation on policy makers and the broader public (Community Alliance 1).

The Community Alliance members refused to participate in the public discourse through the Coalition for Crime Prevention and Drug Treatment. They also refused to talk to city planners who they saw as too closely tied to the low-income community in the DTES. Moreover, many Community Alliance members had strong ties to the Non-Partisan Association, the ruling political party on Council to which Mayor Owen belonged. These ties certainly increased the success of the strategy of direct action. Planners were well aware of the influence the Community Alliance had on City Council:

> **Planner 1:** They did exert a fair bit of pressure on City Council, and Council is certainly not united on this issue. There are a variety of opinions on City Council. So, they exerted their pressure on Councillors and on the Mayor and let them know they didn't like this idea. They don't like harm reduction. They want more cops, more enforcement. They didn't come out to the public meetings. They operated behind the scenes, using their political connections to try to steer the boat. It was definitely my experience that they didn't communicate. Very little communication with City staff. It all went to the politicians. That's not just on this issue, but on a lot of issues in the DTES, like housing. It's hard to get everyone in the room in that community. So, we couldn't hold a traditional planning process because you had groups that just would not meet with each other.

These political tactics were effective almost immediately. In August 2000, Mayor Owen called a 90-day moratorium on permits for facilities of any kind in the DTES. The moratorium was imposed over the cries of VANDU members who stormed the Council

Chambers in protest. For at least 90 drug users in the DTES, where an addict was dying almost every day, the moratorium was a death sentence (Wild, 2002).

The Vancouver Agreement sparked another wave of direct action from the Community Alliance in September 2000. The release of the draft paper on VA actions proposed several health initiatives for drug users in the DTES. A spokesperson for the Community Alliance, summarized their opposition to the plan:

> Nothing is offered to the residents of Strathcona who are afraid to let their children out on the street and who are too intimidated to speak out. Nothing substantive is offered to the senior in Chinatown who feels like she is living in a war zone, or a person operating a business in Gastown who finds the rest of Vancouver is fearful of coming down here (Morton, *Vancouver Sun*, 29 September 2000, B4).

The Community Alliance responded by gathering a petition with 32,000 signatures opposing new facilities for drug users. Approximately 1,500 Community Alliance members marched from Strathcona Elementary School to Canada Place in the central business district to deliver the petition to government officials. Along the way, the march met a group of 40 advocates for drug services in the DTES. Only the large police presence kept the situation under control. The split between the disparate groups in the DTES was again laid bare (Howell, *Vancouver Sun*, 2 October 2000, B4; Wild, 2002).

By 2000, a vocal and organized opposition to a continuum of care approach that includes harm reduction measures had coalesced in the Community Alliance. This opposition was based in a NIMBY-like rejection of any new services for drug users in the DTES and a fundamentally different way of viewing drug use and drug treatment. These deep value differences were particularly acute in the Chinese community. In contrast to other actors involved in drug policy issues in Vancouver, the Community Alliance did not participate in the formal community dialogue. Instead, they used direct action and

political lobbying to impact political and planning processes. Direct action and the refusal to engage in planning processes posed a serious barrier to efforts to forge some level of consensus on drug policy.

3.3.3.7 Summary

In the period from 1998 to early 2000 an enormous number of planning activities took place around drug misuse issues. The City of Vancouver and Vancouver's Coalition for Crime Prevention and Drug Treatment worked to provide the forums for networking and planning. The Coalition and its partner organizations sponsored large-scale forums for interaction and learning on drug policy issues. Smaller forums were held in Mayor Owen's office to facilitate face to face interaction between stakeholders.

Planning activities were also facilitated outside the more formal City led processes. Community groups organized important forums that were broadly accessible and well covered in the media. The Vancouver/Richmond Health Board held consultations respecting their plans to address the HIV and overdose epidemic in the DTES. The Health Board also became a focus of the debate on drug misuse issues following a proposal for safe injection sites. The announcement of the Vancouver Agreement by the three levels of government and the subsequent consultations on that initiative also contributed to the discourse on drug policy issues. Finally, the Vancouver Police Department affected the debate in the city. The struggles to find a more effective way to maintain order in the DTES led to a realization that addressing drug related problems through enforcement alone is impossible. In addition, interaction with VANDU and social planners facilitated mutual learning and respect between the "public order" and the "social service" camps.

During this phase, a powerful coalition of groups in opposition to harm reduction approaches formed. The formation of Community Alliance revealed the rift between groups in the DTES neighbourhoods and between those with fundamentally different ways of framing drug problems. The Community Alliance refused to participate in the community discussions, working instead through political connections and the media in an effort to derail community planning processes. This direct action posed a significant challenge to planners and community leaders attempting to facilitate discussions on drug policy issues.

This phase of the case study is characterized by a heightened level of public debate around drug misuse issues in Vancouver. That debate was well facilitated by the City of Vancouver, the Coalition for Crime Prevention and Drug Treatment and many other actors. Taken together, these actors provided a wealth of forums for discussion and built a critical mass of interaction in the network that was forming around drug policy. The leaning curve for all actors was steep as a result of international symposia and research, interaction in forums and extensive media coverage of the drug policy debate. The issue of time is obvious. The City of Vancouver allowed relatively unfocused public discussion to continue for over two years before moving into policy formulation. By early 2000, despite a growing opposition movement, the City was ready to begin formulating a policy framework for drug misuse issues in Vancouver.

3.3.4 Phase IV: A Framework for Action

The City of Vancouver began formulating an official drug policy in 1999. Donald MacPherson, a social planner with extensive experience at the Carnegie Centre, was asked to research drug policy approaches in other jurisdictions. As a result of the

International Symposium and the *Out of Harm's Way* forums, that research focused on harm reduction approaches in Switzerland and Germany. In March 1999, MacPherson attended the 10th International Conference on the Reduction of Drug Related Harm in Geneva. He also conducted research in several Swiss cities including Zurich, Bern and Basel. He then visited Frankfurt, Germany to learn about the successes they had achieved in addresses drug problems very similar to those of Vancouver (MacPherson, 1999).

In June 1999, MacPherson presented a report to Council titled *Comprehensive Systems of Care for Drug Users in Switzerland and Frankfurt Germany*. He found that both jurisdictions grounded their drug strategies in a *four-pillar approach* that included prevention, treatment, enforcement and harm reduction. Harm reduction measures included low threshold methadone programs, safe injection sites, heroin maintenance and extensive outreach programs. In addition, traditional abstinence-based treatment facilities were expanded for those addicts who were ready to quit using drugs. Police, rather than arresting addicts, became the initial point of contact in a comprehensive system of care. As a result of these efforts, Swiss officials estimate that by 1998, 65% of addicts were in some form of treatment, 50% in low threshold programs and 15% in abstinence-based treatment. The remaining 35% of addicts were found to be in regular contact with harm reduction services. In Frankfurt, overdose deaths dropped from a total of 147 in 1991 to 22 in 1997 (MacPherson, 1999).

MacPherson's report contained three key implications for Vancouver. First, a significant increase in resources directed and/or redirected to developing a comprehensive system of care was needed. The current system of directing resources solely towards law enforcement and ambulatory care has inadequate long-term results.

Options were needed for addicts ready to quit and for those who were not ready to quit. Second, coordination was required between law enforcement efforts and new harm reduction and treatment approaches. To accomplish this goal, interaction between agencies involved and between government jurisdictions was critical. Finally, public education was needed to ensure that citizens understand the complexity of issues and the need for comprehensive approaches:

> The public discussion regarding drug use must move beyond the currently polarized debate on harm reduction approaches vs. abstinence-based approaches. It is clear from the European context that it is necessary to move forward on all fronts in order to have a significant impact on the number of individuals using drugs and on our inner city neighbourhoods. Efforts must be made to mediate this debate and move towards an acceptance of a broad range of services for drug users who wish to exit the drug scene and for those who are not yet ready to do so. The true objective of our strategies must be to reduce the harm to our children, families and communities caused by the use of drugs (MacPherson, 1999).

This international research had a significant impact on the debate around drug policy in Vancouver. The report influenced key actors involved in the debate, particularly as a result of the remarkable success of German and Swiss drug policy programs. Mayor Owen was clearly moved by Frankfurt's success in reducing overdose deaths so dramatically in such a short time frame (Wild, 2002). The international research also introduced new language to the drug policy debate in Vancouver. The research refocused the debate from a health vs. enforcement dichotomy to the need for a comprehensive "continuum of care" based on a system of abstinence and harm reduction measures. From the European cases, a powerful new metaphor also entered the pubic discourse in Vancouver. The *four pillars* of prevention, treatment, enforcement and harm reduction reframed the drug misuse issues and strategies in a dramatic way.

Following the release of MacPherson's report, the Coalition Office released a discussion paper focusing on *The Continuum of Care: A four-pillar approach*. The brief paper also compiled the findings of the key drug policy and crime prevention reports from throughout the 1990s. The discussion paper opened the debate to the citizens of Vancouver.

In early December, those citizens returned to the polls and re-elected Philip Owen as Mayor. In his inaugural address, Mayor Owen announced that the drug problems in the DTES would be the focus of City Council for the next three years. In laying the groundwork for action around the policy, he stated:

> All research has led me to conclude that we cannot arrest or incarcerate our way out of the illegal drug problems. We all recognize that the United States war on drugs has failed…I believe Vancouver's future is in people and partnerships. The old style politics of conflict and confrontation has not worked in the past, and will not work in the future, for the benefit of the citizens of Vancouver (Owen, Inaugural Address, 6 December 1999).

The Coalition partners were again brought together to discuss large-scale public forums around the continuum of care concept. Several partners stepped forward to sponsor forums and engage citizens in discussion on drug policy issues. Five forums were scheduled from March to May 2000 and sponsors included:

- Carnegie Community Action Project and the Portland Hotel Society;
- Vancouver Park Board and Dunbar Community Centre;
- Collingwood Neighbourhood House and Kaiser Foundation;
- Vancouver Board of Trade;
- Vancouver School Board (Coalition Newsletter, 2000).

Over 350 people attended the five forums. Each forum began with a presentation and panel discussion by four local experts in the areas of prevention, treatment, enforcement and harm reduction. The panel then took questions and comments from participants. The forum notes suggest that participants supported all four pillars and

strongly urged government action (Coalition Documents, 2001). Given the level of disagreement in the city around drug policy issues, these outcomes are somewhat suspect. However, a likely explanation for the lack of divergent opinions is the non-participation strategy of the Gastown and Chinatown groups. It is clear from the minutes that these groups were either not involved, or were uncharacteristically silent.

Despite the absence of the opposition groups, the forums provided for useful discussion on the continuum of care concept. While all participants seemed to agree with the direction of the *four-pillar approach*, there were marked differences in the specific recommendations for implementing each pillar. The forum also allowed for a fuller fleshing out of the concept of pillars. In the process, the metaphor and the language surrounding that concept was reinforced among Coalition partners. With increased use and notoriety, that language also reached the broader public.

While the *Continuum of Care* forums were taking place, the City of Vancouver moved ahead with another important step in facilitating the public discussion on drug misuse issues. Mayor Owen asked City Council to approve $75,000 per year to appoint a Drug Policy Coordinator. The pivotal role of this position in European jurisdictions was a key finding of the international research (MacPherson, 1999). In Vancouver, the purpose of the new position would be "to support the development and implementation of a comprehensive substance misuse strategy" (MacPherson, Administrative Report, 2000). The City of Vancouver was clearly ready to start focusing the public discussion towards developing an official drug policy.

The Drug Policy Coordinator (DPC) was given several key responsibilities. First, the DPC would coordinate the efforts of the many agencies involved in drug misuse

issues. This work would entail coordinating the many agencies at work in the DTES, developing a working relationship between the three levels of government and establishing a coordinated approach between V/RHB and the VPD. It also included working with other municipalities in the Greater Vancouver Regional District to develop a regional approach to drug misuse. Second, the DPC would research developments in drug policy at the regional, national and international levels. The creation of an information database was a key outcome of this work. Finally, the DPC would facilitate public consultation processes for drug policy development and development approval processes for new facilities (MacPherson, Administrative Report, 2000).

During the Spring and Summer of 2000, the public discussion on drug misuse issues intensified, particularly in the DTES. As Phase III of this case study addressed, conflict was generated as the Vancouver Agreement partners began discussions on their *First Focus* initiatives. While these events were taking place in the DTES, the City of Vancouver, through the office of the DPC, was developing its official drug policy. On November 21 2000, the City of Vancouver released the draft version of *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver. A Framework* was presented as:

> ...an urgent appeal to all levels of government, the many committed non-governmental agencies, our law enforcement agencies, our criminal justice system, and health care professionals to rally together to develop and implement a coordinated, comprehensive framework for action that will address the problem of substance misuse in the City of Vancouver – one that balances public order and public health, and is based on four pillars; prevention, treatment, enforcement and harm reduction. To do this we must secure commitment to action and financial support from all levels of government, we must secure the support of stakeholders, and we must foster widespread support from within the community (MacPherson, 2000, 2).

The draft document specified four goals for the City of Vancouver. The first and overarching goal was to persuade the other levels of government to take action and responsibility for elements of the framework within their jurisdiction. This first goal was the key to achieving the other three goals. These goals included restoring public order across the city, restoring public health for citizens, and creating a single, accountable agency to coordinate, monitor and evaluate the implementation of the framework. The document then detailed 24 actions under the four pillar headings necessary to achieving those goals. The agencies responsible for each action were identified, ensuring that federal and provincial agencies would be held accountable for the implementation of those actions (MacPherson, 2000).

There were three key inputs in the development of *A Framework for Action*. First, the public discussion that had been facilitated over the previous few years informed the policy. The DPC drew on the public dialogue that came out of the many Coalition forums, V/RHB consultations and the consultations around the formation of the Vancouver Agreement. Second, the DPC pulled together the range of studies that had been written during the 1990s. These included the Cain Report, V/RHB plans and Vancouver Agreement documents. Finally, the European policy research strongly influenced *A Framework for Action* (MacPherson, 1999; Planner 1; Planner 2).

The document was heavily scrutinized by City Council prior to its release. In fact, it was held up for a month while Council members recommended revisions on various points. Upon its release, *A Framework for Action* was "the most nuanced, scrutinized and high-stakes document to flow through City Hall in recent memory" (Beers, *Vancouver Sun*, 18 November 2000, E1) The City did not conduct a consultation process prior to the

release of the document. The planners and politicians involved heard the voices of many stakeholders saying they wanted action, not more discussion. As a result of years of public debate planners were confident that they could reflect the nature of that debate in the policy:

> **Planner 1:** I mean, don't forget we weren't operating in a vacuum. We'd spent ten years in this community, watching this community advocate for drug and alcohol services. So, we had a pretty good sense of what the issues were.

The lack of consultation prior to the release of the document also resulted from political motivations. There were elections on the horizon at the federal and provincial levels and Mayor Owen saw a political moment to push drug misuse issues onto the provincial and national stages. While the planners involved urged the Mayor to work more collaboratively, they also recognized the value of political leadership:

> **Planner 1:** Some community groups wrote us very early on and said "we don't want you to write a paper. We want the City to run a process and we can help you write the paper, or we can write the paper and you facilitate it." That was a community-based model of developing policy, and we didn't do that. We didn't do that because, basically, the Mayor felt that there was a political moment here. There was a provincial election and a federal election coming up, so he wanted to move, like boom! So he said with your expertise and with what you know of the community, let's put something together and we'll launch it, boom! It'll be a different kind of process. I said, well, we need to be working more collaboratively, and he said, yeah, well, they'll get over it. And most people have. So, there's definitely a political element to this.

Despite the lack of consultation prior to its release, *A Framework for Action* elicited positive reactions from most stakeholders. Front line workers argued that they needed immediate action not further discussion, but they still praised the plan and Mayor Owen for following through with a comprehensive strategy. Even the Community Alliance was not immediate critical of the document:

> Most people feel the time has come to do things another way. It has some good points. It's the first recognition I've seen of the impact this problem is having on the neighbourhood (Bula, *Vancouver Sun*, 22 November 2000, A1).

Some groups were more critical of the lack of formal stakeholder involvement in developing the document. The Vancouver Agreement partners openly supported the framework document, but were unhappy at not being involved in its development:

> **Planner 1:** Interaction with the Vancouver Agreement partners was awful. Yeah, they were really pissed off at us. Because, and this is the political element, here we are in the Vancouver Agreement, and we're supposed to be working together. I think the Agreement was signed in March 2000, so we'd been working closely together for six months, close to a year, collaboratively planning for this and that in the DTES. Then boom, right out of nowhere the City releases this document, the Mayor holds a big press conference, the Coalition supports it. But the Vancouver Agreement partners were saying, "Where the hell did this come from? What are you guys doing?" So initially it was very hostile. We still met and talked, but they were really pissed.

The editors of the *Vancouver Sun* perhaps best summarized the cautiously optimistic reaction to the document:

> *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver* is imperfect, perhaps unavoidably so. But in the world of *realpolitik*, it's a remarkable achievement for the degree to which it is innovative and because of the long list of stakeholders that helped shape it. *Framework* is a complex, well researched, and in many ways innovative call to arms (*Vancouver Sun*, 21 November 2000, A18).

Following the release of the draft discussion paper, the City led a six-month consultation process on the *four-pillar approach*. Planners approached this consultation from a perspective that people like to participate in a variety of ways. With this approach in mind, planners and the Coalition Liaison Office implemented an extensive consultation process on the proposed drug policy. From November 2000 to March 2001 the citizens of Vancouver were engaged through:

- Six Mayor's Forums with Coalition partners;
- Twenty-five small group meetings;
- Six large public forums;
- "Short" and "long" feedback forms distributed to participants at meetings and forums;
- An insert in the *Vancouver Sun* with a summary of the *four-pillar approach* and a short feedback form;
- Thirty-one letters, emails, and faxes sent directly to the Mayor or the Drug Policy Coordinator;
- A public opinion survey; and,
- A separate multicultural consultation process held with members of the Chinese, Vietnamese, Indo-Canadian and Hispanic communities.

Meetings and forums with Coalition partners and other community organizations were the core of the consultation processes. The Mayor's Forums with Coalition partners were held in November and December 2000, immediately following the release of the draft document. These forums were similar to those held in the past where a range of partner organizations were invited to the Mayor's office. They were held prior to any other component of the consultation strategy to ensure that Coalition partners were informed of the content and rationale for *A Framework for Action*. The forums also gave the City the opportunity to consult the 63 Coalition partners on the draft discussion paper. It is important to note here that not all partner organizations supported each action in the proposed policy. A representative of the business community stressed this point:

> **Business 1:** I hope no one has said the Coalition supports the *four-pillar approach*. If they did I'd probably be the first to leave...I think everyone can agree on the global objectives, but I think if we got into details, I don't think every Coalition partner supports safe injection sites, as an example.

The Mayor's Forums were important nodes of two-way communication between important stakeholders on drug policy issues in Vancouver.

Twenty-five small-scale meetings with community groups followed the forums. These groups represented many sectors of the community including the Downtown

Vancouver Business Improvement Association (DVBIA), the Vancouver Agreement Partners, the Midtown Service Providers, the YWCA and the Vancouver Aboriginal Council. The nature of the discussions at these meetings varied depending on the participating organization. Health care providers focused on resources for treatment centres and the City's relationship with the V/RHB. Business representatives stressed the importance of prevention in terms of education programs and affordable housing provision. Despite criticisms on various topics, virtually all groups were glad to see the action on drug misuse issues (McIntyre, 2001).

In January and February 2001 the format of meetings shifted to large public forums. Six forums were held at venues throughout the city with participation ranging from 100 to 200 people. The forums began with the DPC introducing the *four-pillar approach*. The introduction was followed by a panel discussion with experts on each of the pillars. Citizens were then given the opportunity to speak, either directly on *A Framework for Action*, or more broadly about their experiences with addiction issues. They often did so in a meaningful and moving way:

> **Planner 1:** The people really came out. The public meetings we had were very cathartic. You know, people came out and told their stories about their own addiction, their husband's addiction or their kid's addiction. There was something going on in Vancouver that people could talk about this issue and it wasn't just in the DTES.

Informal meetings were also facilitated directly through the office of DPC. At least 50 organizations informally met with the DPC over the six-month period of the consultation process. An independent compilation of the outcomes of the consultation estimates that 1,800 citizens were directly consulted through these processes (McIntyre, 2001).

Citizens were also encouraged to participate through written submissions. Two feedback forms, a long form and a short form, were distributed at each of the public forums. Short feedback forms were also included as an insert in the *Vancouver Sun* in January 2001. The short forms were meant to gauge public opinion on the four goals in the draft discussion paper and on each of the four pillars. The long forms also for further input on specific actions recommended under each pillar.

