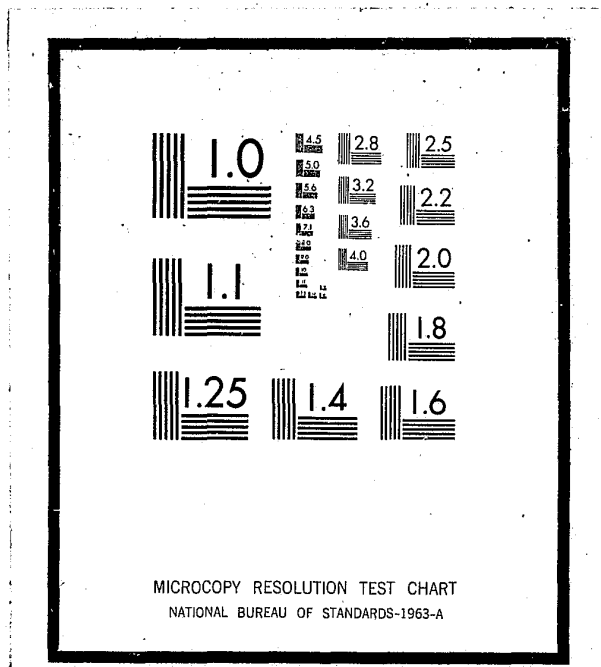


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Date filmed

6/13/75

SYMPOSIUM

ON HEROIN USE

015036

A PROJECT OF
THE VANCOUVER PAROLE UNIT
of the
BRITISH COLUMBIA CORRECTIONS SERVICE
To bring involved people together
To share concerns and seek answers

FEBRUARY 28, 1973 - VANCOUVER, B.C.

".....My curiosity and the offer of free heroin from a source so close at hand, resulted in my first usage.....it was not long before I was in a position of heavy debt to certain parties I have made many mistakes in my life, but none as personally deceiving as, considering my will, strong enough to hold off heroin addiction.....no one is, once the first steps are taken and a constant supply remains available addiction is like the coming of night, slow but irreversable..... the addict attempts to fool the time sense, both the past (a reminder of past failures) and the future (which holds new problems to surmount)..... he attempts to live in his twilight of the present, relying on the heroin to hold off thoughts of anything else....."

Recollections of an anonymous
eighteen year old heroin
addict introduced to the drug
in Vancouver, 1972.

IN MEMORY OF THOSE ANONYMOUS DRUG ADDICTS
WHO HAVE DIED FROM HEROIN OVERDOSE IN THE
GREATER VANCOUVER METROPOLIS.

".....All my life, I have wanted to attend University but thought it was hopeless..... I can't promise that I will stay out of trouble..... I am only going to try my level headed best to do so.....I am hopeful.....I want to try"

An anonymous twenty-~~three~~ year old
heroin addict (1948-71) who
died from a drug overdose
in Vancouver within four months
of writing these words.

".....social research is urgently needed in order to (1) devise ways and means of establishing an effective early detection method (2) assist parents, schools and authorities in ways and measures of controlling the problem (3) pioneer new methods of improving social functioning concerning those who are narcotic prone or who are known to be associating with addicts..... co-ordination of existing services in the community concerned with this problem may be the first step in controlling the spread of narcotic use..... a special treatment unit with detached workers on night duty should be set up with caseloads small enough to permit an intensified personal service..... such action will require courage to look at the costs not only in terms of dollars but rather the human misery that can result if the problem is allowed to remain dormant....."

A. Trono and J. Sabourin "Use of
Narcotics by Juveniles in Vancouver
"Unpublished Paper, 1964.

".....there is concern voiced by those without power and a suppression of this concern by those in power, fearful that any recognition of a problem within the sphere of their jurisdiction would be an implicit criticism of their administration.....rather than criticising a given institution as being responsible for producing or failing to control the problem, an appeal was made for the support of all institutions to work collaboratively in exploring the ways of coping with a multi-faceted problem."

S. Lecker, M.D. and W. Figott
"Coping with Drug Abuse" Canada's
Mental Health Supplement, No.64,
March/April, 1970.

REPORT OF THE
SYMPOSIUM
ON
HEROIN USE
IN GREATER VANCOUVER - Report -

sponsored by

THE VANCOUVER PAROLE UNIT

BRITISH COLUMBIA CORRECTIONS SERVICE

CENTRAL MEMORIAL CHURCH
Vancouver, British Columbia

on

February 28, 1973.

A Symposium on Heroin Use was held at the Canadian Memorial Church Vancouver, B. C. February 28th, 1973 sponsored by the B. C. Corrections Service.

The following groups were represented (1) Law Enforcement and legal authorities (2) Emergency Services both professional and Voluntary (3) Voluntary Agencies (4) Public Agencies (5) Medical Personnel including Doctors, nurses and Social Workers (6) Correctional Services including Federal, Provincial and Municipal (7) Self Help Groups (8) Several ex-heroin users and addicts (9) Members of the Clergy, educators and recreational personnel.

Contrary to expectations, more than 200 interested delegates attended for this full day session.

This is a Report on the Symposium and does not necessarily represent the views of the British Columbia Corrections Service or the Government of British Columbia. No commitment for future action should be inferred from the recommendations of the participants.

J. V. Sabourin

CONTENTS

The Panelists:

	<u>Page</u>
Linda	1 - 2
Bernie	2 - 4
Sandy	5 - 6
Gary	6 - 8

Reports of the Chairmen:

Community/Institutional Controls	8 - 10
Emergency Services	10 - 12
Voluntary Agencies	12 - 13
Public Agencies	13 - 15
Medical Personnel	15 - 17
Correctional Services	17 - 19
Self-Help	20 - 22

Appendix "A"

22 - 25

Symposium Objectives

26 - 27

Summary of Recommendations

27 - 30

LINDA:

Hi! I was elected to come first and I am probably the only one who does not have any notes.