One hundred and eighty-seven short forms and 27 long forms were returned (McIntyre, 2001, 4). The resulted indicated strong support for all goals and pillars in *A Framework for Action*. In fact, only the goal of *Restore Public Order* elicited an opposition of over 10%. Overall support for the *four-pillar approach* was 87% with 77% of respondents indicating strong support. Support for specific actions under the four-pillar framework was also strong as indicated by the 27 long feedback forms returned. Even the most controversial proposal in the document, to strike a task force to examine developing safe injection sites, received 75% approval (McIntyre, 2001, 18).

These methods of public input provided useful feedback on the draft discussion paper, but did not provide a rigorous method of measuring public opinion on the *four-pillar approach*. In December 2000 the City of Vancouver commission Joan McIntyre Market and Opinion Research to conduct an opinion survey of Vancouver residents. The survey polled a random sample of 300 who were asked for their opinions in five topic areas:

- Awareness of drug-related issues and City efforts to address them;
- The level of support for the goals of the draft discussion paper;
- The level of support for selected action from the draft discussion paper;
- Public reaction to the *four-pillar approach* to drug misuse issues; and,
- The level of public support for proceeding with the DTES Health and Safety Initiative through the Vancouver Agreement (McIntyre, 2000, 4).

The results of the survey were overwhelmingly favorable. Over three-quarters of respondents were aware of the City's efforts around drug misuse issues over the past several years. In terms of the draft discussion paper, support for the key goals was strong. Ninety per cent of residents supported the overarching goal of creating a drug strategy and persuading the other levels of government to take action within their jurisdictions. The other three goals also received strong support gaining at least 80% approval. Specific actions within the *four-pillar approach* were supported as well. The proposal to create a task force to examine developing safe injection sites received 71% approval. Only 26% of residents opposed moving towards safe injection sites (McIntyre, 2000). The concept of the *four-pillar approach* was widely accepted by respondents in the survey. Seventy-seven per cent of respondents rated the proposed four-pillar approach as "excellent" or "very good" (McIntyre, 2000, 2).

Opinion polls are not ideal forms of public involvement in policy-making processes. As Bütschi notes:

> Even the most structured sampling techniques cannot be said to generate any real deliberation and in many cases citizens are asked about issues of which they know little and upon which they are given little time to reflect. The result is the generation of non-attitudes, where people do not have any fixed opinions about a majority of political issues, leading them to put forward largely random ideas (Bütschi, 1999, 65).

Despite this weakness, Bütschi argues that opinion polls have a place, particularly as a component of larger consultation strategies (Bütschi, 1999). In Vancouver, Mayor Owen and the Coalition for Crime Prevention and Drug Treatment had spent several years learning about approaches to drug policy in a very public way. While *A Framework for Action* was relatively new to the citizens of Vancouver, the survey itself revealed a high

level of awareness in the City regarding general approaches to drug misuse issues. Bütschi also argues that opinion polls can enhance the legitimacy of policy decisions on issues where political opinion is polarized. In Vancouver, overwhelming support for all four pillars certainly lent legitimacy to the City's approach. It also gave Mayor Owen a powerful tool when it came time for a divided City Council to decide on the policy.

The next component of the consultation strategy was a multicultural outreach process. Several considerations led planning staff to realize the necessity of a specific multicultural consultation. First, planners recognized that the Chinese community had not been directly involved in the social learning process that had taken place in English:

> **Planner 1:** I think one of the realizations was that this whole discussion around drug addiction in the media and the reports has all taken place in English. So, the English speaking community has moved along to a relatively sophisticated understanding of drug issues. But if you're not in the English speaking community, you haven't been part of that discussion. So, one community is moving along, being educated, hearing about the pros and cons of the different sides of the issue, while the non-English speaking community wasn't brought along.

Without access to the broader discussion, the Chinese community relied on the Chinese language media for information. The Chinese language newspapers such as *Ming Pao* and *Sing Tao* received most of their information on this issue from community leaders in Chinatown. Many of these community leaders were also leading the opposition to the *four-pillar approach*. Thus, while "English language journalists lauded the Vancouver Agreement as the first step towards ending the city's addiction epidemic, the Chinese language press was heralding the beginning of Chinatown's nightmare" (Montgomery, 2001, 22).

Other ethnic communities in Vancouver were also perceived as being more involved in drug misuse issues than others. The Vietnamese and Indo-Canadian

communities were often accused being responsible for the organized crime that fueled the drug trade. Understandably, representatives of these communities rejected this blatant stereotyping. In 1998 the English language media focused on the role of Honduran refugees in the DTES drug trade. Latin American community groups argued that the prevalence of refugees in the drug trade was a predictable outcome of the lack of settlement support services in the city. Planners recognized the validity of these arguments and the importance of moving beyond racially charged stereotypes and accusations (Planner 1).

The City of Vancouver conducted a multicultural outreach program from December 2000 to March 2001 to facilitate discussion on *A Framework for Action*. The draft discussion paper was first translated into Chinese. The Chinese community consultation was led by the Social Planning Department, which has significant Chinese language capacity. Summaries of the document were translated into Vietnamese, Spanish and Punjabi. Consultants were hired to lead the consultations in these communities. In total, the multicultural outreach program engaged approximately 700 people representing a range of community organizations, social agencies and interested individuals (McIntyre, 2001).

The Chinese community consultations involved ten focus group workshops in the DTES/Strathcona neighbourhoods. In addition, an extensive public education process was carried out to counter the Chinese media biases. The education process included presentations and meetings with Chinese language journalists, a translation of the *Vancouver Sun* insert in *Ming Pao* and *Sing Tao*, and bilingual planning staff participation on Chinese language radio talk shows. Over the course of the outreach

process, planning staff noticed a dramatic change in the views of Chinese community members:

> In the beginning, participants focused on law enforcement because they thought the other pillars would not be effective. As they gained better understanding of addiction issues, such as causes, limitations and inadequate treatment options, through discussion their attitudes began to change. While some people continued to insist drug use is a crime, most participants...began to accept harm reduction as an interim measure for improving health and safety in the community and supported *the Four-Pillar Approach* (Hui, 2001, 3).

The consultation processes with the other ethnic communities were similarly based on focus groups and workshops. Consultants conducted 14 workshops in the Indo-Canadian community, five in the Vietnamese community and ten in the Latin American community. The consultations revealed widespread support for *A Framework for Action* and the *four-pillar approach* more generally. Several themes that differed from those points raised during the English language consultation emerged from the multicultural outreach process. First, participants stressed the need for expanded services for drug treatment in multiple languages and for increased support and settlement services for immigrants and refugees. Second, many participants argued that racism and stereotyping by the media and the VPD needed to be eliminated. The Latin American community, for example, lamented being blamed for drug problems when they saw themselves as victims of poverty and violence. Finally, multicultural groups stressed the importance of the prevention and enforcement pillars. Prevention should focus on helping young immigrants make healthy choices, perhaps through providing more recreational opportunities. Law enforcement should focus more on "big" dealers (McIntyre, 2001).

The multicultural outreach process was invaluable in overcoming opposition *to A Framework for Action*, particularly in the Chinese community. The public education

campaign and the facilitation of Chinese language discussion on the *four-pillar approach* led to a perceptible change in the attitudes of many in the Chinese community. By March 2001, focus groups in that community revealed strong support for a balanced approach to drug problems. Some commentators have argued that the popularity and influence of the Community Alliance declined dramatically as a result of the outreach program (Montgomery, 2001, 30). The City also gained insight into the perceptions and needs of several ethnic communities with a strong stake in drug misuse issues. Thus, the multicultural outreach process provided another forum through which mutual learning around drug misuse issues was facilitated.

Direct action both opposed to and in support of the *four-pillar approach* continued throughout the policy development and formal consultation phase. The Community Alliance intensified its efforts to lobby against services for drug addicts. The Vancouver Area Network of Drug Users (VANDU) and associated organizations continued to push for immediate action to stop the deaths in the DTES. They also made the public debate more personal by targeting protests towards the homes and offices of Community Alliance leaders.

The Community Alliance continued to work against new facilities for drug users in the DTES and against the adoption of *A Framework for Action.* In opposing the draft discussion paper, the Community Alliance lobbied individual councillors and Mayor Owen's NPA party. They did not participate in the community discussion that was facilitated through the consultation process. Through the media and in the back rooms, they argued that services facilitating drug use would turn Vancouver into a Mecca for drug users from across North America. They also attacked civil servants and politicians

through the media (Yiu, *Vancouver Sun*, 5 February 2001, A13). In January 2001, in the midst of the City's consultation process, the Community Alliance staged a well-attended fundraising dinner in the DTES. The political gathering drew over 700 participants, many of whom were key supporters of the Non-Partisan Association. The *Vancouver Sun* recognized the significance and timing of the event:

> The impressively large turn out will give Mayor Philip Owen pause about his much publicized drug policy, *A Framework for Action*. These were his constituents, many in the room were senior NPA organizers and fundraisers and they are mighty angry at what Owen's been up to (Mulgrew, *Vancouver Sun*, 20 January 2001, B2).

The Community Alliance also interjected in the formal consultation process by developing its own public opinion survey to counter the Joan McIntyre survey. While the details of the survey process are unclear, the results were analyzed along with the other components of the City-led consultation process. The inclusion of a third party survey in the formal consultation process and report was certainly unusual in Vancouver. It speaks both to the political clout of the Community Alliance and to the City's efforts to co-opt the opposition by absorbing it into the mainstream consultation process.

The 132 respondents to the Community Alliance survey indicated strong opposition to the *four-pillar approach*. Eighty-six per cent felt that Vancouver should adopt the Canadian government's three-pillar drug strategy that did not include harm reduction. Ninety-two per cent of respondents opposed safe injection sites (McIntyre, 2001, 27). Why these responses differed so greatly from those of the independent opinion survey is not entirely clear. The method used to sample the residents of Vancouver is not disclosed and sampling bias may have been a factor. An analysis of the survey instrument itself reveals significant bias in the survey questions. Thus, the Community Alliance

survey is another example of direct action, using rhetoric to influence the consultation process (McIntyre, 2001).

Drug user groups and activists in the DTES also employed direct action during the consultation phase. In late 2000, the Harm Reduction Action Society (HRAS) attempted to force the issue of safe injection sites on City Council and the V/RHB. HRAS was basically a spin-off organization of VANDU, but also had significant membership from the health services community. In November 2000 they released a proposal to the City and the Health Board for the immediate development of safe injection facilities in the DTES (Kerr, 2000). The proposal was extensively researched and included designs and potential locations for the facilities (Kerr, 2000).

Mayor Owen responded calling the proposal premature and inappropriate. The V/RHB rejected the proposal on the grounds that safe injection sites were illegal under federal law. Still, the proposal was effective in refocusing public attention on the deaths that continued in the DTES and on the need for harm reduction measures to address addiction.

DTES activist groups, including VANDU, also implemented a strategy of direct confrontation with members of the Community Alliance. Members of the Anti-Poverty Action Committee set up a food distribution centre outside of Alliance Chair Bryce Rositch's Gastown offices. Flyers were distributed throughout the DTES with messages such as, "Bryce Rositch hates you if you're homeless, a sex trade worker, addicted to drugs or poor" (Skelton, *Vancouver Sun*, December 21 2000, A1). The food lines often turned into raucous and intimidating protests. In December 2000, Rositch resigned as Chair of the Community Alliance citing vandalism and intimidation.

This form of direct action as intimidation has ominous implications for planning in civil society. These implications were not lost on the media, or the citizens of Vancouver. The *Vancouver Sun* spoke out strongly against the "strong arm tactics":

> Bryce Rositch's resignation in the face of Maoist-like terrorism should outrage everyone. I don't agree with Alliance members on many issues, but I defend their right to participate in public policy debates that affect where they live and work. I don't care how poor you are, how abused you were as a kid, or how much dope you need to get through the day, no one has the right to behave like this (Mulgrew, Vancouver Sun, 22 December 2000, B1).

Countless letters to the editor supported the *Sun's* argument. However, community groups and other DTES residents had a different view of the situation. They argued that the Community Alliance had never exercised their right to participate in the public policy debate. Instead, they used political connections to influence that debate, connections that low-income residents of the DTES could never hope to have. To emphasize their point, DTES groups released a transcript of a meeting between the Community Alliance and City Council they had acquired through a *Freedom of Information Act* request. During the meeting, the Alliance informed City Council:

> Our demands are non-negotiable. We will deal only with direct policy makers...We will not be drawn into trying to solve the problems. We state again that it is our desire to work with the Mayor, city councillors, and the city manager. But if we cannot work with you, we will work against you (Sarti, *Vancouver Sun*, 28 December 2000, A13).

Rightly or wrongly, activist groups in the DTES saw no alternative but to undertake a direct action campaign against Community Alliance members.

The consultation process on *A Framework for Action* revealed overwhelming support overall. The independent analysis of the consultation process concluded that "the public appears to be very receptive to implementing a new integrated approach to tackle

drug problems in Vancouver and welcomes the City's leadership in this area" (McIntyre, 2001, 1). Planners involved in the consultation process noted two themes that permeated the discussion. First, participants were glad to see some action being taken on drug misuse issues. Second, there was a sense of frustration that there had been so little action prior to the release of *A Framework for Action*:

> **Planner 1:** There was this sense, even in the smaller meetings and with the organizations that didn't agree with what we were doing of, well, "good on you guys. It's about time somebody did what you're doing." The other side of that feeling was extreme frustration across the board at the lack of action and that none of this was rocket science. So a lot of frustration, but with a good twist to it. The sense that we were creating hope that something was actually going to happen.

The consultation also resulted in revisions to the actions proposed under the four pillars. Greater emphasis was placed on meeting the needs of multicultural communities. The most significant changes in the actions came under the p*revention pillar* focusing on measures targeted at youth and parents. Under the *treatment pillar*, an action was added to address the need for long-term treatment for addicted youth. Changes to the *enforcement pillar* proposed increased enforcement efforts targeted at customers and pimps exploiting youth involved in the sex trade (MacPherson, Policy Report – Health and Public Safety, 2001).

A Framework for Action went to City Council on April 24, 2001 and was sent to a Special Council Meeting. The Special Council Meeting of April 30 was carried over to May 1 and May 9 to allow the large number of speakers to be heard. In total, eighty-two speakers were heard. Fifty-nine citizens spoke in favour of adopting the *four-pillar approach*. These speakers applauded the City's efforts at developing the comprehensive plan, but urged immediate implementation to prevent further deaths and community

decline. Sixteen speakers were in favour of one or more of the four pillars, but voiced reservations about the overall plan. These speakers argued that prevention, treatment and enforcement were all necessary provided they are evenly applied throughout the City of Vancouver. Too many facilities, they argued, have been located in the DTES and Chinatown. Five speakers opposed adopting *A Framework for Action* as the City's drug policy. They argued for a zero tolerance approach to crime in the DTES and Chinatown (Special Council Meeting Minutes, April 30-May 9 2001).

On May 15 2001, Council unanimously adopted *A Framework for Action* as the drug policy for the City of Vancouver. Council formally thanked the partners of the Vancouver's Coalition for Crime Prevention and Drug Treatment and the citizens of Vancouver for their ongoing involvement in developing the policy. City staff was directed to work through the Vancouver Agreement to implement the policy as soon as possible. Council also directed staff to develop an implementation plan. That plan was to focus on developing measurable indicators of success and include an accountability team to monitor the well being of the DTES community (Regular Council Meeting Minutes, May 15 2001).

3.3.5 Phase V – Initial Implementation

Initial implementation of the *four-pillar approach* began even as the consultations on *A Framework for Action* were taking place. Implementation was carried out through the Vancouver Agreement's *First Focus* with the V/RHB as the lead agency. This phase of the case study addresses the Health Board's efforts to develop services for drug users in the DTES. It also touches on other early efforts at implementing prevention and enforcement measures in line with the City's new drug policy. Neighbourhood mediation

was a key tool in addressing the concerns of groups opposed to new facilities and is also addressed. Finally, this phase takes stock of achievements in addressing drug problems in Vancouver to the beginning of 2002.

The V/RHB assumed responsibility for alcohol and drug services from the Ministry of Children and Families in late 2000. The Health Board had been planning and consulting in the DTES community on the need for services for drug addicts since 1998. In January 2001, with new control over addiction services, the V/RHB applied to the City of Vancouver for development permits for four facilities in the DTES. These "First Focus" facilities were the beginnings of a system of care for drug users. The four facilities included:

- The Health Contact Centre – A 24 hour point of first contact for individuals wanting refuge from the street. Health workers, Carnegie Centre staff and police will cooperate to provide a safe indoor environment for people in need of basic health care and counseling;
- The Life Skills Centre – Daytime education centre focused on preparing clients for employment and life in the community;
- Downtown Community Health Centre – A wide range of services available to downtown residents in one accessible location. Primary care, mental health services, nutritional support, women only hours, medication management and counseling and addiction services are coordinated from the centre;
- Pender Community Health Clinic – Provides primary specialized supports including counseling, addiction treatment, mental health services, medication assistance, methadone support, detox and treatment for chronic health issues (V/RHB, 2001).

An application was also made to redesign the corner of Main and Hastings Streets. The purpose of the redesign was to make the corner less conducive to gathering and illegal activity. Sight lines for policing would be improved and outdoor space would be

separated making it accessible only from inside the Carnegie Centre (Development Permit Board Staff Committee Report, 19 February 2001).

The five applications were explicitly intended to be consistent with *A Framework for Action* even though it had not yet been adopted as City policy (V/RHB, Submission to Board of Variance, 27 February 2001). The intention was to create a comprehensive system of care. Police could direct drug users from the street to the Health Contact Centre. Staff could then redirect users to appropriate facilities depending on their needs. Once police officers had a place to send addicts, those left on the street could be better singled out as non-addicted dealers. The result was a system whereby users were admitted to the treatment/harm reduction system and dealers were addressed through the criminal justice system.

The five development proposals sparked another round of conflict among stakeholders. The City of Vancouver's formal development approval procedures became the forum for interaction and debate. In total, 700 speakers registered for the Development Permit Board (DPB) hearing on 19 February. The conflict began on the street prior to the hearing when activists, including two eight-foot tall grim reapers, clashed with a crowd of 100 opposing the developments. Those opposed to the developments primarily represented DTES and Chinatown business owners. The DPB also heard comments from the staff committee. The developments were strongly supported by Central Area Planning, Social Planning and the Vancouver Police Department. In addition to verbal testimony, the DPB received 2,500 letters in support and 900 letters in opposition to the developments. Public interest in the hearings was clearly high (DPB Staff Committee Report, 19 February 2001).

The five proposals received development approval on 27 February 2001. The successful applications can be attributed in large part to the years of public discussion and interaction around drug misuse issues. Many speakers opposed to the health initiative argued that there had been no public discussion prior to the V/RHB application for development permits. In addressing this concern, DPB staff pointed to that long-term public discussion:

> ...as indicated in the applicant's summary, there have been extensive consultations over the last few years about the health needs of the community in general and those of the drug addicted population. There have also been regular discussions with members of the Health Board, Carnegie Centre, the Police, City staff and VANDU to share concerns and better coordinate initiatives (DPB Staff Committee Report, 19 February 2001).

The DPB took those years of discussion and learning into account when considering these development applications.

While the DPB approved the V/RHB proposals, they did consider the concerns of the DTES/Chinatown business communities. The permits were approved subject to the V/RHB signing a Good Neighbour Agreement with the City of Vancouver. Good Neighbour Agreements (GNA) are tools to ensure that neighbourhood facilities are operated in a reasonable way. In the case of the First Focus developments, the GNA was intended to ensure that Carnegie Centre staff, the V/RHB and the Police work together with community groups to reduce the impacts of the facilities in the DTES. To that end, a Neighbourhood Liaison Committee (NLC) with broad community representation was struck. The purpose of the NLC was to define "reasonable operation" of the facilities and to develop indicators to measure impacts on the community (DPB Staff Committee Report, 2001). Development permits issued for the facilities were time-limited and

required renewal biannually. The NLC became the key mechanism to ensure that tangible problems in the community are brought to the attention of the Director of Planning. The DPB and the Director of Planning look to the outcomes of the NLC process when considering permit approval (Planner 1).

The NLC was struck shortly after development permit approval. There were initially 23 groups on the committee representing planners, business groups, the VPD, VANDU, the Chinatown community and Carnegie Centre staff. Groups on all sides of the issue were initially skeptical. Business owners argued that there wasn't enough "mainstream" representation on the committee (Community Alliance 1). Drug users felt that they were being manipulated and had difficulty understanding the technical language of program evaluation (VANDU 1). Planners admit that the committee got off to a rocky start and continues to struggle:

> **Planner 1:** You have people who are taking us to court over these facilities on the NLC, so it's been very adversarial. Both sides don't trust the other side. So, it's been a tough process, but that group has struggled through coming up with an agreed upon set of indicators that they would be interested in looking at to monitor these facilities.

At the time of writing, the NLC was still in the early stages of its process. It is not clear how well it is working, or what impact it will have on decision regarding treatment and harm reduction services in the DTES. It does, however, provide an important forum for discourse. The committee members are those groups with the most significant differences in the ways they frame drug-related problems. They are also the groups with the most direct stake in addressing the health crisis and public disorder in the DTES. For these reasons, the NLC may provide important opportunities for social learning and

reflection on drug misuse problems. The GNA and the NLC also create a direct link between community-led processes and decision-makers.

By early 2002 implementation of *a four-pillar approach* was well underway. The V/RHB developed the Health Contact Centre and two new health clinics in the DTES. Enforcement measures were also actively pursued. The corner of Main and Hastings was redesigned and additional officers were added to the force in the DTES. In December 2001 Canada's second Drug Treatment Court was opened in Vancouver. Through this court, addicted individuals arrested for drug-related crime are admitted into treatment programs rather than the prison system. Prevention programs were also expanded through the work of the Coalition for Crime Prevention and Drug Treatment. Programs in Vancouver's schools were expanded, as was the media campaign in the *Vancouver Sun*. On the harm reduction pillar, Vancouver is moving towards the development of safe injection sites. A joint federal-provincial task force on the issue led the federal Minister of Health to commit to removing any legal impediments should Vancouver decide to go that route. Thus, by 2002, action was being taken through the Vancouver Agreement on all four pillars as outlined in *A Framework for Action* (Coalition Documents, 2002; Bula, *Vancouver Sun*, 15 November 2001, A1).

Despite these successes, conflict still exists over drug policy approaches in Vancouver. Business owners still argue that harm reduction will attract more drug users and that it is in some sense amoral. Several representatives of the business community have flatly stated that they will never support harm reduction, which they see as supporting unhealthy lifestyles (Business 1). Other business representatives have stated that they "feel abandoned by those in society they should reasonably expect to be there

for them. The Mayor, City Council, the Vancouver Police Department" (Wild, 2002). The Vancouver Area Network of Drug Users and other community groups in the DTES also remain skeptical about the implementation of the *four-pillar approach*. Early in 2002, drug users still didn't have a Skills Centre (though it did open in October 2002). In addition, a stabbing in front of the Health Contact Centre led to a temporary closure of the facility. These points tested any trust that had been developed between planners and members of VANDU:

> **VANDU 1:** You'd think no one had ever been stabbed at the corner of Main and Hastings before, but it's a huge crisis for *them*...All the doctors and nurses have their jobs and they're fully funded. Guess which part still isn't built. The Skills Centre. You watch, we'll get fucking nothing out of this. The betrayal, I mean, it's amazing that drug users put up with this. They've been abused all their lives, so in a sense they don't expect anything different.

Planners at work in the DTES realize they still have much to do. They are far from consensus on specific actions to be taken to implement the *four-pillar approach*. Despite this lack of consensus, planners are confident that the way drug problems are framed in the City of Vancouver has changed:

> **Planner 1:** I don't know if it was always intentional, but we certainly felt that after this process we had come to a place where people in all parts of Vancouver recognize that addiction is a health issue and that people need help through health related services.

That change was a crucial step in addressing drug misuse issues in the City of Vancouver.

3.3.6 Phase VI – Postscript: Vancouver's Drug Election

Following the development and initial implementation of *a four-pillar approach* in Vancouver, party politics at the provincial and civic levels entered the debate. In May 2001 a provincial election was held and the left wing NDP was swept from power. The

Liberal Party, a right leaning version of the federal Liberals, captured 77 or 79 seats in the Legislature. The new government immediately cut taxes and promised to curb government spending. The Health Boards were reformed and the V/RHB was rolled in to the larger Vancouver Coastal Health Authority. As a result, the future of the Vancouver Agreement and the availability of dollars to implement it are now in doubt.

In Vancouver, Mayor Owen continued to push for implementation *of A Framework for Action*. Divisions in his conservative Non-Partisan Association continued to grow. NPA councillors continued to ask Mayor Owen why he insisted on "dirtying their hands" with talk of safe injection sites. Strong NPA councillors, including Jennifer Clarke, argued against implementing the policy. Many NPA councillors and supporters favoured Clarke as their next candidate for Mayor. This split was exposed in the lead up to the November 2002 civic election. The NPA normally nominated the sitting Mayor as their candidate. In March 2002, Mayor Owen was informed he would have to win the candidacy through an open nomination process. The open nomination process, with NPA support leaning towards Clarke, amounted to an expulsion from the Association (Bula, *Vancouver Sun*, 11 October 2002, A1).

Mayor Owen announced he would not seek re-election. Instead, he continued to work towards implementing the *four-pillar approach* and raising awareness of drug misuse issues. He had been a successful fundraiser for the NPA. In 2002, he turned that fund raising machine towards the production of a film about Vancouver's struggles to address drug problems. *Fix: The Story of an Addicted City* had already been produced by independent director Nettie Wild. Mayor Owen's fund raising allowed the film to be converted to 35mm so it could be shown in cinemas throughout the city. A series of

showings were held and the film was introduced by experts in drug misuse issues. Question and answer periods were held after the showings. Mayor Owen's work on drug misuse issues was very public and widely praised throughout Vancouver. In contrast, the NPA was seen as having unfairly ousted a popular Mayor for following a broadly supported approach to Vancouver's most intractable problems.

The civic election of November 2002 pitted Jennifer Clarke and the Non-Partisan Association against Larry Campbell and the Coalition of Progressive Electors (COPE). Larry Campbell had been Vancouver's Chief Coroner for many years and was a strong advocate for harm reduction. The DTES and *A Framework for Action* were the key issues of the election. In the media and in public debates the mayoral candidates were repeatedly asked to discuss the *four-pillar approach*. While Clarke called for more analysis of the situation, Campbell promised to open safe injection sites within a month of the election (Lee, *Vancouver Sun*, 19 November 2002, A1).

Voter turnout was the second largest in Vancouver history at 51% of eligible voters. The result was a landslide victory for Larry Campbell and COPE that ended decades of NPA control of City Council. Eight COPE councillors were elected leaving only two seats to the NPA. Tellingly, COPE support stretched far beyond traditional eastside strongholds. Affluent west side residents supported Campbell for Mayor. The Chinese community also supported Campbell, ignoring last minute NPA inserts in the Chinese media warning of more injection sites in Chinatown (Lee, *Vancouver Sun*, 19 November 2002, A1).

A Framework for Action was the single most important election issue and there was a dramatic split between the two mayoral candidates on drug policy. In recent

elections, COPE had never seriously challenged the NPA. A political scientist at Simon Fraser University described the unusual election results in 2002:

> If I came to you two years ago and said that the main issue in this election would be the Downtown Eastside, that COPE would sweep the Council, and with a COPE mayor, you would have laughed in my face (Lee, *Vancouver Sun*, 19 November 2002, A1).

The two-year period mentioned here is significant. Over that period, and in the years immediately preceding it, the people of Vancouver came to see drug addiction in a new way. They had gone through many interconnected processes of interaction and learning around drug misuse issues. Those processes resulted in *A Framework for Action* and a new *four-pillar approach* to drug problems. By 2002, the people of Vancouver had clearly come to embrace that approach.

Chapter 4 Analysis

4.1 Introduction

The analysis section of this thesis comprises two distinct approaches as outlined in the research method. First, the planning/networking activities that took place around drug misuse issues in Vancouver are identified. Stakeholder mapping is used to draw out the network connections, both formal and informal, that emerged in the case study. From this exercise, the prominent characteristics of network relationships are highlighted. Second, the qualities of those planning and networking activities are explored. These qualities are primarily drawn from an analysis of the key informant interviews. The key themes that are addressed are diversity and involvement in planning processes, social learning, and the role of planners. Finally, the lessons learned by the key participants in these processes are presented.

4.2 Network Interactions around Drug Policy Planning in Vancouver

In this section, I seek to draw out the characteristics of planning activities and network interactions around drug misuse issues in Vancouver. Following the technique used by Hillier (2000), I use stakeholder mapping to identify the key actors involved in drug policy processes. After identifying key stakeholders, each stakeholder was analyzed individually to determine their interactions with other stakeholders. These interactions were derived from an analysis of the case study. The stakeholder map illustrates the patterns of social relations that emerged between those actors over the course of the case study. The analysis distinguishes between formal and informal networking. In doing so, key themes that emerge in the patterns of relations between actors are highlighted. The analysis also reveals the problematic nature of a sharp distinction between formal and

informal networking. A stakeholder map that presents the total network activities around drug policy planning in Vancouver is included as Figure 4.1. That map is broken down to highlight the differences between formal and informal networking in Figure 4.2 and Figure 4.3. I then turn to seven key themes that emerged from the stakeholder mapping exercise.

Figure 4.1: Total Network Activity

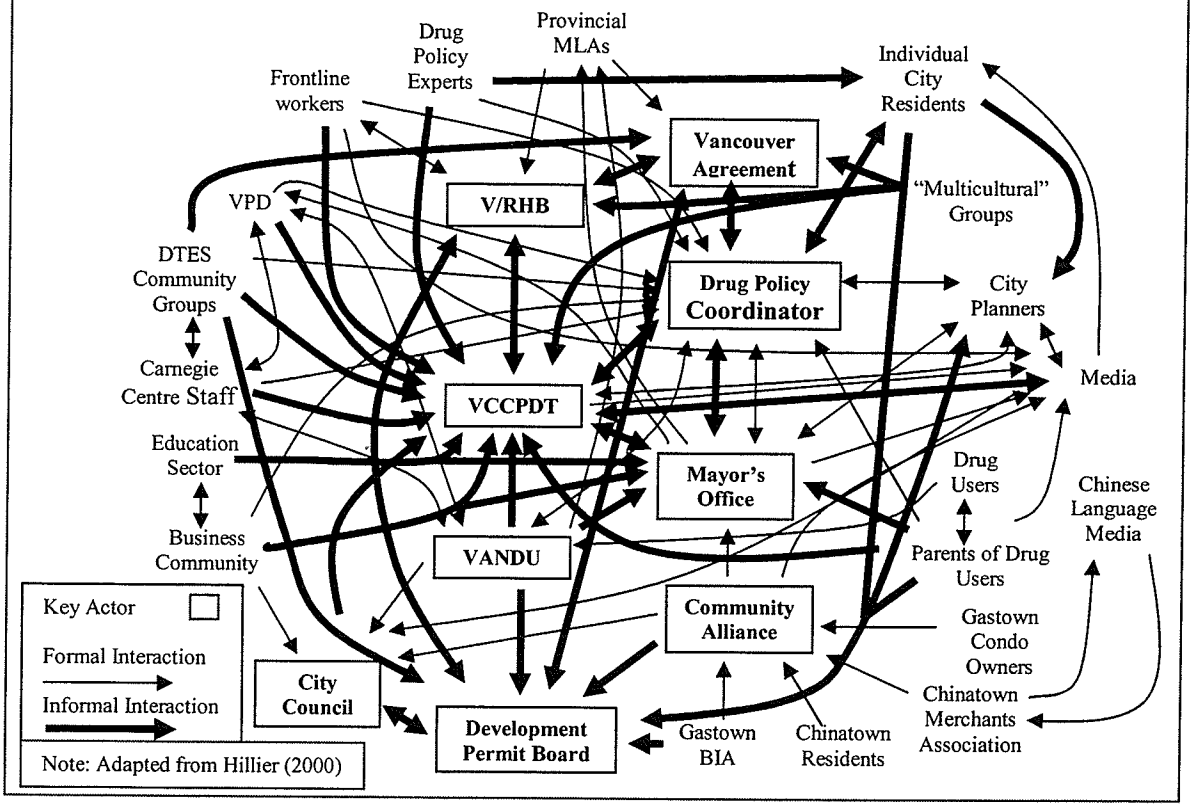


Figure 4.2: Formal Network Activity

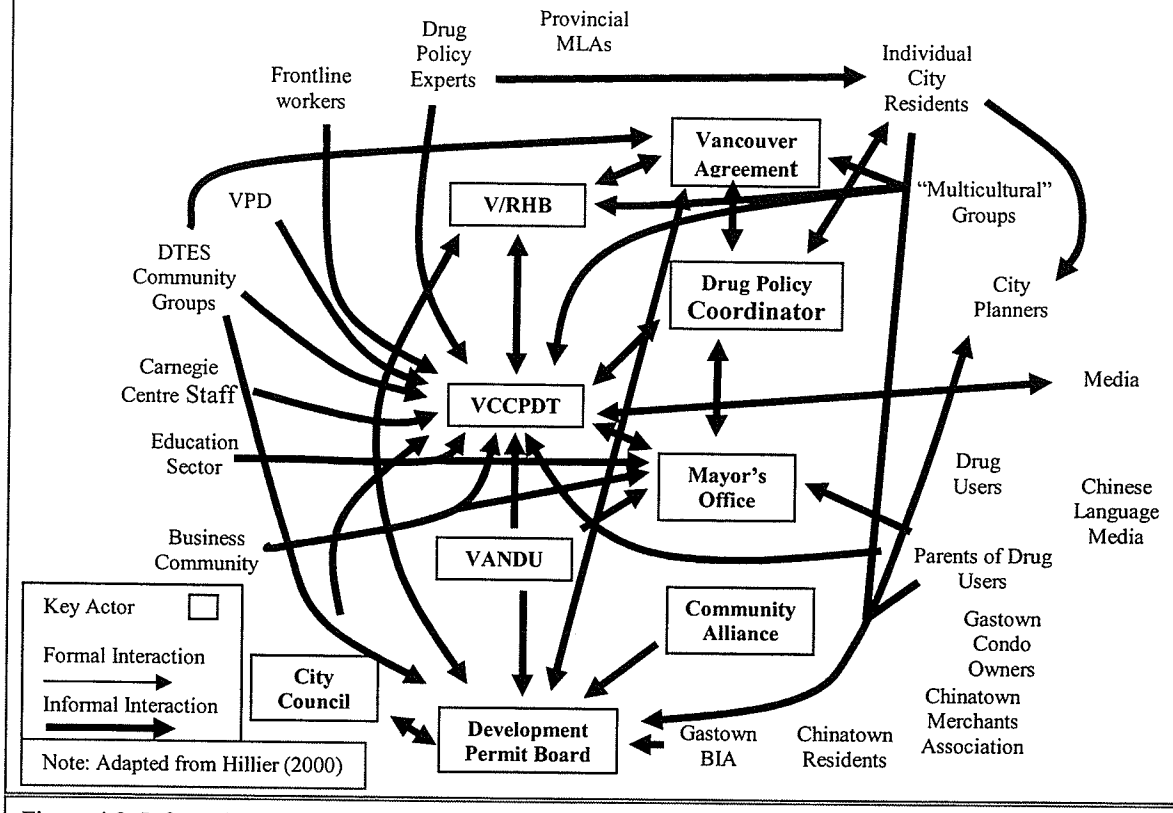
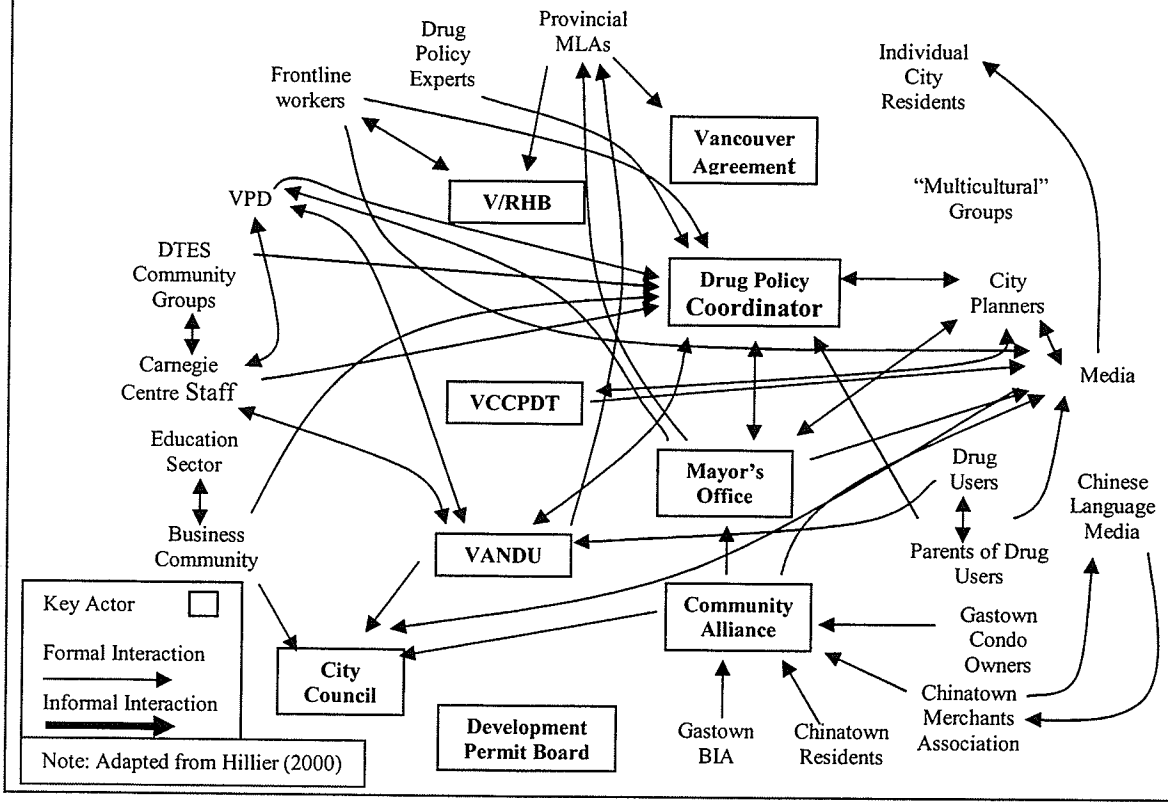


Figure 4.3: Informal Network Activity



4.2.1 *The predominance of Vancouver's Coalition for Crime Prevention and Drug Treatment in facilitating formal networking.*

Mayor Owen and senior staff members were proactive in forming the Coalition in 1997. The explicit goal of the Coalition was to facilitate community dialogue on drug misuse issues. Criticism of the initial membership in the Coalition is justified. Initial membership was narrowly focused on the business and tourism sectors. However, the informal process for joining the Coalition and the large number of forums held in 1998 led to a rapid expansion in the size and diversity of the membership. By the end of 1998, the Coalition included representation from nearly all sectors with a stake in drug policy issues in Vancouver.

Through Partner Forums, formal stakeholder interaction was facilitated over an extended period of time. That interaction resulted in relationship building, an emerging shared understanding of drug misuse issues and several partnerships for concrete action to address drug problems. Because interaction was facilitated over several years, relationships were allowed to develop more fully. A key example here is the involvement of drug users through VANDU membership in the Coalition. Through membership and extensive interaction with other sectors of society, drug users began to be demarginalized. They were able to fully participate in the debate. Other actors also came to realize the valuable contributions drug users could make on their own behalf. The Coalition facilitated formal interaction between diverse stakeholders that otherwise would never have met to discuss these issues.

4.2.2 *The Mayor's Office as a node for formal networking, but also the target of intense informal lobbying.*

A broad range of stakeholders first came together to discuss drug policy issues at the International Symposium in June 1998. Extreme hostility between the "legalization" and the "anti-legalization" camps led planners and Coalition leaders to reconsider their network building strategies. In 1999, Mayor's Forums were initiated to address the need for small scale, face to face discussions. Planners hoped that small group discussions might facilitate social learning among actors with conflicting understandings of drug policy issues. Mayor's Forums were used throughout the case study period. In particular, small group discussions were used following the release of the draft *Framework for Action* in an effort to build consensus around its intentions and to get feedback from central stakeholders. Mayor Owen's office became a key node for interaction in the formal drug policy network in Vancouver.

Mayor Owen was also the target of intense informal lobbying over the course of the drug policy debate. The Community Alliance relied extensively on direct action to press its views on drug misuse. The Community Alliance had strong ties to both Mayor Owen and to the NPA dominated Council. Non-Partisan Association councillors also lobbied Mayor Owen to abandon his efforts to address the drug problems in the DTES. Behind closed doors, they blamed Owen for dragging them into the political controversy surrounding drug problems. The Community Alliance and the NPA had significant power. Their lobbying led to the 90-day moratorium on services for drug users in August 2000.

The Mayor was also lobbied by VANDU and other DTES advocates for drug users. Following the 90-day moratorium, VANDU members stormed the Council Chambers and demanded increased services for drug addicts. Mayor Owen also developed a more personal relationship with VANDU. Strong informal ties developed between the Mayor and key VANDU members. The relationship between Mayor Owen and Dean Wilson, a long time heroin addict and VANDU leader, is well documented (Wild, 2002).

The Mayor also networked informally with other key players on drug policy issues. He met with organizations and individuals in Chinatown, the business community, and the affluent west side neighbourhoods to gain support for harm reduction approaches. He also met behind closed doors with key city staff, particularly the Drug Policy Coordinator. In doing so, Mayor Owen strongly influenced the content and the timing of the release of *A Framework for Action*. Finally, Mayor Owen developed a close relationship with the editorial board of the V*ancouver Sun*. Most key informants commented on the role of the *Sun* in the drug policy debate in Vancouver. In some cases, informants were concerned that the Mayor's relationship with the *Vancouver Sun* was too close (Business 1; Frontline, 1).

4.2.3 The Drug Policy Coordinator as a node for formal and informal networking.

The office of the Drug Policy Coordinator (DPC) was created in 2000 to "support the development and implementation of a comprehensive substance misuse strategy" (MacPherson, Administrative Report, 2000). The DPC immediately became a key player in the formal network of stakeholders. The DPC spoke at all formal Coalition forums and was the key staff member coordinating the consultation processes following the release of

the draft *Framework for Action*. The DPC also represented the City of Vancouver on Vancouver Agreement committees. Formal networking through the VA facilitated new relationships between officials at different levels of government. These relationships were invaluable in moving forward with a *four-pillar approach* to drug misuse:

> **Planner 1:** Through the Vancouver Agreement, I was able to meet people working on drug policy in the federal government that I didn't know existed a year ago. Now I have those people, really senior people in Health Canada, on my speed dial.

This comment speaks to the expanding social capital that resulted from formal interaction processes through the Vancouver Agreement framework.

The office of the Drug Policy Coordinator also became an important node for informal networking. The DPC held hundreds of informal meetings with individuals and groups involved in drug policy planning processes in Vancouver. It is difficult to assess what impact these informal meetings had on the outcomes of drug policy planning processes. We can, however, distill a couple of key points that emerged from interviews with key informants. First, these informal meetings greatly expanded the scope of inputs into the policy. Groups from across the city, and representing a range community sectors, had access to a key policy-maker in the network. The emphasis of the policy expanded beyond the DTES as groups from neighbourhoods such as Collingwood and Kerrisdale entered the processes. The many informal meetings also ensured that planners weren't "operating in a bubble" (Planner 1). Second, the informal meetings led to an increased sense of inclusion among stakeholders. For example, one representative of the business community, despite feeling that his point of view was not necessarily reflected in the new drug policy, felt that he was included:

> **Business 1:** We've had the Drug Policy Coordinator come down to speak with us on a couple of occasions. You know, we are being listened to. We're getting audiences...but I'm just not convinced anyone is really concerned what the business community thinks in the long-term.

Despite skepticism over the ability to influence the policy, the business community outside of the DTES remained engaged in formal policy processes. The sense that they were being heard played some part in the decision to continue participating in the formal network.

4.2.4 The Vancouver Sun engaged in formal and informal networking.

The role of the media in the public sphere is a contentious issue and one that cannot be comprehensively addressed here (Hillier, 2000). Instead, the role of the *Vancouver Sun* in networking around drug policy issues will be addressed. The *Vancouver Sun* was involved in the formal network through interaction with the Coalition for Crime Prevention and Drug Treatment. The *Sun* played a key role in publicizing Coalition activities. It also covered the broader drug policy debate extensively. A planner involved in this process describes the more formal involvement of the *Vancouver Sun* in drug policy issues:

> **Planner 3:** I think the *Vancouver Sun* had a lot to do with this. Certainly they put out the *Fix Series* and then the *Fix Revisited Series* a year later. That's brought a lot of attention and was invaluable in raising people's awareness and making this a broadly understood issue. Then there was the *Framework for Action* insert, which came out in January 2001 just after the draft discussion paper. The *Sun* printed that at no charge and hundreds of thousands of copies went out. Now the *Sun* just printed the *Power Choices Series* moving towards implementing the prevention pillar of the *Framework.*

The *Vancouver Sun* worked directly with the Coalition Liaison Office on these important contributions to the public discussion. It was not a case of using the media to drive a

certain agenda. Rather, the *Vancouver Sun* worked with the City of Vancouver and the Coalition to enhance the public participation and consultation processes.

The *Vancouver Sun* also networked informally with many actors. The *Sun* editorial board became a key target of groups on all sides of this issue. In August 1998, city planners met with the editorial board to explain their *DTES Program of Strategic Actions* and ensure it was well understood by the media. In 2000, the Community Alliance met with the editorial board to reiterate their demands for a moratorium on services in the DTES. Community Alliance members felt that this meeting had some impact on the way drug problems were covered in the media:

> **Community Alliance 1:** We met with the *Sun* editorial board and two months later there was a long series on the drug situation in the DTES.

Mayor Owen also had a close relationship with the editorial board of the *Sun* and used this relationship to his advantage throughout the period of the case study. As previously noted, some stakeholders have suggested this relationship was too close and possibly led to media bias in support of *a four-pillar approach.*

The *Vancouver Sun* was also used as an intermediary for the views of several key groups in the drug policy debate. One key informant complained that reporters used the same sources every time they wanted to run a story on the situation in the DTES (Frontline Worker 2). The result was that the *Sun* became a sounding board for the opinions of a few key players to the exclusion of other points of view. While this appears to be an accurate statement, a detailed analysis of drug-related articles in the *Vancouver Sun* doesn't point to a significant bias. While at times the editors seemed to support DTES activists and *A Framework for Action*, they were also the first to condemn those activists for intimidating Community Alliance members. Most key informants indicated

that the *Vancouver Sun* was instrumental in reaching a new understanding of drug misuse issues in the City of Vancouver:

> **Planner 2:** I think the print media were very objective in their coverage. The news angle was of course the terrible situation in the DTES. The public policy news was focused on the harm reduction side. That said, they did cover the full spectrum of pillars covered in this policy. The features on individuals and the effect of hard core drug use was instrumental in bringing this conversation to where it should be, which is in human terms. I think they did a real service to the community in doing that.

4.2.5 The Vancouver Area Network of Drug Users allowed drug users to interact with other stakeholders through formal and informal networking.

The Vancouver Area Network of Drug Users (VANDU) formed in 1998 in response to the crisis of drug overdose deaths in the DTES. VANDU itself is an impressive example of institutional capacity building through networking activities. This section, however, focuses on the formal and informal ways VANDU members interacted with other actors on drug policy issues. Throughout the public debate, VANDU followed an explicit strategy of interaction along both formal and informal lines.

Formal interaction was a key strategy of VANDU for three key reasons. First, VANDU leaders felt it was crucial for drug users to be involved in drug policy planning. In joining the Coalition, VANDU members stressed this logic:

> **VANDU 1:** I mean, my line is you're not going to have a conference about women's issues and not let any women in, so you're not having this without us. We've got to be here. It's just insane not to have people who use drugs there. That's how we end up with these terrible messes.

Second, VANDU leaders drew heavily on an empowerment ethic and used formal interaction processes to help educate drug users. As a result of involvement in a range of

interactive forums, drug users learned how to participate and exercise their rights. This point was particularly important to VANDU leaders:

> **VANDU 1:** If someone gets involved in VANDU it's an opportunity and it's a universal story. "I came to a meeting for the $3 [stipend] and that's the end of that man. Now I'm working 40 hours a week for no money at all." Then I'm thinking, I've got this vast group of people, how will I educate them? Well, what I used to educate them was every community meeting we could find. So we went to all of them. It's part of our curriculum on citizenship.

Finally, VANDU also participated in formal networking opportunities in an effort to address stereotypes of drug users. They saw the public perception of the drug user as a major barrier to government action. Interaction with the "mainstream" community was an explicit effort to remove that barrier:

> **VANDU 1:** A lot of the motivation for people joining VANDU was, you know, nothing is being done to stop the people dying. There could be health initiatives in place. Well, why isn't that happening? Well, because the public doesn't understand that we're actual human beings and ok people. So there was a sense about wanting to make it clear about what was happening down here. So, we would just show up and be identified as drug users. Very effective way to destereotype people. The most common comment was, "I wouldn't have known you were a drug user if you hadn't have told me," and that's great.

Drug users also took part in informal activity and direct action as the second part of a strategy to encourage harm reduction policies. First, VANDU members developed direct relationships with Mayor Owen. The Mayor's personal interaction with drug users clearly affected a change in his perception of drug misuse issues. By the 2001, Mayor Owen was ready to consider harm reduction measures that he had rejected as recently as 1998. VANDU also built up an informal relationship with the Vancouver Police Department. The "Tuesday morning meetings" held at the Carnegie Centre were an

important mechanism to address issues of immediate importance to both drug users and police officers.

VANDU members also engaged in direct action in many forms. They generated media attention for several demonstrations. Most notably, drug users erected 1,000 crosses in Oppenheimer Park in memory of 1,000 people lost to overdose deaths in the 1990s. While VANDU members participated in formal planning processes, they also staged concurrent demonstration on the street. Finally, VANDU engaged in direct action as intimidation in response to efforts by the Community Alliance to stall the approval of health and treatment facilities.

4.2.6 The Community Alliance engaged in informal networking and direct action only.

The Gastown, Chinatown, Strathcona, Victory Square Community Alliance (Community Alliance) came together to oppose any new services for drug users in the community. The Community Alliance was itself a loose network of these DTES groups, primarily representing business and property owners. The Community Alliance focused the efforts of these groups and provided a powerful voice in the debate around drug policy issues.

Leaders of the Community Alliance immediately decided not to participate in formal network interactions. Instead, they used two strategies to move their agenda forward. First, they used their connections with the Mayor, city councillors and politicians at senior levels of government to influence the direction of drug policy. This informal networking targeted key decision-makers:

> **Community Alliance 1:** One strategy was just to meet with the key decision-makers at the three levels of government and at the Health Board and the Police Board who set policy or make the regulations that would

> deal with this. Try to get their attention and have them understand the severity of the situation and make the changes.

The nature of this lobbying was revealed through the transcript of a private meeting between the Community Alliance and City Council that was acquired by DTES community groups. As cited in the case study, the Community Alliance informed City Council:

> Our demands are non-negotiable. We will deal only with direct policy makers...We will not be drawn into trying to solve the problems. We state again that it is our desire to work with the Mayor, city councillors, and the city manager. But if we cannot work with you, we will work against you (Sarti, *Vancouver Sun*, 28 December 2000, A13).

Planners found it very difficult to function in response to this informal networking strategy. In fact, one planner commented that once the Community Alliance formed, communication between conflicting groups in the DTES was completely cut off (Planner 1).

The Community Alliance also used direct action to gain media attention for their fight against services for drug users. This work included staging large demonstration, often in direct conflict with advocates for low-income residents in the DTES:

> **Community Alliance 1:** We also wanted to publicize what we were doing. We created a petition with more than 37,000 signatures that went to the three levels of government. We had a march that ended up at Canada Place to present the petition. Then we held regular press conferences to try to explain what we were doing.

The Community Alliance was an organization of well-spoken professionals. They used the media with significant success throughout the public debate.

The Chinatown organizations that opposed the new drug policy also used the media as an intermediary for their point of view. These groups were largely able to control what was printed in the Chinese language dailies. A large proportion of the

Chinatown population depends on the Chinese language media for its news and its connection to the broader Vancouver community. On issues of drug policy, the Chinese language dailies relied almost exclusively on Chinese leaders in the Community Alliance for their information. Unlike the *Vancouver Sun*, small community newspapers such as *Ming Pao* and *Sing Tao* don't have the staff capacity to research stories. As a result, information from the Community Alliance was printed without being corroborated. The Chinatown community was often misinformed:

> **Province 1:** A lot of [the misconceptions about the drug policy] had to do with media coverage, especially the Chinese language media. There was a lot of misinformation in the past just due to the nature of the Chinese media. They are very understaffed and because they are understaffed they don't do a lot of research. They just take it from the press release or wherever. So, there isn't a lot of research that takes place. I would say the media played a role in some miscoverage and misinformation.

Due partly to the lack of research capacity in the Chinese media, strong informal ties developed between Chinatown community leaders and the Chinese language dailies. Those community leaders were also among the leaders of the Community Alliance. The misinformation that resulted from this strong relationship led the City of Vancouver to undertake an extensive media and consultation campaign focused on multicultural communities.

4.2.7 Strong informal network connections were formed between the VPD, VANDU and the Carnegie Community Centre staff.

The relationship between drug users and police officers in Vancouver has always been uneasy. Staff at the Carnegie Community Centre sought to change that uneasy relationship by initiating meetings between the VPD and VANDU. The meetings involved police officers, drug users and Carnegie Centre staff (mostly social workers and

community development workers). Together, drug users and police officers worked to address issues of common and immediate concern. VANDU members expressed their concerns over treatment of drug users by police. Police officers had a chance to tell their stories and let drug users see life in the DTES from the "other side." The meetings also evolved to address broader policy concerns in the neighbourhood. (VPD 1; VANDU 1; Wild, 2002).

The Tuesday morning meetings were an important forum for mutual learning. As both sides began to see the drug use in new ways, new possibilities to address addiction problems emerged. The Health Contact Centre came out of a collaborative discussion between drug users and police officers. The Contact Centre addressed drug users' main concern by providing a basic refuge from the street. Police officers liked the idea because moving drug addicts off the streets made it easier to single out non-addicted dealers. The informal meetings between the drug users, police officers and Carnegie Centre staff represent an emerging institutional framework for addressing drug problems in the DTES. The meetings have led to new and enduring relationships that have changed the normal channels through which these issues are addressed. Particularly in the example of the Health Contact Centre, we see the emergence of a "social public order" regime in Vancouver (Kübler and Wälti, 2001).

4.3 The Qualities of Network Interaction

4.3.1 Diversity and Involvement in Planning Processes

Innes and Booher (2002) cite the inclusion of a diversity of stakeholders as a prerequisite a network approach to collaborative planning. The inclusion of diverse

stakeholders is examined here through and analysis of six themes that emerged from the case study. These themes include inclusion in Vancouver's Coalition for Crime Prevention and Drug Treatment, planning processes around *A Framework for Action*, inclusion of "multicultural" communities, responsiveness of policy-makers in developing *A Framework for Action* (i.e. to what extent did network interaction contribute to the content of the policy), inclusion in initial policy implementation, and the role of empowerment in facilitating the inclusion of marginalized groups.

4.3.1.1 Vancouver's Coalition for Crime Prevention and Drug Treatment

Most participants in the study indicated that the Coalition was the primary way they were involved in drug policy planning in Vancouver. An analysis of the Coalition membership supports these perceptions. Initial membership was limited to the business and education sectors, and the Coalition quickly grew to encompass nearly all groups with a stake in drug policy planning. The notable exceptions were groups that chose not to participate in formal Coalition led processes. By 2001, the Coalition had representation from over 64 organizations. Those involved in the Coalition represented business, education, health, service providers, frontline workers, police, Aboriginal peoples, faith based organizations, drug users and the Chinatown community. Planners found that the Coalition allowed discussion to take place between groups that never would have engaged each other in the past. Thus, the Coalition ensured that a diversity of stakeholders and views entered the public discourse.

> **Planner 2:** Vancouver's Coalition contributed in a significant way. First of all, it built momentum in the public discussion. It is representative of drug users, service providers, health providers, the policy, education. It is also representative of the business community. So, with that broad spectrum, the Coalition was able to bring voices to the table that insured

discussions were not taken over by one particular point of view, nor was it absent the spectrum of points of view.

Planner 3: In a Coalition forum you have up to 500 people come together and debate the issues. Six years ago you probably couldn't do that. You'd have one camp go to this meeting and another camp go to that meeting. So what the Coalition has done is enable anyone who has anything to say to come together in a room and talk about it. I can't think of a meeting where people have said you guys aren't allowed, your views aren't welcome here. That's been really valuable.

Planners also recognized the importance of Coalition members in broadening the public discussion beyond the Coalition itself. The Coalition evolved from hosting City-led forums to having members organize their own forums. The result was both an increased sense of ownership and a broadened public discussion.

Planner 3: In terms of joining the Coalition, it's more of a right place, right time thing. It's a lot of networking and discussion. It started with the City having a meeting and inviting organizations. Then Coalition partners started stepping forward and having meetings and putting the Coalition stamp on it. It again moved on to Coalition partners actively approaching the City and saying we want the Coalition stamp on our meetings. Then around the drug policy paper, thirty partners just did their own public consultations. "We're a Coalition partner and we want to help." It went from being invited to a meeting, to leading a social movement on behalf of the City of Vancouver. So, in many ways, [Coalition partners] are the link to the community.

Planner 2: What started out as a conversation within the Coalition ended up being a very public discussion with forums attended by three and four hundred people. The participants began to radiate out from the Coalition into the broader community.

Community stakeholders also felt, for the most part, that the Coalition was a valuable forum for discussion. They expressed the importance of being involved in the discussion and in policy-making processes. One key exception to this attitude was the Community Alliance. They refused to take part in the City/Coalition led processes partially because they felt participation had not been a successful strategy in the past.

Business 1: I think it's always better to be part of the dialogue than outside it...We have to be involved. We can't just sit on the sidelines. We have to be part of the dialogue, but we have to contribute by putting our position forward, saying we disagree with certain parts of public policy if we don't think it's right for our members.

VANDU 1: So we got involved in 1998 and we went to everything. We went as service providers and we went as residents. For the most part, when the Mayor says that we need everyone at the table that really includes drug users. So he appreciates that we are organized. In that sense, he's an ally.

Frontline Worker 1: The Mayor sent a letter saying he'd formed this Coalition, so we wrote him very early on saying, "We've been in this community for years, why aren't we involved?" The initial membership was a very partial list. So the Mayor called and said he was looking to hear from all the voices or potential solutions, but of course he was also saying that to VANDU and the parents' group that only wants safe injection sites.

Community Alliance 1: I mean, we've been involved in some of the consultative processes and those sorts of thing, but the end result was that we've all approached the City to try to deal with these issues and they just weren't being dealt with.

The Coalition allowed most stakeholder groups that chose to join to be involved in public discussions around drug policy. There is, however, more contention around the effectiveness of Coalition forums in facilitating those discussions. Planners felt strongly that the various forums enabled discussion among a broad range of stakeholders.

Planner 2: We began to have scores and scores of meetings. Hundreds of small meetings and then larger forums as the years went by. And so right up until this policy was unanimously endorsed by Council we were having face to face meetings every couple of months.

Planner 2: We always tried to ensure that the spectrum was there because it was about hearing all of those issues, and about them hearing one another.

While planners point to the range of players at the table, several stakeholders indicated that there were problems with the processes of interaction around that table. One participant felt that the Coalition did not facilitate enough meaningful discussion

between diverse groups. Another damaging criticism came from a frontline worker who was initially excited to join the Coalition. As communicative processes progressed, she realized that the City was primarily listening to groups and individuals that had traditionally been involved in DTES planning initiatives. The voices of new groups entering the processes, in this case DTES women, were not being heard. As a result, the Coalition itself was seen as "window dressing" and some important stakeholders slowly dropped out of the processes.

> **Business 1:** So we got involved, but in all frankness, I think it's been more window dressing than anything else. I mean, the Coalition doesn't meet enough. You know, I can't recall a meeting of all the partners around a table to discuss the *four-pillar approach* and maybe vote on it or sections of it. In reality, speaking as a member, I'm not sure the Coalition has a position on the *four-pillar approach*, regardless of what you've been told.
>
> **Researcher 1:** I don't think we were all that active in the day to day operations of the Coalition, although I'm not sure I even know what those operations are.
>
> **Frontline 2:** I thought, and I still believe, that this is a good initiative, so I was hopeful when this started and the City was on board. But the frustration is that certain people down here were being listened too and certain others weren't. That was one of my frustrations in this process. It was hard to be heard. Like, I really felt that women's voices weren't heard. I really felt that. So, I would ask women how come they aren't at the meetings, and they would just say they don't have time. They didn't feel like women's issues were being heard. They also felt that the City seems to be listening to the same people all the time. I saw different members of the women's community just drop out.

4.3.1.2 A Framework for Action Processes

The consultations around the draft *Framework for Action* provided many more opportunities for diverse viewpoints to enter the debate. The consultation processes stretched over five months from November 2000 to March 2001. Over that period, the City and the Coalition created many forums for discussion and many ways for people to

have input into the policy. The consultations involved small group meetings, large-scale forums, opportunities to make written submissions, and public opinion surveys. The *Vancouver Sun* also provided an important forum for discussion that reached a broad segment of the population. Planners felt that the diversity of ways to be involved increased the diversity of perspectives present in the public processes.

> **Planner 2:** What we've learned about consultations is that people choose to participate in a variety of ways. They don't all want to come out to public meetings. Many people want to be able to participate over the web, for example, or complete a questionnaire. Or they want to read about it in the media and write a letter if they're so moved. Or they simply want to believe that someone representing their interests is participating. But these are all opportunities to participate. They can participate once or many times, and this happened over the course of this lengthy public discussion. Some people participated in everything. Others participated in some things and not others, but that's a good thing.

> **Planner 3:** I think the public consultation around this piece was phenomenal. From the other work I've done with the feds, the provincial government and in Ontario, comparatively speaking, the way these consultations enabled the community to have a real voice and then see their comments reflected in an independent consultants report was phenomenal.

The consultations were successful in eliciting broad public involvement. Nearly 2000 citizens participated directly in these processes. Many more were indirectly involved through the extensive media coverage and very open public debate. City planners and key stakeholders found that the consultation processes both focused the discussion and broadened its reach. The draft paper gave participants concrete proposals to discuss and also led to the involvement of groups and individuals from throughout the city. What had been a problem for the DTES became an issue for which the entire city was seeking solutions. Planners and participants felt that the breadth of the consultation and the focusing influence of the consultation paper made the processes extremely

valuable. It should, however, be emphasized that the consultations represent only one flurry of activities within the ongoing flow of network interactions.

> **Planner 1:** We found we were hearing from across the City a high level of interest in this issue, which for me had been very much focused in the DTES until then, because that was the nut we had to crack. The *Framework* consultation process broadened it out and we realized there was a broad level of interest throughout the city. We realized there were groups, organized groups that had ideas, had plans. There were groups we weren't even aware of, so that was definitely a new area for the City to take on.

> **Business 1:** The debate has changed in the last year, and I think it's because the Mayor launched his *four-pillar approach*. So I think there was finally a proposal being put forward that you can actually sink your teeth in to and say, yeah we like that, or no free fixing sites thank you, or yes on these conditions. We're not talking conceptually anymore. We're talking about things that have been proposed.

> **VANDU 1:** I always tried to bring drug users to the *Framework* consultations, you know, this is on and I think some of us should go. You know, get the sense of it, or to show up and be identified as drug users in a room full of people.

4.3.1.3 Multicultural Consultations

Multiculturalism is a key theme in the planning literature (Sandercock, 1998; Burayidi, 2000). The increasing global movement of diverse groups and the demands of previously marginalized peoples mean that cultural difference now factors in to most planning processes. For planners, this multiculturalism has meant the dissolution of a "public interest" and its replacement with the need to consider multiple publics. This section addresses how the views of different cultural communities entered into drug policy planning processes in Vancouver.

The Chinese community, in particular the Chinatown community, had an important impact on drug policy development in Vancouver. From the emergence of drug

problems in the early 1990s, the Chinatown community called for increased enforcement efforts. Throughout the public debate, the Chinese community argued strongly against harm reduction measures or any divergence from abstinence-based approaches to drug addiction. This attitude towards drug misuse resulted from different cultural attitudes towards drug use and addiction in the Chinese community. These views were influenced by Chinese history and deeply held values.

Other ethnic communities in Vancouver were also perceived as being more involved in drug misuse issues than others. The Vietnamese and Indo-Canadian communities were often accused of being responsible for the organized crime that fueled the drug trade. Understandably, representatives of these communities rejected this blatant stereotyping. In 1998 the English language media focused on the role of Honduran refugees in the DTES drug trade. Latin American community groups argued that the prevalence of refugees in the drug trade was a predictable outcome of the lack of settlement support services in the city.

Planners had mixed feelings about their effectiveness in involving the different cultural communities in drug policy planning processes. Initially, the City of Vancouver did relatively little to involve these communities. Instead, the broad discussion around drug misuse issues took place almost entirely in English. From 1997 onward, the English speaking community learned about drug policy issues through the Coalition, through large community forums and through the *Vancouver Sun*. Non-English speaking citizens were not involved in that discussion. None of these cultural communities were represented in the Coalition and many relied on the ethnic media for local news. The

result was a growing gulf between the understanding of drug problems in the English speaking and non-English speaking communities.

> **Planner 1:** I think one of the realizations was that this whole discussion around drug addiction in the media and the reports has all taken place in English. So, the English speaking community has moved along to a relatively sophisticated understanding of drug issues. But if you're not in the English speaking community, you haven't been part of that discussion.

Planners recognized the need for a consultation process specifically targeted to multicultural communities as a result of this realization. They were also aware of misrepresentations of the drug policy discussion in the ethnic media.

> **Planner 2:** There were a couple of things that led to the multicultural consultation. One was that there was a real concern in the Chinese community about where this policy was headed, particularly with the harm reduction strategy. Then there was a concern that the broader multicultural community hadn't been heard from enough. I think that was a fair criticism.

> **Planner 3:** There was definitely some concern that certain groups were hearing the wrong thing, or not hearing clearly what exactly this drug policy is about...I mean, you have different people from different backgrounds who look at how you deal with drugs in a totally different way. So I think there was a little bit of confusion.

> **Planner 1:** We always claim to take the whole issue of public consultation seriously. But if you take it seriously, you've got to communicate in the language that people speak...So we realized we had to broaden this out. Then we talked to the Latin American community, the Vietnamese community and the Indo-Canadian community. It's a big issue in each of these communities, so it was really important to start having these discussions and learn about how those communities have dealt with these issues.

Extensive multicultural consultation processes involving dozens of focus group sessions were conducted following the release of the draft *Framework for Action*. They appear to have been successful in engaging these communities. Planners felt that the consultations were an important public education piece and clarified many of the

misconceptions about the new drug policy. The responses from citizens involved in the consultations were also directly reflected in the revised *Framework for Action*. Finally, the multicultural consultations seemed to resolve some of the conflict over the drug policy. Certainly the Chinese community was less active in opposition and the strength of the Community Alliance ebbed following the multicultural consultations.

> **Planner 2:** The addition of the multicultural consultation was tremendous, because we know in Greater Vancouver, more than almost anywhere in Canada, that a consultation run in English in a public consultation format, will get primarily English speaking participants. It was important to make sure that as many voices were heard as possible, and the multicultural consultations did that. There was excellent participation.
>
> **Planner 1:** Facilitators went out and conducted a series of workshops with people. That was really important and the reports on those consultations are really interesting. The different takes people had on it, different emphasis people placed on different pillars and what they wanted to see happen.
>
> In the beginning, participants focused on law enforcement because they thought the other pillars would not be effective. As they gained better understanding of addiction issues, such as causes, limitations and inadequate treatment options, through discussion their attitudes began to change. While some people continued to insist drug use is a crime, most participants...began to accept harm reduction as an interim measure for improving health and safety in the community and supported *the Four-Pillar Approach* (Hui, *Focus Group Report*, 2001, 3).
>
> After that, nobody cared what the Community Alliance was saying. It became clear these guys were just so off base from where the rest of the people were. The battle was over (Montgomery, 2001, 30).

The multicultural consultations were successful in incorporating the views of different cultural groups into the *Framework for Action*. However, these groups were not involved in the development of the policy or the longer-term processes of learning that had taken place primarily in English. They were not included in the Coalition or other formal networking processes. To some extent, their involvement was an afterthought that

resulted from their opposition to a drug policy that increasingly included harm reduction. The multicultural consultations were highly successful. They were extensive in depth and breadth. Still, the exclusion of these groups until after the draft policy was written nearly had disastrous consequences for the development of a *four-pillar approach.*

4.3.1.4 Responsiveness of Decision-Making

Regardless of the level of public participation in planning processes, citizens and stakeholders can only meaningfully influence policy outcomes when decision-makers are receptive to their views (Lowndes and Wilson, 2001). This section assesses the degree to which planners and decision-makers in Vancouver considered the views of diverse stakeholders in drug policy processes. That is to say, to what extent did extensive public involvement influence the development of a *four-pillar approach*?

Planners involved in these processes indicated that community involvement had a significant impact on *A Framework for Action.* Along with the international research conducted by the Drug Policy Coordinator, the public discourse was an important input in policy development. One planner felt that the international research was the primary input into *A Framework for Action* and that public input influenced the policy only in its revised form. However, other planners involved are more confident that the public discussion influenced the development of the policy.

> **Planner 1:** Well most of *A Framework for Action* was the policy research, but the revised paper, when it came back, some parts were really expanded. I mean, don't forget I wasn't operating in a vacuum. I'd spent ten years in this community, watching this community advocate for drug and alcohol services. So, you know, I had a pretty good sense of what the issues were...So, generally, it was the research, and then boom, here's the paper, and then take a bunch of feedback.

Planner 3: Really involving the community was huge. You can pay lip service to involving the community, but in this case there was a real link made there. The community feels like they actually created this policy. Well, that may be taking it a bit far, but it was a comprehensive process that seems to have worked.

Planner 2: The amount of community discussion reflected in the framework policy is huge. Massive. I mean the two biggest inputs to this policy were the community dialogue and the international research. Those were absolutely the two biggest inputs.

Planner 2: The tension that I mentioned earlier dissipated as people, through 1998, 1999, 2000, 2001 became comfortable that no one was trying to ram anything through. Their views and concerns were being considered, and they saw that reflected in this continuum [of care]. In other words, we brought forward a drug policy that was based on a foundation of all four pillars, so the people felt considered and listened to.

Stakeholders involved in this study were not so strongly convinced that they had influenced the direction of drug policy in Vancouver. A strong theme in the responses to interview questions on this issue was that the *Framework for Action* was heavily focused on only one pillar. Despite agreement on this theme, there was less agreement as to which pillar the policy favoured. Abstinence-focused service providers and business representatives found the policy to be heavily slanted towards harm reduction. Drug users felt that only enforcement measures were acted upon.

Frontline 1: Frontline workers certainly weren't involved. If they had been it wouldn't be all about harm reduction. The *four-pillar approach* is so focused on harm reduction there's really only one pillar.

Community Alliance 1: Vancouver has chosen to make harm reduction a fourth pillar and what many people thought would happen has happened. That's become the focus of the strategy...We don't have four pillars here, we have one pillar.

VANDU 1: I guess drug users were represented. I don't know. The worst thing with these frameworks is they come up and they would be implemented, and they would call it four pillars. So, treatment, they would argue about who's going to fund it, and it's too expensive so no one would fund it. Prevention, same thing I suppose. Harm reduction is too

> controversial, so they just fund the police. The police will be on the street the next day. We've got a hundred and something more police, but no additional harm reduction.

The comments of both planners and stakeholders can be tempered somewhat by a broader analysis of the case study. First, planners stating that the community dialogue was reflected only in the revisions to the draft policy document are taking a rather narrow view of public involvement. As Planner 1 comments, "I wasn't operating in a vacuum." Planners were actively involved in the community for many years before developing *A Framework for Action*. More importantly, the few years immediately preceding the policy development phase of the case were characterized by intense public debate on drug policy issues. *A Framework for Action* was strongly influenced by that debate, by the outcomes of V/RHB consultations in the DTES, and by policy research conducted during the crisis years in the late 1990s. Thus, the long-term public dialogue on drug misuse issues directly impacted the development of the drug policy.

Some of the criticism leveled by stakeholders may also be overstated. Clearly, an examination of *A Framework for Action* reveals a broad range of recommendations under all four pillars. The business representatives and abstinence-based treatment providers criticize the policy for being too focused on harm reduction, most notably on safe injection sites. However, these groups were successful in having the policy stop short of recommending safe fixing sites. Instead, *A Framework for Action* calls only for a task force to examine the feasibility of safe injection sites. This limitation certainly did not win the City friends among harm reduction advocates. The timing of the research may also have affected the views of key informants. Interviews were conducted in March 2002 and many of the initial recommendations had not yet been implemented.

Stakeholders were, in some cases, skeptical as to whether the City would ever move to implement actions under all four pillars. The issue of implementation will be addressed in the next section.

4.3.1.5 Inclusion in Implementation

Implementation is a key component of collaborative drug policy planning. Implementation results in the development of desperately needed services for drug users and communities. It also reinforces the value of collaborative efforts and community involvement when participants see that those efforts result in action. Planners recognized the importance of implementing policy decisions. Implementation of shared decisions is critical in maintaining the trust that was built up over the course of collaborative policy development.

> **Planner 2:** It's one thing to do good policy work, but it is absolutely crucial to get key parts of that policy implemented so the community that was involved can see that this dialogue was used to concrete advantage. They can see that it actually resulted in harm reduction, enforcement, prevention and treatment programs on the ground. It's important on these controversial issues that we try to grapple with the socio-political environment and that we don't succumb to consultation fatigue.

This importance placed on implementation was reinforced by the responses of stakeholders. As noted in the previous section, key informants were interviewed prior to the civic election in November 2002 and before all four *First Focus* facilities were in operation. As noted earlier, they were skeptical as to whether their efforts at policy development would result in a new approach to drug misuse problems on the ground.

> **VPD 1:** We've gone along with a number of initiatives over the last four years, but what it's all boiling down to is that all these things are still trying to get out of the blocks. And I'm very frustrated that this tremendously good effort, which is extremely comprehensive and looks at a much more inclusive mode of problem solving, is going to end up

> getting tossed out because of the expediency of a new political agenda running for mayor. With all the things we've been working on, we may have the carpet pulled out from underneath us.
>
> **VANDU 1:** The betrayal, I mean, it's amazing the drug users can put up with this. It's astounding that everyone else has their buildings up and running, but we have to wait [for the Skills Centre]. And now, with the new [provincial] government, they're evaluating it, or what are they calling it, "under review." So it's a pretty sure bet that there never will be a Skills Centre for drug users...you get the sense that there really is evil in the world.

Soon after these interviews, the mayoral election resulted in a landslide victory for Larry Campbell and a renewed commitment to *A Framework for Action*. The Skills Centre was also opened in late 2002. Nevertheless, the reaction of participants in drug policy planning processes points to the importance of implementing shared decisions.

In their study of drug policy planning in Switzerland, Kübler and Wälti (2001) found that neighbourhood mediation was a key to success in all facility siting and implementation processes. In fact, they suggest that a successful strategy in overcoming community opposition may be to site the facility first and deal with that opposition afterwards through mediation. In Vancouver, the *First Focus* facilities were sited despite vigorous opposition from Chinatown and Gastown groups. The City used *Good Neighbour Agreements (GNA)* as a tool to monitor community impacts and provide community input into facility operations. A *Neighbourhood Liaison Committee (NLC)* was struck and provided yet another venue for interaction between diverse groups. Participants had strong views on how these tools are working thus far.

Planners and community stakeholders sitting on the NLC agreed that the committee had a difficult beginning. Planners felt that the difficulties stemmed from antagonism amongst community groups and between community groups and public

officials. Community stakeholders supported the concept of the GNA's and the NLC, but felt that they were improperly applied in this case.

> **Planner 1:** It got off to a very rocky start. You have people who are taking us to court over these facilities on the NLC, so it's been very adversarial. It definitely feels like that in the meetings. Both sides don't trust the other side. So, it's been a tough process, but that group has struggled through coming up with an agreed upon set of indicators that they would be interested in looking at to monitor these facilities.

> **Community Alliance 1:** It's interesting that it's called a Good Neighbour Agreement and it's between the City of Vancouver and the Health Authority. I mean, these are the two proponents of the facilities. I think the GNA is a good idea, but it has to be transparent, and it has to be seen as working, or you just loose the support of the neighbourhood.

> **Community Alliance 1:** The GNA and the NCL are all good things if done properly, and if they're open and transparent, people are willing to contribute. But at almost every turn, it was done poorly so that everyone got frustrated and thought, well, this is just a whitewash. Are we just here because we're required to be and they're just going to do whatever they're going to do?

It is too early to tell how neighbourhood mediation processes are working in Vancouver. Planners acknowledge the frustration of stakeholders involved in the NLC, but also recognize the value of neighbourhood mediation processes. Ultimately, the NLC provides a mechanism for citizens to have input into planning processes around facilities for drug users.

> **Planner 1:** I know a lot of people are skeptical about the Good Neighbour Agreements and the Neighbourhood Liaison Committee, but for us it's an important tool. It gives us a source, a mechanism, to reassure people that there is a mechanism for them to identify problems. And it's very connected to the permitting process. People don't believe that. They're very skeptical. But for the Development Permit Board, that is the key mechanism to ensure the community that if there are tangible problems with these facilities, the Director of Planning will look at that when it comes time for permit renewal. He or she will look at what the NLC process has been and what's come out of it.

4.3.1.6 Empowerment

Public consultation literature often notes that middle class citizens tend to be more involved in public consultation processes. They are generally well educated and know their rights. They have the time and the resources to attend public meetings (Sandercock, 1998). A challenge for participatory planning stems from the need to include marginalized groups in planning processes. In the drug policy field, this task is extremely difficult due to the extent of social exclusion experienced by drug users. However, in Vancouver case, drug users were deeply involved in the development of *a four-pillar approach*. Their involvement clearly added an important perspective on drug misuse issues.

The involvement of drug users in the planning processes around drug policy can be attributed to the work of the Vancouver Area Network of Drug Users (VANDU). Most participants in this study mentioned the impact VANDU had on these processes, whether they supported or opposed the drug users' organization. While few key informants directly cited empowerment of drug users as a key component of the processes, a broader analysis of the case reveals that it was a significant factor. Through empowerment approaches, VANDU members learned about citizenship as political knowledge and as connection to a place.

> **VANDU 1:** All the time VANDU is developing skills in people. Once you've been to VANDU, you know what a board motion is. You have the confidence to speak in a room. You're not cowed by anything. They just kind of emerged. You know, McKnight stuff, citizenship 101. But I would go to the Coalition meetings or the NLC meetings and it would break my heart to hear the Gastown people say, "there's too many drug users here." I'd think, do you want us to help you organize condo owners, because I really feel for you guys too. They don't even know how to be a citizen. They don't have enough sense of themselves to say I live in this community and I want to help. I want to live in a community that isn't full

> of conflict, shit all over the road, dying people everywhere. You know, I live here.

Inclusive planning processes clearly allowed diverse voices to enter the drug policy debate. Without the efforts of VANDU to empower drug users, it is unlikely that this key stakeholder group would have been able to access those planning processes. They certainly wouldn't have been such active and valuable participants.

4.3.2 Social Learning

Social learning is the principal goal of dialogue in collaborative networks (Innes and Booher, 2002). Three themes regarding social learning emerged from the analysis of key informant interviews. This section presents the analysis of these themes.

4.3.2.1 Social learning among participants

There is strong evidence that social learning around drug policy was facilitated through extensive interaction between diverse stakeholders. Through interaction, groups and individuals learned about addiction issues and potential ways to address those issues. Stakeholders also interacted directly with people with very different cultural reference points. As a result, views of drug addiction and drug policy evolved dramatically. In the language of Rein and Schön (1994), drug misuse issues were reframed and came to be viewed as a health problem for which treatment and harm reduction were appropriate responses. Individual stakeholders also changed the ways they viewed one another. Drug users were, to some extent, "demarginalized" in the eyes of the non-addicted community. Drug users also found that they had middle class allies, or people that were at least willing to listen to them.

Planner 3: I really think a lot of people on the fringes started to come together. Some of the people on the fringes said maybe we can sacrifice a couple of police officers because we are going to get a little more prevention and treatment. I think it has turned into a real consensus because the four pillars are so comprehensive. It makes a real effort to balance public health and public order issues to the point that 80-90% of the people in this city can get on board. That's consensus.

Researcher 1: When you think about it, we've seen some very very significant changes in Vancouver over the last five years. The public is much better informed about the issues of addiction intervention than they were five years ago. They're much more ready to accept some new strategies than they would have been five years ago.

Planner 2: The business community was concerned initially with property crime and I have to tell you that over time they became just as concerned about treatment and harm reduction as they were about property crime. So the learning that went on in that community was just fantastic. The same thing went on with service providers and the drug user organization. They became much more informed about some of the issues the business community was concerned about.

VANDU 1: Early on, before anybody said anything about pillars or frameworks, we went to this resident meeting in Gastown and the people were very upset. It was a weird experience to have a guy from Gastown stand up and say, "I own a condominium and I don't have to be ashamed of it!" And the guy next to me, because he lives in a SRO and he really is ashamed of it, says "who the hell would be ashamed of living in a condo. Are you nuts buddy?" They just got so reversed in their thinking and so paranoid. But I think we created a stir in that way and it eventually humanized the face of the drug user. It destereotyped this idea that people have.

VANDU 1: There was this nervousness at first with the parents group [From Grief to Action]. With parents you never know how they're going to react. They're so straight and sort of rich and all. And then they said, "well, if my kid comes down here to score and then just grabs a rig off the street and uses it, I'd feel much better if they were in a safe injection site." Then you realize you've got an ally because they realize that someone who's going to heal from drug addiction won't stop using once they know they have HIV or Hep C. So the real heart of harm reduction was understood by the parents. You needed to give these people time so they could catch on.

Business 1: I think what's good about the whole thing is that there's debate. We're all learning together about what the issues are, how serious they are, and what the potential solutions are.

4.3.2.2 Developing shared knowledge and common language

This case study highlights the importance of developing a shared knowledge base and common language around drug misuse issues. The development of a shared understanding of drug policy issues is evident in the coalescence of *A Framework for Action* and the Vancouver Agreement. Despite an initial disconnect in policy development, the two frameworks came together in language and in purpose as they proceeded.

Researcher 1: If we're going to build coalitions, we have to find language that allows us to get across the barriers. That, in this field, has been one of the most difficult issues, that whole question of language. Because today many of the debates are about nothing more than clashing lexicons and we have to get beyond that, start translating those lexicons and finding new ways of expressing ideas. Then we can strip away that clash from some of the basic philosophical issues that underpin some of them and get people dealing with those. So that issue of language is really important.

Planner 2: There is a real lesson to be learned around taking the time to build a common body of knowledge and the information base that was created through technical research... You need some strong technical inputs so that you can develop an information base that has rigour that the public can then talk about and reflect on.

Planner 1: All these pieces were being worked on separately, then the *Framework for Action* came along and you see the language, the four-pillar language, seep into the *Vancouver Agreement*. They're progressing more or less on the same path now. So that was part of the process where we, over time, brought the *Framework for Action* into the *Vancouver Agreement*. Now we're working on items in the *Framework* with and through the *Vancouver Agreement*. So we've molded the two together.

Province 1: *A Framework for Action* came prior to the signing of the *Vancouver Agreement*. We agree with the *four-pillar approach*, to adopt it in a general way, especially the health initiatives. The City of Vancouver did a lot of research beforehand so that language would be in a way that everyone understands.

4.3.2.3 Building a social public order regime

In their study of European drug policy-making, Kübler and Wälti (2001) found that, through interaction across diverse networks, public order and public heath perspectives were reconciled as each side learned to respect the others' role in addressing drug problems. A distinctive "social public order" regime emerged. A social public order regime also appears to have emerged in Vancouver. The *four-pillar approach* itself is based on a continuum that begins with police officers directing addicted individuals to a health contact centre. In Vancouver, this emerging regime goes beyond police cooperation with public health officials. Due largely to the organization of drug users, cooperation is also taking place between the VPD and drug users. In addition, the attitudes of these two groups towards drug misuse issues and towards their respective roles in addressing those issues have changed dramatically.

> **VPD 1:** We started to realize just how fruitless some of our activity is. It just doesn't create the change. It doesn't help create new methods. It doesn't give a person a chance to go from an addicted person to a person who's straightening themselves out. The treatment courts help establish a new structure. I've also seen the importance of housing and the role that it needs to have. I'm an advocate for that.
>
> **VPD 1:** I think our attitudes around drugs as a health issue are changing dramatically. The film that the Odd Squad did was a fundamental focal point for changing our opinion. It's different when it's your own people that work on something like that.
>
> **Planner 3:** Now there are a lot of enforcement folks out there saying, "we can't do our jobs until there are harm reduction facilities"... I think there was generally a lot of support in the enforcement community, and a lot of frustration that they would arrest some guy and see him on the street again the next day. They know they can arrest a guy and throw him in the drunk tank, but that's not the issue here. This guy's addicted to heroin and he's stealing because of that. So, it's what can we wedge in between. We're

dealing with the same problem. How do you link treatment in? So, enforcement folks have come further down that line.

VANDU 1: I invited the police to VANDU and [the drug users] freaked at me. I just didn't know it was such a big deal. But I think VANDU members now think nothing of having the police as guest speakers, and we've had more than one Police Board member come and take our input about the problems people are having in this community. So, it's been a profound change that I've seen in individual drug users dealing with the police.

VANDU 1: Well, when we meet with the police every second Tuesday, that's changed things probably more dramatically than anything... I think the drug users' relationship with the police has changed.

4.4 The Role of Planners

In order to discuss the role of planners in drug policy processes in Vancouver, we need to define what we mean by "planner." This case involved planners employed by the City of Vancouver and the Province of British Columbia. It also involved consultants employed by the various levels of government. These "state" planners played a significant role in providing spaces for public interaction and dialogue. This case also examined the spaces provided by non-state planners and community organizations. These non-state planners included community organizers working with VANDU, program planners working with the Carnegie Community Action Project and others involved with a range of community groups. These planners fit well into Sandercock's definitions of radical planners, but also drew heavily on advocacy approaches (Sandercock, 1998, 97).

4.4.1 Creating Spaces for Dialogue

State planners provided spaces for interaction and dialogue through the many nodes addressed in previous sections. These included the Coalition for Crime Prevention and Drug Treatment, the Vancouver Agreement and *A Framework for Action*

consultation processes. Planners were aware that drug misuse issues are sensitive and require community interaction, dialogue and learning. To that end, they provided as many ways for citizens to be involved as possible. Planners also recognized that there was a need to create safe spaces for people to speak about addiction issues. For many members of the community, drug misuse issues are painful. As a result, public meetings were often more about catharsis than policy development. In some cultural communities, drug misuse issues are taboo. Providing spaces for dialogue within communities for which drug addiction is taboo was one of the motivations for the multicultural consultations.

> **Planner 1:** The public meetings were very cathartic. You know, people came out and told their stories about their own addiction, or their husband's addiction or their kid's addiction.

> **Planner 1:** In Asian cultures, drug use is more shameful and families have to deal with it differently. I might stand up and say, "my son is a heroin addict and I need to get him help," but they would never say that in public... So, it was really important to start to have those discussions and learn about how those communities have dealt with these issues.

Planners working outside of the state apparatus also provided valuable spaces for interaction and discourse. Planners working with VANDU were, for the most part, addicted individuals themselves. They facilitated weekly meetings with drug users and identified their key concerns. They also helped ensure a spot for drug users at every table where drug policy was discussed. VANDU worked through an empowerment approach to planning. The key strategy in this approach was ensuring that drug users were involved in the public discussions around drug policy. Another important example of the role of community-based planners was the *Out of Harm's Way* Conference held in 1998. The conference was organized by the Carnegie Community Action Project and the Portland

Hotel Society. It brought together over 700 participants and was a turning point in the public discussion of drug misuse issues in Vancouver.

Planners inside and outside the state apparatus played an important role in bringing together diverse stakeholders. They created spaces that allowed diverse individuals and groups to enter the debate and learn from each others' points of view. Some of the spaces for discourse reflected more traditional approaches to public participation in planning. Other spaces reflected the difficulty some citizens had in speaking about drug misuse issues.

4.4.2 Providing Technical Inputs

Throughout the processes of developing Vancouver's approach to drug misuse issues, planners did not act in an exclusively facilitative role. They also used their specialized skills in research and communication to develop the technical inputs that shaped the drug policy. The primary example of strong technical research is the work of the Drug Policy Coordinator on European approaches to drug problems. One planner very clearly stressed the importance of the technical and financial inputs into the planning processes.

> **Planner 2:** The information base was created through what normally we would call technical research, because normally if you think about the various inputs there are non-technical inputs that you get from the community, the technical information that you get from staff and researchers, and the other category is considered the financial inputs. The technical and financial inputs to this policy were important for people not to get scared about the kind of policy that was coming forward.

Planners are more than facilitators, although that is an important role. Planners have expertise in social science research, in local governance processes, and substantive fields of knowledge (i.e. drug policy). This point raises the question as to the relationship

between "technical inputs" and "non-technical" inputs garnered through interaction and discourse. This is a complex question, and cannot be satisfactorily answered here. However, some clues to the nature of this relationship emerged during the development of a *four-pillar approach* in Vancouver.

In this case, there appears to have been a dialogical relationship between technical research and discursive processes. This relationship is deeply tied to the social production of knowledge and the creation of a shared knowledge base. For example, the Drug Policy Coordinator's international research focused on European approaches that emphasized harm reduction. The research was primarily conducted in 1999 following a year of extensive debate and interaction in Vancouver. In 1998, the International Symposium and the *Out of Harm's Way* conference were held. The *Out of Harm's Way* conference was organized by community groups that favoured the harm reduction approach. The keynote speaker at the conference was Werner Schneider, the Drug Policy Coordinator for the City of Frankfurt. In 1999, Schneider became the key informant for the City of Vancouver's international research. This would seem to indicate that it was not solely the work of Vancouver planners that guided the drug policy research toward European approaches. Community stakeholders also had a role to play in guiding technical research. Interestingly, the Chinatown community asked planners why their "international" research focused only on Europe. They argued that the most successful approaches to closing open drug scenes were found in Singapore where addicts were taken to military camps. While this approach would not be an option in Canada, it does raise the question of how culture limits the scope of "rational" research.

Planners have an important role in providing technical inputs to interactive processes, and those inputs both shape, and are shaped by, wider planning and social processes. Planners involved in this case recognized the role for technical research in framing collaborative processes:

> **Planner 2:** You need some strong technical inputs so that you can develop an information base that has rigour that the public can then reflect on. Then you can put the financial lens on it and say, given the iteration we're at now in the community dialogue, given the info we're able to gather from other jurisdictions, what is this going to cost us? That then allowed elected officials, City Council, to say, OK this looks very reasonable.

4.4.3 Planners Can Perpetuate Conflict

Planners provided spaces for interaction between diverse groups throughout the processes of developing *a four-pillar approach*. Within these settings, many stakeholders found that planning approaches perpetuated conflict between these groups, rather than overcoming it. Stakeholders indicated that planners had a negative impact on community interaction in the DTES. They believe that planners deepened the divide between community groups. Planners involved in these processes have stated that they do not believe consensus is possible in the DTES. While groups on all sides of the issue stress their shared connection to a place (the DTES), they felt that planners approached interactive processes as though there were two irreconcilable sides.

While the root causes of this issue are not clear, two possible explanations can be identified. First, the ways in which identity impacts planning processes may have come to the surface. While DTES residents do not see themselves as irreconcilably divided, planners approached meetings in the DTES as though there are two separate groups.

> **Planner 2:** We can simplify it, and it's not really fair, but to the legalization and anti-legalization lobby.

> **VANDU 1:** There's a tremendous bond between everyone who lives down here no matter what their background is, and all the processes the City runs just further polarizes people. You felt like saying if you assholes would just leave we could all talk. Now get the hell out. And a couple of times that happened, but for the most part, when the Health Board or [the planner] have been there, they are in this weird way. They keep saying there's two different sides here. I don't know how it works, but it's poisonous. It really is.

> **Frontline Worker 2:** That's something everyone resented about the City was saying, well, we're going to come down there and get you all to get along… I work down here and I don't see us as not getting along. There are definitely heated discussions at some meetings and there are differences, but what I see is an overall will to work together and a vision that this community has.

> **Community Alliance 1**: I think the City has gone out of its way to segment and divide. Rather than saying, ok, we need the voice of residents and those include low income, medium income and high income… the City set it up in a way that divided rather than facilitated on this occasion.

A second explanation may lie in planners' expectations as they approach complex planning problems where conflict is inevitable. During a recent lecture at the University of British Columbia, John Forester argued that planners set themselves up for failure by assuming nothing is possible when dealing with issues of conflicting values. In doing so, planners make the choice to remain ignorant and give up the hope that something may be possible. This suspicion appears to have been the case in Vancouver. Planners approached the problem by providing many forums for discussion, but they never held out the hope that consensus was possible. They assumed that the conflict in the DTES was insurmountable and therefore approached public meetings having already accepted that as fact.

> **Planner 1:** I'm ambivalent to if, in the DTES, you can even have a consensual process… You go to planning school and its stakeholder this and consensus that, but it's just so damn messy sometimes.

4.5 Lessons Learned by Participants

Key informants were asked about the lessons they learned through their involvement in drug policy-making processes in Vancouver. They themes that emerged in their responses are presented.

1. Collaboration and community interaction are critical when addressing complex and sensitive issues.

> **Planner 3:** If the community isn't with you, especially on an issue like drug policy that's buried so deep in the psyche of every community in this city, if you don't have the community behind you, what are you even doing out there? I don't think anyone has the right to go out there and say this is the drug policy without such a massive consultation.
>
> **Researcher 1:** Well, it's a cliché that it takes a village, but that has been more and more impressed on me on anything where we're talking about change. Addiction is a complex issue. If we're going to deal with an issue like addiction, we're going to have to do it from a multi-stakeholder, multi-faceted, multi-cultural, multi-jurisdictional perspective. That means coalition building, it means network building, it means bringing people together in collaborative strategies.
>
> **Frontline Worker 1:** We can't work in isolation. No one can do everything. We need to network and respect what others are doing, even if we don't do it and don't agree with it.
>
> **Planner 2:** I think creating the Coalition with the broad spectrum of membership from drug users to service providers to the business community, there is a real lesson to be learned there. And as we go forward in other areas of public policy, we can look at that and say what would the corollary be in terms of a broad spectrum around those issues.

2. There is a need to balance process and action.

> **Planner 1:** There's a real balancing act between process and moving something forward. There's a real art to that. Most people I work with are from the community, in the community, and they want processes that take a lot of time and resources. But working in government, there are opportunities that you have to jump on…I've learned that, because I've always been on the process side of things, but I've learned that sometimes, and especially when you have a politician like our Mayor that is willing to go out and rattle some cages, it's important to do that and suffer a bit of

criticism in the community for lack of process. So it's been interesting to see that in moving an agenda forward, sometimes you have to do things that aren't that popular with the people you want to be popular with.

Community Alliance 1: You and I talked initially about the process and how the process becomes the thing to be done. It's a danger in this case that it's just about the process as opposed to achieving outcomes. We have to look at successes.

3. Take the time to allow for inclusive planning processes, social learning and building shared understanding.

Planner 2: What worked was the City of Vancouver decided to start early. They were not in a hurry to develop this policy. They wanted to develop it in a way that allowed the community to come to some understanding on this issue and that meant allowing it to go from 1997 to 2001 and beyond... I think there's also a lesson to be learned around taking the time to build a common body of knowledge.

Researcher 1: If we're going to build coalitions, we have to take the time to find a common language that allows us to get across the barriers.

4. A facilitative form of political leadership is crucial in moving complex processes forward.

Planner 1: The notion of political leadership to address some issues is really, *really* important. I would just be one of a hundred bureaucrats working on it if there weren't a political element to it. And that's been a really important thing for me, because I wouldn't have agreed with this Mayor on very many issues before this one. But he's taken up the cause, and if he hadn't done it I don't know where we'd be on this issue. Probably not very far along.

Planner 2: The political leadership shown by Phillip Owen as the Mayor on this, which wasn't easy because it was such a controversial issue and his Council wasn't always behind him, but this mayor decided that it was the right thing to do. I say that in the plainest terms. And, you know, he continued to meet with people over 1997 to 2001 and continued to be open to new ideas. Because Phillip Owen didn't know anything about harm reduction when we started working on this drug policy. He learned along with the rest of the community.

Planner 3: Honestly, the most important thing is that if you don't have the political will behind it, it's not going to happen... In terms of the Mayor, I don't think anyone would say he hasn't gone out on a limb here. He's

absolutely dedicated to it. I haven't seen political leadership like it and I think he's getting kudos from across the board.

5. Decisions arrived at through collaborative processes must be implemented to maintain institutional capital.

   Planner 2: It's one thing to do good policy work, but it is absolutely crucial to get key parts of that policy implemented so the community that was involved can see that this dialogue was used to concrete advantage. They can see that it actually resulted in harm reduction, enforcement, prevention and treatment programs on the ground. It's important on these controversial issues that we try to grapple with the socio-political environment and that we don't succumb to consultation fatigue.

6. No matter how daunting the task, it is important to get started. No effort is wasted.

   Researcher 1: You can start where you are. Even though what I've just said is very daunting, if you can get a few of these people working together, you can really shape so much. Then you can get some momentum going and more groups involved. Then it gets easier. So, yes, it has to be collaborative, but you can start with a little group of interested parties working in new ways with new alignments to become more effective, then get more on board.

   VANDU 1: Now we've got a legal action group and last week there were twelve young lawyers there. A bunch of women. I just say, "you're here to help, great!" Energy in a neighbourhood and situation like this, you know, you don't have to worry that it's not going to help. Very little can go a long way.

4.6 Summary

This chapter provided an analysis of the case study on two levels. First, network interaction and the relationships that formed between key stakeholders were identified. Second, the qualities of those network ties and their impact on the framing of *a four-pillar approach* to drug misuse problems in Vancouver were addressed. A synthesis of the research findings and conclusions are presented in Chapter 5.

Chapter 5 Conclusions and Areas for Further Research

This thesis has examined the contribution of collaborative modes of urban planning to overcoming conflict in shared space. Through an examination of the collaborative planning literature, an argument has been made for a network approach to collaborative planning. In defining a network approach to collaborative planning, a case study of planning to address severe drug misuse problems in the City of Vancouver is presented and analyzed.

Throughout the 1990s and into the first few years of the 21st Century, the City of Vancouver and its citizens struggled to address severe drug problems. Over that decade, drug overdose deaths averaged over 120 per year and HIV/AIDS rates among injection drug users exploded. A large open drug scene went virtually unchecked in the Downtown Eastside, further frustrating efforts to revitalize that neighbourhood. Vancouver's drug problems were not manifested only in physical conditions and epidemiology statistics. They became "buried deep in the psyche of every community in the city" (Planner 3). Also deeply embedded were conflicts over how to address the problems associated with the use of illicit drugs. The presence of different visions of drug use and drug problems, deeply embedded in the values of stakeholders, led to the formation of coalitions around those points of view. Many stakeholders viewed drug use and addiction as a criminal offence for which enforcement is the appropriate response. A conflicting discourse addressed addiction as a health problem for which treatment and harm reduction through the health care system is required. Thus, in Vancouver, developing a strategy to address drug problems meant first overcoming conflicting frames through which drug use and drug addiction were viewed.

This chapter begins with a synthesis of the results of the case study. In doing so, insights are drawn from the analysis of network interaction, inclusive planning processes and social learning among stakeholders. Following this synthesis, implications of these results for both planning theory and planning practice are presented. Finally, areas for further research into the role of collaborative planning in overcoming conflict and enabling collective decision-making and action are addressed.

5.1 Synthesis - Collaborative Drug Policy-making in Vancouver

5.1.1 Network Interaction

In studying network interaction in planning initiatives, Hillier (2000) draws a sharp distinction between formal and informal interactions. In the Vancouver case study, it appears that this distinction cannot be made so sharply. Virtually all actors involved in developing *a four-pillar approach* used both formal and informal networking strategies. Most actors were involved in Coalition-led forums and consultation processes, but also worked through backroom networks and direct action. The only actor that engaged only in informal networking was the Community Alliance. The Alliance won minor "victories" along the way, such as the 90-day moratorium on facilities in August 2000. But the Community Alliance had relatively little influence over the direction of the drug policy, despite having traditional "power" and strong connections to decision-makers.

Hillier (2000) argues that formal networking tends to work through hierarchical channels. These channels include public consultation processes and Council meetings. Informal networking activities by "powerful actors" can subvert these hierarchical pathways and tend to have more influence over decision-making. In the Vancouver case study, formal networking involved innovative coalition building through a diversity of

interactive forums. In 1997, city officials made a conscious decision to initiate a long-term public discussion. Attention was shifted from trying to deal directly with drug problems toward the mobilization of a network through which social learning around drug policy issues could take place.

In developing *a four-pillar approach* to drug misuse issues, Vancouver's Coalition for Crime Prevention and Drug Treatment was formed to facilitate interaction between stakeholders. Interaction between stakeholders created bonds across diverse social networks. Network interaction also radiated out from the Coalition and a broad public discussion spread throughout the city. That discussion was allowed to continue for three years before the City of Vancouver moved toward policy development.

Network interactions also took place outside of the forums established by the Coalition. Community groups sponsored gatherings that brought together policy experts, policy-makers, police officers, drug users and a range of other actors with a stake in drug policy. The Vancouver Area Network of Drug Users (VANDU) met with the Vancouver Police Department to come to better understandings of the issues they each face. VANDU members also participated in a range of network activities, both formal and informal, that contributed to the demarginalization of drug users in Vancouver. Forums for discussion were provided by the provincial government through the Vancouver/Richmond Health Board and the Vancouver Agreement. In these face-to-face meetings between groups with very different views on drug problems, progress was made towards recognition, respect and shared understanding. Though not part of the formal City of Vancouver processes, these emerging understandings of drug misuse issues contributed significantly to the development of *a four-pillar approach.*

In developing *a four-pillar approach* to drug problems in Vancouver, planners for the City of Vancouver, the Coalition and several provincial agencies created forums in which interaction between diverse actors could take place. They also drew on the institutional capacity developed through informal network interaction. Once a large number of forums for discussion and nodes of interaction were created, the City and the Coalition began to draw the connections between those nodes. In this way, actors that used informal networking and direct action were also engaged through an expanding formal network. The British Columbia Addictions Task Group recently invoked the metaphor *Weaving Threads Together* to reflect network interaction around drug policy making (Addictions Task Group, 2001). Formal interaction became widespread through network nodes and these "weaving" activities, and most stakeholders were engaged in a meaningful way. The formal network built a broad coalition that directly included important decision-makers. As a result, actors that networked formally seemed to have a relatively greater influence over the emerging *four-pillar approach.*

5.1.2 Inclusive Planning Processes

Vancouver's Coalition for Crime Prevention and Drug Treatment was the primary arena through which stakeholders entered the discussion around drug policy issues. The Coalition facilitated the inclusion of diverse views of drug problems and potential solutions. Planners recognized the need to provide a range of ways stakeholders could get involved in drug policy processes. The Coalition was a valuable framework through which new institutional connections between diverse groups were built. Vancouver's Coalition for Crime Prevention and Drug Treatment represents a highly innovative way to approach controversial planning issues.

While the Coalition was innovative in providing spaces for interaction and drawing the links between them, there are two key shortcomings of its approach. First, the approach to membership was extremely informal. In some ways, this was valuable. As Amin and Thrift (1997) suggest, loosely connected networks often provide the most room for innovation. However, there was little attempt on the part of the Coalition Office to seek out stakeholders that may have been excluded from the discussions. Examples of these groups are the so-called "multicultural communities." Despite being seen to be more involved in drug problems than other ethnic groups, Latin American and Vietnamese groups were not involved in the Coalition. The exclusion of these groups from broader community planning processes resulted in the need for a specific "multicultural" consultation process in Spring 2001.

Second, there is evidence that planners paid close attention to facilitating broad network interaction, but could have been more sensitive to the internal design of specific forums. Despite being members of the Coalition, several stakeholders indicated that their voices were not heard and that they did not feel meaningfully involved. While planners felt that these forums were extremely inclusive and open, not all participants shared this view. Women's groups in particular felt that they were not being heard and indicated that the City listened only to a select group of people on drug policy issues. Institutionalized pathways of communication involving traditional players persisted throughout these planning processes. This finding points to the importance of planners analyzing their own "fine-grain practices" as they attempt to broaden stakeholder involvement in planning processes.

Planners also placed considerable importance on the consultations around *A Framework for Action*. They point to the "multicultural" consultations as an innovative and inclusive approach to including Vancouver's diverse publics. The "multicultural" consultations were very broad and highly effective at overcoming conflict around the drug policy in the targeted cultural communities. However, as one planner pointed out, these special consultations were only necessary due to the exclusion of these cultural communities until that point. While the English speaking community was learning about drug problems and potential solutions, the non-English speaking community was essentially left behind. On the other hand, one planner was critical of the lack of collaboration in developing *A Framework for Action*. This planner seems to undervalue the three years of public discussion and stakeholder interaction that clearly influenced the development of policy. These examples suggest that network approaches to planning, and multicultural planning practice, have not been institutionalized in Vancouver. Planners still view traditional public consultation methods as the primary way to involve stakeholders and communities in planning processes. This view does not adequately consider the broad number ways that stakeholders and citizens had input into this policy. A broader analysis of the case shows that ongoing network relationships strongly contributed to the mutual learning that resulted in Vancouver adopting *a four-pillar approach*.

5.1.3 Social Learning

Social learning, conceived of as building shared meaning around collective problems, is the principal goal of dialogue in collaborative networks (Innes and Booher, 2002). In the City of Vancouver, there is strong evidence that social learning was

facilitated around drug policy issues. Social learning was facilitated on several levels. Through interaction, groups and individuals learned about addiction issues and potential ways to address those issues. They also learned to respect each other, despite their differences. The key example here is the demarginalization of drug users through interaction with other stakeholders.

Interaction between stakeholders also led to the development of shared understanding around drug misuse issues. This point is exemplified by the creation of a "social public order" regime in Vancouver. In their study of European drug policy-making, Kübler and Wälti (2001) found that, through interaction across diverse networks, public order and public heath perspectives were reconciled as each side learned to respect the others' role in addressing drug problems. A distinctive "social public order" regime emerged. In Vancouver, many stakeholders moved from a perception of drug problems as a criminal issue, to a perception of drug problems as a social/health issue. Those stakeholders that had consistently advocated for harm reduction began to recognize the important role police officers play, both as peacekeepers and as points of entry into the continuum of care. The relationship that developed between VANDU and the VPD is an important example of social learning facilitated by network interaction.

5.1.4 Collaborative Planning through Complex Networks in Vancouver

In the late 1990s and early 2000's, the City of Vancouver mediated a public discussion around serious drug misuse problems in the city. Through the Coalition, through city-led planning processes and through processes led by provincial agencies many nodes for interaction between stakeholders were provided. Through interaction within this network and across diverse social networks, social learning around drug

misuse issues was facilitated. Many stakeholders developed a sense of a shared purpose and a shared frame through which drug problems are viewed. In adopting and implementing *A Framework for Action: A Four-Pillar Approach To Drug Problems in Vancouver*, the City drew on these network connections, and on the relatively broad social consensus they had helped forge. Two final comments from key actors in the drug policy network illustrate these results.

> **Researcher 1:** We've definitely seen effective coalition building in Vancouver over the last couple of years. People who weren't talking to each other, who were divided by various philosophical differences, are starting to find reasons why there's some legitimacy in those different perspectives, in diversity. So there's much less emphasis today on uniformity than there is on working together in a way that respects diversity. We've got a long way to go, but we've made real progress in the last number of years.

> **Planner 1:** We certainly felt that after this process that we had come to a place where people in all parts of Vancouver recognize that addiction is a health issue primarily and that people need help through services.

5.2 Network Approaches in Theory and Practice

In this thesis I have outlined a network approach to planning through an examination of the collaborative planning literature. Beginning with the underpinnings of collaborative planning, Giddens' theory of structuration and Habermas' communicative action were detailed. From these theorists, we learn that through open dialogue and interaction in multicultural communities we create opportunities to change the structures that bind us and the options available to us (Healey, 1997; Giddens, 1984; Habermas, 1984)). Through interaction based on "authentic dialogue," social learning may result in developing shared understandings of situations and policy controversies (Friedmann, 1976; Friedmann, 1987; Schon and Rein, 1994)). Interaction may result in frame

reflection through which a problem comes to be seen in an entirely new way (Schon and Rein, 1994). Increasingly, planning is refocused toward the mobilization of the networks through which social learning and collective frame reflection can take place (Innes and Booher, 2002; Healey, 1998; Amin and Hausner, 1997).

The goal of a network approach to planning is to provide a wealth of nodes of interaction in a way that is explicitly inclusive. Within these nodes, processes of interaction are facilitated to encourage social learning and reflection on the many ways we frame complex issues. Through this interaction, we might construct a common body of knowledge from a broad range of knowledges, both technical and heuristic. Through this commonly held knowledge we may learn how to adapt together to address problems of coexistence in shared spaces. We may learn to trust one another, no matter what our differences have been. Finally, through interaction, mutual learning and shared understanding, we may build "the sense of a widely held common project that mobilizes us to action" (Amin and Thrift, 1995, 104).

Criticisms of communicative planning approaches challenge the notion of communicative rationality and point to the influence of powerful actors on planning outcomes. In criticizing network approaches to planning, these theorists point to the presence of powerful informal networks that can subvert the work of formal networking processes. The result is that powerful actors influence planning processes to the exclusion of less powerful actors (Hillier, 2000; Flyvberg, 1998). The case study of drug policy planning in Vancouver confirmed that powerful actors use their influence to impact planning processes. However, powerful actors that chose not to interact in the growing

formal network found themselves isolated from that network. As a result, they had little influence over the shape of Vancouver's new drug policy.

What conclusions can we draw from the Vancouver case in regards to the impacts of direct action and power on complex network approaches to difficult planning issues? The presence of powerful actors, informal networking and even backroom dealings around planning issues involving deeply embedded conflict are unavoidable (Hillier, 2000; Flyvberg, 1998). If we are to accept that people care deeply about planning decisions, we should accept that some of those people will be deeply opposed to change. The lesson we can take from this finding is that democratic, collaborative planning is difficult and time-consuming. Structures of power may be difficult to overcome. But as Giddens emphasizes, the constraints imposed by power structures are not fixed parameters. They are constantly reshaped through our actions, through active agency (Giddens, 1984; Healey, 1998). Planners need to take the time to build networks, to strengthen network ties and interdependencies so that raw displays of power cannot overcome our collaborative efforts. Planners play important roles in designing network interaction, convening stakeholders and ensuring interactive processes are inclusive. Through empowerment approaches, planners seek out marginalized groups and ways to incorporate their knowledges in planning processes. In doing so, they build the network capacity and network power that can withstand pressure from powerful players and support the implementation of shared decisions.

5.3 Areas for Further Research

5.3.1 Further examination of the role of complex networks in planning decisions.

This thesis presented a broad examination of network planning processes over several years. As a result, there are many issues that were touched on in this thesis, but not fully explored. Several fundamental questions remain:

> What is the relationship between collaborative planning settings (nodes in the network and the network as a whole) and their contexts? To what extent are network processes "embedded" in the contexts in which they exist? How are consensus building forums constrained by what happens "outside"?

Specific issues related to the role of direct action in collaborative planning efforts also stem from this fundamental set of questions:

> How do collaborative processes function when they are not based on consensus building, or direct action, but on a combination of both? What forms of formal and informal networking strategies do actors adopt?

Communicative planning theory often stresses the importance of the "rules of the game" to address these problems. Discourse ethics suggest that rhetoric and direct action be labeled "inauthentic" forms of dialogue and excluded from communicative planning processes. Dryzek (2000) argues that rhetoric is an important and valid form of political communication. For some groups, it is their only source of power. The questions emerging from this line of thought include:

> How formal should the rules of collaborative processes be? How do rules of communication work to constrain what we can do and what we can learn from each other in collaborative processes? How does the work of social movements, such as VANDU, impact collaborative processes? If social movements do not play by the rules of the game, are planners to exclude them from collaborative processes and impede their progress?

5.3.2 *The role of political leaders/leadership in collaborative planning processes.*

The political leadership shown by Mayor Owen was a significant factor in the success of collaborative planning around drug policy issues in Vancouver. Mayor Owen took the unprecedented step of allowing planning and social learning processes around drug misuse issues to extend substantially beyond his term in office. Mayor Owen also recognized the degree to which learning would have to take place before a new approach to drug problems could be implemented. He both facilitated and participated in network interaction. He learned along with other stakeholders and citizens. Virtually every key informant interviewed for this study cited the role of Mayor Owen and the importance of political leadership as a crucial factor in the development of Vancouver's drug policy.

This thesis established the importance of strong, but facilitative political leadership in the success of collaborative planning efforts. The issue of leadership is addressed in the planning and community development literature. For example, Bryson and Crosby's (1992) work on *Leadership in the Common Good* is often cited. Innes and Booher (2001) also point to the importance of facilitative leadership in planning in complex metropolitan systems. There is a longer tradition of studying leadership styles in the public and business management fields. Planners and planning theorists may draw valuable lessons from the body of literature that has developed in these fields (Lipman-Blumen, 1996; Cashman, 1999).

This finding leads to several questions regarding the issue of leadership:

> What impacts do strong leaders have on collaborative planning efforts? Is there a disconnect between the concept of strong leadership and decision-making through shared power processes? What forms or qualities of leadership facilitate collaborative decision-making? In a network of interdependent stakeholders, who should lead? If political leadership is necessary, what can be done in its absence? Can leadership be developed?

5.3.3 The role of neighbourhood mediation

The Not-in-My-Back-Yard phenomenon is a perpetual concern in urban planning. In their study of drug policy planning in Switzerland, Kübler and Wälti (2001) found that neighbourhood mediation was useful in sensitive facility siting and implementation processes. They suggest that a potential strategy to overcome community opposition may be to site the facility first and deal with that opposition afterwards through mediation. In Vancouver, neighbourhood mediation was facilitated through *Good Neighbour Agreements* and the *Neighbourhood Liaison Committee*. These mechanisms were applied after the *First Focus* facilities were sited. They were intended to give community stakeholders a voice in the operation of facilities and help to ease the tensions that persisted in the Downtown Eastside.

> In siting sensitive facilities, how feasible and/or ethical is it to "site first and ask questions later?" Given the difficult beginnings of the *Neighbourhood Liaison Committee* in Vancouver, how successful has neighbourhood mediation been over the longer term? How widespread is the use of neighbourhood mediation mechanisms by local governments?

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Appendix A Chronology of Drug Policy Planning in Vancouver

1994	Cain Report on Illicit Drug Overdose Deaths in British Columbia is released.
July 1996	Mayor Owen forms Task Force on Urban Safety.
1997	Vancouver Area Network of Drug Users (VANDU) forms and begins holding drug users' meetings in the Downtown Eastside (DTES).
September 1997	Vancouver/Richmond Health Board (V/RHB) declares a public health emergency in the DTES in response to explosion in HIV/AIDS infection rates among injection drug users.
October 1997	Mayor Owen and Chief Constable of the VPD form Vancouver's Coalition for Crime Prevention and Drug Treatment.
April 1998	Fraser Institute hosts forum on "Sensible Solutions to the Urban Drug Problem"
April 1998	First Coalition Partner Forum is held and is attended by over 100 participants. VANDU joins the Coalition.
June 1998	Coalition sponsored International Symposium on crime prevention and drug treatment hosts over 200 participants and five international drug policy experts.
June 1998	V/RHB conducts consultations in the DTES to consider a proposed centre for drug users.
July 1998	City of Vancouver launches *Program of Strategic Actions for the Downtown Eastside.*
October 1998	Coalition Partner Forum held at Simon Fraser University's City Campus to discuss strategic actions for the DTES.
November 1998	Carnegie Community Action Project and the Portland Hotel Society organize the *Out of Harm's Way* conference in the DTES. It is attended by over 700 participants.
1999 (Ongoing)	Mayor's Forums shift to small group discussions with Coalition Partners in Mayor Owen's office.
January 1999	Downtown Eastside Revitalization Program is launched with $5 million from the federal government.
January 1999	Canadian Alliance for Social Justice and Family Values forms to represent the Chinese community and traditional Chinese values.
July 1999	Vancouver Agreement consultations held in the DTES.
October 1999	Coalition sponsored Community Crime Prevention Forum held at SFU.
December 1999	Mayor Owen hosts forums to discuss the continuum of care approach.
March – April 2000	Coalition sponsors public forums on the continuum of care approach.
March 2000	The three levels of government sign the Vancouver Agreement and name the DTES as the first five-year focus of the Agreement.
August 2000	Gastown/Chinatown/Strathcona/Victory Square Community Alliance forms to oppose any new facilities for drug users in the DTES.
August 2000	Succumbing to intense pressure from the Community Alliance, Mayor Owen calls a 90-day moratorium on new facilities for drug users in Vancouver.
October 2000	1,500 Community Alliance members march in the streets and are confronted by advocates for drug users. Only a large VPD force maintains the peace.

November – December 2000	Six Coalition Partner Forums held to discuss draft *Framework for Action* prior to its release.
Novermber 21 2000	City of Vancouver releases a draft *Framework for Action.*
November 2000 – April 2001	Six public forums and 30 small scale community meetings are held to discuss the draft *Framework for Action.*
December 2000 – April 2001	"Multicultural" consultations and outreach conducted in the Chinese, Vietnamese, Latin American and South Asian communities.
January 2001	V/RHB assumes full responsibility for drug and alcohol services and applies to the City of Vancouver for permission to open four "first focus" facilities.
February 2001	City of Vancouver grants development approval on the condition that Good Neighbour Agreements are in place.
April 2001	Revised *Framework for Action* reflecting public input is released.
May 15 2001	Vancouver City Council unanimously endorses *A Framework for Action* as City policy.
May 2001	Neighbourhood Liaison Committee is formed.
December 2001	Canada's second Drug Treatment Court opens in Vancouver.
October 2002	The Skills Centre for drug users, the last of the four V/RHB facilities, opens in the DTES.
November 2002	Former Chief Coroner Larry Campbell and his COPE party nearly sweep the civic election on the strength of their support for the four-pillar approach. Campbell promises to continue Mayor Owen's work and open a safe injection site as soon as possible.

Appendix B Coalition for Crime Prevention and Drug Treatment Partner Organizations, 1997-2003

Founding Partners (1997)

Vancouver City Council

Vancouver Police Board

Vancouver School Board

Crime Prevention Offices

Community Centre Assoc.

Vancouver Park Board

Board of Trade

Vancouver Int'l Airport

UBC

SFU

VanCity Credit Union

Downtown BIA

Vancouver Port Corporation

United Way

Vancouver Foundation

United Chinese Community Enrichment Services Society (S.U.C.C.E.S.S.)

Tourism Vancouver

Vancouver Hotel Assoc.

Rotary Club of Vancouver

Royal Canadian Mounted Police (RCMP)

Partner Organizations (2003)

Mayor Larry Campbell

Vancouver City Council

Vancouver Police

Vancouver School Board

Vancouver Board of Trade

Vancouver Port Corporation

Vancouver International Airport Authority

Tourism Vancouver

University of British Columbia

Simon Fraser University

United Chinese Community Enrichment Services Society (S.U.C.C.E.S.S.)

Vancouver Foundation

United Way

VanCity Credit Union

Downtown Vancouver BIA

Vancouver Hotel Association

Rotary Club of Vancouver

Royal Canadian Mounted Police (RCMP)

Health Canada

Insurance Bureau of Canada

Insurance Corporation of British Columbia

Browning-Ferris Industries

The Gathering Place

Kaiser Foundation

Collingwood Community Policing Centre

The British Columbia Regiment

Vancouver Recovery Club

Vancouver Family Court & Youth Justice

Mount Pleasant Community Policing Centre

BARWATCH

Granville Community Policing Centre

Gastown Community Policing Centre

Volunteer Vancouver

Kerrisdale BIA

Kensington Community Centre

Alcohol-Drug Education Service

First United Church

Robson Street BIA

Vancouver Economic Development Commission

Chinatown Police Community Services Centre

Odd Squad Productions

YWCA of Vancouver

Grandview-Woodlands Community Policing Centre

Davie Street Community Policing Centre

Cedar Cottage Community Policing Centre

Concert Properties Ltd.

Canadian Bankers Association

Circle of Hope Coalition Society

The International Dyslexia Association, BC Branch

Renfrew Collingwood Drug & Alcohol Committee

Anglican Diocese of New Westminster

Vancouver Police Native Liaison Society

BC Coalition for Safer Communities

Together We Can

TELUS

Committee

Boys and Girls Club of Greater Vancouver

Taiwanese –Canadian Cultural Society

Hope in Vision

Downtown Vancouver Association

Downtown Eastside Youth Activities Society

Salvation Army

Mount Pleasant Business Improvement Association

Vancouver Community College

Victory Outreach Vancouver

Vancouver Area Network (VANDU)

Pacific Community Resources

Family Services of Greater Vancouver

Central City Mission

Appendix C Sample Interview Guide

1. Tell me about how you've been involved in drug misuse issues in Vancouver?
   - Coalition for Crime Prevention and Drug Treatment?
   - Developing *A Framework for Action*?
   - V/RHB processes?

2. How were community groups involved in developing *a four-pillar approach*?

3. How would you describe the Coalition's role in developing *a four-pillar approach*?

4. How were groups and organizations brought into the Coalition? How did they come to join?

5. What were the first community meetings you attended like?

6. How did they change?

7. What organizations or people have you had success working with?

8. Were there organizations hindering what you were trying to do?

9. Who were the key people or organizations that helped you overcome opposition?

10. Could you tell me about the multicultural consultations and what led up to them?
    - What impact did they have?

11. How did community interaction shape the policies and strategies in *A Framework for Action*?

12. How important are the Good Neighbour Agreements in overcoming community opposition?
    - How is the Neighbourhood Liaison Committee working?

13. What lessons have you learned as a result of your involvement?

Appendix D **Informed Consent Statement**

Collaborative Planning through Complex Networks: A Case Study of the Development of A Four-Pillar Approach to Drug Misuse Problems in Vancouver

Investigator: Daniel B. Garrison
Master of City Planning Candidate

Advisory Committee: Dr. Rae Bridgman – Department of City Planning (U of M)
Dr. Ian Wight – Department of City Planning (U of M)
Ms. Laura Evans – KPMG Consulting, Vancouver

Current Address:
Victoria, British Columbia

Informed Consent

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

This study is being conducted in order to assess the contribution of collaborative planning to overcoming conflict and coordinating diverse stakeholders in drug policy and program planning in the City of Vancouver. The information gained from this interview will be analysed in reference to collaborative planning theory. This study is being conducted by Daniel Garrison as part of the requirements to graduate with a Master of City Planning Degree from the University of Manitoba. This thesis work is being advised by Dr. Rae Bridgman of the Department of City Planning, Faculty of Architecture at the University of Manitoba.

Within this interview, you will be asked to comment on several statements and answer several questions regarding the process of developing a response to drug misuse problems in the City of Vancouver. You will be asked to comment on the process in general, and on your specific role within that process. With your permission, this interview will be audio taped so that the information gained here can be transcribed, and analyzed at a later date. In addition, notes will be taken during the interview. All audiotapes and interview materials will be destroyed at the completion of the study. If at any time a portion of this interview makes you feel uncomfortable in any way, you may choose to have the tape recorder turned off, omit an entire section altogether, or terminate the interview. Also, if you have any questions or concerns during the interview please feel free to ask the interviewer at any time.

Your identity will be kept confidential. This means that your name, your position, your organisation's name, and any other information that would reveal your identity will not be included in the final report of this study. Where information occurs within an interview transcript that will be included in the final report, names and other information that is confidential will be omitted.

If you are interested in viewing the final report, it will be made available for you to read in August 2002. This work will result in a thesis to be placed in the Architecture and Fine Arts Library at the University of Manitoba and archived with the National Library of Canada. The research may also be considered for future publication within planning journals by the researcher.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any questions or concerns after this interview is completed, please feel free to contact Dr. Rae Bridgman at 1-204-474-7179, JA Russell Building, Faculty of Architecture, University of Manitoba. Winnipeg MB, Canada – R3T 2N2, or through myself at , Victoria BC, Canada –

This research has been approved by the Joint Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Thank you for giving your time to participate in this interview. Your responses are very valuable to this research project and are greatly appreciated.

I, _____, give Daniel Garrison permission to use the information gathered during this interview under the conditions stated above for the purpose of researching collaborative approaches to drug policy planning in the City of Vancouver.

Date _____

Respondent's Signature _____

Researcher's Signature _____

Appendix E A Framework for Action – Goals and Actions Summary

A FRAMEWORK *FOR ACTION*

A Four-Pillar Approach to Drug Problems in Vancouver

PREVENTION

TREATMENT

ENFORCEMENT

HARM REDUCTION

REVISED

Donald MacPherson,
Drug Policy Coordinator, City of Vancouver
April 24, 2001

Appendix A
Goals and Actions - Summary

Goal 1

Provincial and Federal Responsibility: To persuade other levels of government to take action and responsibility for elements of the framework within their jurisdiction by encouraging a regional approach to the development of services, and by demonstrating the city-wide, regional, national and international implications of the drug problems in Vancouver. This goal is the overarching goal and the key element to achieving the following four goals.

Actions:

Note: Some actions in the following section may require legislative and/or regulatory changes in order to be implemented. These and others are in italics.

Regional and National Drug Strategy

1. The **Provincial ministries responsible** implement policy that ensures municipalities throughout British Columbia support the development of a full range of drug and alcohol services.

2. *The Ministry of Social and Economic Security in consultation with the community explore options that would allow the distribution of BC Benefit cheques throughout the month in order to decrease the sale and use of drugs and alcohol at any one time by those on BC Benefits who suffer from addiction and mental health problems.*
   Lead Agency: *Ministry of Social Development and Economic Security*

3. The **Provincial Government** implement a policy framework for reducing the harms to the community and individuals associated with alcohol, tobacco and illicit drugs to guide and inform municipal decision makers in determining priorities for action.

4. The **Federal Government** take strong leadership in the following areas:
   - *Review existing laws with regard to illicit drugs, organized crime, gathering of evidence in drug cases and protection of youth.*
   - Implement new money laundering legislation.
   - *Review existing laws and procedures to deal with refugee claimants who are engaged in the illegal drug trade.*
   - *Initiate research and development of alternative pharmacotherapies for drug addiction including: Levo-alpha-acetyl-methadol (or, LAAM, a derivative of methadone that is long-acting), Buprenorphine (an alternate therapy for heroin users), amphetamines and other drugs to treat cocaine addiction.*
   - *Provide leadership in the development of national research into the feasibility of such initiatives as: heroin-assisted treatment, safe injection or consumption rooms, low threshold methadone prescribing practices and other innovative approaches to addiction treatment and the reduction of drug-related harms to individuals and communities.*

Goal 2

Public Order: To work towards the restoration of public order across Vancouver by reducing the open drug scenes, by reducing the negative impact of illicit drugs on our community, by reducing the impact of organized crime on Vancouver communities and individuals, by providing neighbourhoods, organizations and individuals with a place to go with their concerns related to safety, criminal activity, drug misuse, and related problems, and by implementing crime prevention techniques to increase public safety.

Actions:

Prevention

8. Support and fund a community-led process that increases the ability of neighbourhoods within Vancouver to respond to the negative impacts of substance misuse. The goals are: to increase the awareness and understanding of substance misuse, to develop specific programs for reaching non-English speaking communities, and to support community-based responses to the misuse of drugs and alcohol in the community.
   Lead Agency: City of Vancouver
   Partner Agencies: Vancouver/ Richmond Health Board, Ministry of Children and Families, National Crime Prevention Centre, private foundations, Community organizations

10. Consider the creation of a Healthy City Office within the City of Vancouver in order to support a coordinated response to community health and safety and crime prevention in the city and to promote and support
    projects that work towards creating healthier and safer neighbourhoods within Vancouver.
    Lead Agency: City of Vancouver
    Partner Agencies: Vancouver/Richmond Health Board, Ministry for Children and Families, Vancouver Police Department.

Treatment

11. *Increase methadone availability by removing current barriers (such as user fees, counselling fees, and restrictive regulations) for the methadone maintenance program in order to treat an additional 2,000 clients in the Lower Mainland over the next two years, with the Downtown Eastside as a priority area for expansion. Continue the expansion of the Provincial Methadone Maintenance Treatment programs within other areas across Vancouver and the province where there is a highly marginalized group of opiate users and those who use opiates and stimulants in combination.*
    Lead Agency: *Ministry of Health*
    Partner Agencies: *College of Physicians and Surgeons, Ministry for Children and Families, Vancouver/Richmond Health Board*

← ***REVISED ACTION***

12. Ensure that a continuum of supportive housing is developed including housing and/or shelter to stabilize those who misuse drugs and alcohol, and drug- and alcohol-free housing for individuals in recovery.
Lead Agency: BC Housing
Partner Agencies: Vancouver/Richmond Health Board, City of Vancouver, Human Resources Development Canada

23. Explore legal and policy options related to the provision of mandatory treatment for a small group of repeat criminal offenders who are addicted to heroin, cocaine, or alcohol and responsible for a high percentage of crimes committed in the city.
Lead Agency: *Office of the Attorney General*
Partner Agency: *Ministry of Health*

24. Explore legal and policy options to allow for mandatory drug treatment for youth involved in the illegal drug trade and severely addicted youth who are at risk of harming themselves and others as a result of their addiction.
Lead Agency: *Ministry for Children and Families*
Partner Agency: *Office of the Attorney General*

Enforcement

25. Increase the Organized Crime Unit, the Vancouver Police Drug Squad and the RCMP Drug Squad unit in order to better target organized crime, drug houses that cause neighbourhood disruption and mid and upper level drug dealers that supply street level drug dealers.
Lead Agencies: Solicitor General (Federal), Office of the Attorney General (Provincial), City of Vancouver)
Partner Agencies: Vancouver Police Department

26. Institute a senior-level Drug Action Team comprised of senior staff from: Vancouver Police, City of Vancouver, Vancouver/Richmond Health Board, the Attorney General's office, Ministry for Children and Families, the RCMP and
community representatives. In coordination with local Neighbourhood Integrated Service Teams, local Community Health Committees, service agencies and Community Policing organizations, this group will coordinate responses to serious drug-related issues raised by neighbourhoods.
Lead Agency: City of Vancouver
Partner Agencies: Vancouver Police Department, Vancouver/Richmond Health Board, Office of the Attorney General (Provincial), Ministry for Children and Families, RCMP

27. Initiate a pilot Drug Treatment Court in Vancouver and advocate for creating a range of diversion programs within the criminal justice system that give individuals the option of entering treatment and support programs instead of going to trial and prison. Also explore community courts and options related to community service.
Lead Agency: Office of the Attorney General (Provincial)
Partner Agencies: Department of Justice Canada, Ministry of Health (Provincial)

28. *Review existing Federal and Provincial laws and City bylaws to determine what changes are needed to give police and the courts better tools to respond to changes in the illegal drug trade such as "dial a dope" operations, public consumption of drugs, and the sexual exploitation of youth.*
Lead Agencies: *Solicitor General (Federal), Office of the Attorney General (Provincial), City of Vancouver*
Partner Agencies: *Department of Justice Canada, Ministry for Children and Families*

29. Continue the redeployment of police officers in the Downtown Eastside to increase contact and visibility in the community and improve police coordination with health services and other agencies to link drug and alcohol users to available programs.
Lead Agency: Vancouver Police Department
This initiative is also part of the Vancouver Agreement initiatives announced September 29, 2000 and cross-referenced in Appendix B.

Harm Reduction

31. Provide housing and short term shelter options for active drug users currently living on the street.
Lead Agency: BC Housing
Partner Agencies: City of Vancouver, Vancouver/Richmond Health Board, Human Resources Development Canada

32. *Establish a multi-sectoral task force with representation from all levels of government to consider the feasibility of a scientific medical project to develop safe injection sites or supervised consumption facilities in Vancouver and in other appropriate areas in the region and across the country in order to reduce health risks and minimize open drug scenes.*
Lead Agency: *Health Canada*
Partner Agencies: *Vancouver/Richmond Health Board, City of Vancouver, Vancouver Police Department, RCMP, Attorney General*

REVISED ACTION

Goal 3

Public Health: To work towards addressing the drug-related health crisis in Vancouver by reducing harm to communities and individuals, by increasing public awareness of addiction as a health issue, by reducing the HIV/AIDS/ hepatitis C crisis, by reducing overdose deaths, by reducing the number of those who misuse drugs, and by providing a range of services to groups at risk such as youth, women, Aboriginal persons, and the mentally ill.

Actions:

Prevention

5. Establish a prevention/education task force to develop a pilot, city-wide school curriculum for elementary and high schools (K-12) that is interactive, age-appropriate, and delivered by classroom teachers (with some participation from resource people such as nurses, police, counselors). The program would be designed to enhance decision making and refusal skills, promote dialogue, convey accurate information concerning substances, assist students to delay drug use and/or get help if they are using, support mental health, and foster sense of connectedness and optimism. Members of the task force would include the Vancouver School Board, Vancouver Elementary and Secondary School Teachers Association (VESTA), British Columbia Teachers Federation (BCTF), Ministry of Education, Ministry of Children and Families, Vancouver/Richmond Health Board, City of Vancouver, Vancouver Parks Board, Vancouver Police Department, addiction prevention specialists, parents of addicted children, youth and community representatives.

REVISED ACTION ➡

Lead Agency: Ministry for Children and Families and Ministry of Education

Partner Agencies: Ministry of Education, VESTA, BCTF, Vancouver School Board, Vancouver/Richmond Health Board, Vancouver Police Department, City of Vancouver

6. Develop a public education campaign to be delivered by community centres, neighbourhood houses, public institutions, business organizations, and through the mass media that targets the general public as well as specific populations such as pre-drug using children, university/college students, children in alcohol or drug dependent homes, women, seniors, ethnic and cultural communities, immigrants and other groups in society. **Lead Agency:** Ministry for Children and Families

REVISED ACTION ➡

Partner Agencies: City of Vancouver, Vancouver School Board, Vancouver/Richmond Health Board, Vancouver Police Department, Vancouver Coalition for Crime Prevention and Drug Treatment, business organizations, addiction Prevention organizations.

7. Develop a prevention program that specifically targets parents, particularly early parents and parents of preteen and teenage children, with the goals of increasing awareness and understanding of substance misuse issues among all parents, including those with English as a second language, single parents, and parents with addiction problems; providing opportunities for support and information sharing for those parents with children who are experimenting with substance use
Lead Agency: Ministry for Children and Families
Partner Agencies: Vancouver School Board, Vancouver/Richmond Health Board, Ministry of Health, Health Canada, City of Vancouver.

NEW ACTION

9. Develop and implement integrated pilot prevention projects for high risk youth, eight to thirteen years of age and their families, in neighbourhoods that meet the socio-economic criteria definition of "inner city". Focusing on increasing involvement with these youth and their families, critical programming should occur which provides positive peer interaction, strengthens constructive connections to their communities, provides access for crisis intervention, improves the ability of communities to provide support and involvement to these youth and their families and involves youth and families in the development of the programs.
Lead Agencies: Ministry of Children and Families and City of Vancouver
Partner Agencies: Neighbourhood Houses, Community Centres, and other community serving agencies.

NEW ACTION

Treatment

13. Establish the 15-bed unit at BC Women's Hospital as planned by the Vancouver/Richmond Health Board to include women with children and pregnant women who need detoxification and primary health care services related to substance misuse.
Lead Agency: Ministry of Health
Partner Agencies: Vancouver/Richmond Health Board

14. Establish 20 treatment beds for youth outside of the Downtown Eastside in several small, low-community-impact, residential treatment programs that: recognize the role of drug misuse and risk taking in adolescent development; have safety and the long-term well being of youth, rather than abstinence, as the overriding goal; and recognize that abstinence is also an important goal for many.
Lead Agency: Ministry for Children and Families
Partner Agency: Vancouver/Richmond Health Board

15. Establish a long-term (eight months to two year) treatment centre for youth with severe addiction problems. The philosophy should embrace the whole person and provides a range of educational programs, skill development, job training and linkages back to housing, family (where appropriate) and the community in addition to addiction treatment in order to prepare individuals for return to the community.

NEW ACTION

Lead Agency: Ministry of Children and Families
Partner Agencies: BC Housing, Ministry of Attorney General, Ministry of Social Development and Economic Security, Business Organizations, Private Foundations

16. Expand support services to families of children who are involved with substance misuse in order to breakdown stereotypes, help parents deal with feelings of guilt and anger, and help them understand addiction issues such as relapse and the often desperate measures taken by addicted youth.
Lead Agency: Ministry for Children and Families
Partner Agency: Vancouver/Richmond Health Board

17. Establish six medical detox beds at St. Paul's Hospital as planned by the Vancouver/Richmond Health Board for those seeking to withdraw from drugs and/or alcohol and who have serious medical problems.
Lead Agency: Ministry of Health
Partner Agency: Vancouver/Richmond Health Board

18. Take steps to initiate clinical trials of a range of medications (including LAAM and Buprenorphine) for heroin and (amphetamines and cocaine) for cocaine addiction in order to increase the options that doctors have available for treatment for those who are methadone-resistant or who have not responded to treatment options over the long term.
Lead Agency: *Health Canada*
Partner Agency: *Ministry of Health*

19. Proceed with the proposed multi-city clinical research trials into the feasibility of heroin-assisted treatment through St. Paul's Hospital and the BC Centre for Excellence in HIV/AIDS Research in Vancouver and other Canadian cities for those who are methadone-resistant or who have not responded to treatment options over the long term.
Lead Agency: *Health Canada*
Partner Agency: *Ministry of Health*

20. Expand and decentralize needle exchange services across the Vancouver/Richmond region by providing needle exchange in all primary health care clinics, hospitals, pharmacies and through non-profit groups and user groups. Encourage increased responsibility among drug users to return needles by developing incentives and innovative approaches to needle recovery and disposal in the community.

REVISED ACTION

Lead Agency: Ministry of Health
Partner Agencies: Vancouver/Richmond Health Board, College of Pharmacists, City of Vancouver

21. Pilot accessible (low threshold) support programs or day centres for addicts in neighbourhoods outside of the Downtown Eastside to help prevent those who use drugs, particularly youth, from becoming more deeply involved in the inner city drug scene.
Lead Agency: Health Canada
Partner Agencies: Vancouver/Richmond Health Board, Ministry for Children and Families

22. Commit to creating a range of culturally appropriate strategies and services for Aboriginal persons within the four pillars of prevention, treatment, enforcement and harm reduction with a priority on the development of services for Aboriginal women with addiction and Aboriginal youth at risk.
Lead Agencies: Ministry of Children and Families, Vancouver/Richmond Health Board.
Partner Agencies: City of Vancouver, Vancouver Aboriginal Council, Ministry of Aboriginal Affairs, Health Canada, Department of Indian and Northern Affairs, Privy Council Office.

Enforcement

30. Develop a pilot project focusing on youth (including addicted youth) involved in the sex trade that would integrate enforcement efforts against customers and pimps and co-ordinate with health and social support services to direct youth treatment programs with the goal of preventing their return to the street sex trade. In addition this project would need to give special consideration to certain groups such as aboriginal youth.
Lead Agencies: Vancouver Police Department, Ministry of Children and Families and City of Vancouver
Partner Agencies: Vancouver/Richmond Health Board, Office of the Attorney General, Justice Canada, Service providers

NEW ACTION

Harm Reduction

33. Implement an overdose death prevention campaign that involves the Vancouver/ Richmond Health Board, Vancouver Police, BC Ambulance Service, City of Vancouver, drug user organizations and community agencies to develop overdose prevention strategies.
Lead Agency: Vancouver/Richmond Health Board
Partner Agencies: Vancouver Police Department, BC Ambulance Service, City of Vancouver

REVISED ACTION

34. Establish testing procedures for street drugs and develop a database on changes in their purity to be used by enforcement agencies, health service providers and the community in order to support the development of overdose prevention strategies. Develop strategies to implement a range of harm reduction measures to minimize the risks encountered at Rave parties.
Lead Agency: *Vancouver Police Department*
Partner Agencies: *RCMP, B.C. Coroners Office, City of Vancouver, Vancouver/Richmond Health Board*

35. Develop appropriate housing for those with mental illness and dual-diagnosis problems throughout the region and the province.
Lead Agency: BC Housing
Partner Agencies: Vancouver/Richmond Health Board, City of Vancouver, Ministry of Health

Goal 4

Coordinate, Monitor and Evaluate: To advocate for the establishment of single, accountable agent to coordinate implementation of the actions in this framework, and to monitor and evaluate implementation through senior representatives of the Vancouver/Richmond Health Board, the Vancouver Police Department, the City of Vancouver, the BC Centre for Disease Control, the Ministry for Children and Families, the Office of the Attorney General, and community representatives.

Action:

36. Oversee balanced implementation of the four-pillar approach; prevention, treatment, enforcement and harm reduction.

Appendix B
Vancouver Agreement Announcements

Summary of September 29, 2000 First Focus Announcements

In September 2000, the federal and provincial governments along with the City under the *Vancouver Agreement*, announced the first phase of a program to address the urgent and complex social, economic and health and safety issues of the Downtown Eastside. This was an important first step.

Specific Announcements – September 29, 2000

- Establishment of a Downtown Eastside Treatment Centre with new and expanded treatment services to close gaps in care systems and improve their effectiveness. The centre will provide a range of detox, sobering services, stabilization services, outreach, and methadone therapy.
- Expansion of treatment services (sobering and detox services) throughout the city.
- Creation of an indoor Health Connection program to provide frontline health and substance misuse referral services, life skills training and social support programs for street involved drug and alcohol users.

The total cost of the preceding three initiatives is $2.1 million.

- Redeploy police officers in the Downtown Eastside to increase contact and visibility in the community.
  Cost: $1.6 million (of re-allocated funds)
- Improve police coordination with health services and other agencies to link drug and alcohol users to available programs.
- Stepped up enforcement efforts targeting drug dealers.
- A physical re-design of the Carnegie Centre entrance to reduce illegal drug activity at the corner of Main and Hastings Streets.
  Cost: $200,000
- Expansion of street improvement programs including expanded graffiti removal and needle and drug paraphernalia pick-up.
  Cost: $180,000
- New housing developments located in various neighbourhoods
  Cost: $7.5 million
- The establishment of the Partners in Economic and Community Help fund to provide loans, loan guarantees, grants and lease subsidies to organizations and businesses in the Downtown Eastside area.
  Cost: $2.3 million

These nine initiatives will involve a total investment of $13.9 million in the community.