I can say that I have used heroin. I was not a registered heroin addict and I never really admitted it to Police Officers or whatever, because admitting to using heroin, to any degree, leaves more of a black mark than just being an ex-convict.

I came here with the idea I was going to stand up here, yell, cut-down and criticize all the organizations that I have ever been involved in. I would just try to make you guys realize that it is just not working out. But I think that was really the wrong attitude to take. I have talked to a lot of people and they sort of express this. I must show respect for all the organizations because they are trying, they really are. But I think one thing that we ought to be aware of is that what we are attempting to do is not successful enough. I say that because, look at the young, and I mean the really young kids, who are turning onto 'junk' now. They are coming to us eleven and thirteen year old kids. Our organizations are working, yes, because we do have some success rate. They are coming back to the street and making it. But there is also something else happening. That is, thirteen year olds to fifteen year olds are not being reached in time.

Something that I thought of last year and I have talked to some organizations is that all are hung up with red paper. Every person here is sitting here with a heart that listens and tries to understand, no matter how inhibited. Is it not possible that since every organization has some success rate, that every organization cares, and tries, is it not possible to create liaison groups, for example, like the Canadian Chamber of Commerce?

Can you not have some sort of combined committee with one representative from all agencies on that committee? Because you all succeed, to a point you know, but there are so many types of people that come through your organizations. Some of you are not prepared to handle some types because of your limitations. But there are some other organizations that could possibly handle that person, the one you can't help.

Now I can't stand up here and know all, because I don't. I have been astounded by the people I have talked to and who have informed me of the things all of you have been doing. I realize that to a certain extent you do share, you share your film equipment, you share your films. Perhaps on social occasions, but not on business occasions, you will discuss things.

But you don't really discuss what your organization is doing, where it is heading and how effective it is.

There are people who can go to Agency A which is the only place that they are going to succeed in. But some people who, if they go to Agency A, will not be helped. Can you not share more by telling the head of Agency A something like - "this person does not belong in your Agency. Maybe Agency B could do something or even Agency C or maybe Agency D". Maybe more agencies would be more successful if they were working with organizations on the street. Maybe if you could all become more involved with our schools and our communities, maybe this would work better!

Now you can sit back and say "Just look at the red paper you are handing us Linda". All the red tape, that is all there is. But we are talking about lives!

I, myself, would write out one hundred and fifty forms to help a person. This is the type of work that we have all entered into. We all realize there is red tape and lots and lots of paper work to go with it. Even though my ideas are just a little farout, I would say, think about it, please think about it. I don't have the brain power to understand all the workings, but you are the people that do. I have seen pride take a wrongful place in an organization. I have seen people suffer for it, even personally I have suffered. I would like to make a suggestion, that is, take my suggestions and at least think about them. Thank you.

BERNIE:

I see my old friend is over here, and we have known each other for many years. We have had our struggles. I can go back twenty-five years to the first time he jumped on my throat. I see him here today and I want to know I am not really sorry. I am still in good shape. How are you, Mr.-----? What a way to open. Anyway, I have three questions.

Is there a problem? I agree there is a problem. It is an evident fact that I cannot speak of statistics, but I can speak about myself. I can also speak about the convicts in the Penitentiary. You see many young cons coming in for the first time using 'smack'.

What are we doing about this now? Well there have been several things that have happened. I know many of these groups here today. although I am not familiar with all groups, I know X-Kalay - I know of the John Howard Society - and I am a member of Seven Steps incidentally. But, as for me in groups in regards to my problem I never did attend them. Maybe I was fortunate, maybe I wasn't, but I wound up in the 'joint' before I really had any chance to get 'knowed in' too bad.

I would like to speak about my narcotic record. The first time I got 'busted for stuff' was in 1953. I had been using for about four and a half to five years then. I first started in 1948. But I was never addicted. I used to just 'fix' on the week ends here and there. I got a small habit in 1952. I went to gaol for a year, and I got out. In 1953, I went to gaol and I was out in three months and ten days. I got a year incidentally but I am forgetting myself. I got a year - twelve and two for stuff in 1954.

After being out for a period of three months and ten days, I was sentenced to four years and fined Five Hundred Dollars, or an additional six months for 'Possession' of one hundredth of a grain on my handkerchief. I had the stuff with me incidentally that day but I was fortunate. I got it down in time. What happened they took me to the 'joint' and took my shirt and so forth. They wound up with my hanky and they claimed there were traces in my pocket. I figured I was fairly heavily penalized for the period of four years for such a small amount of heroin. I was out in one year.

That time I was a pretty good boy. I say good boy, because I wasn't messing with 'junk'. I was out there blowing cans and being pretty active because this is my life. Three years I get. I was out another thirteen months and fell for the twelfth time.

This time buying 'junk' again. So I get out after six years and four months. I tried to straighten out my act and be a good boy and a responsible citizen, so forth and so on. But I guess that I did not have it in me. I tried.

I went to work as a roofer, the first time I was gainfully employed in a period of twenty years. Twenty years, but I was still in pretty fair shape. I did my exercises so forth and so on. I felt good - but boom - I got myself wired up again. The next thing you know, I was back into action. I get 'nailed' again, I get four years. So I make another four.

This time I take a welding course and I get good marks. The guys were saying 'Bernie, you missed your call, you should have been a welder'. I went to work for a welding firm but I

got laid off owing to the fact that shop welders were a dime a dozen, they were flooding the market, but that is another story. Anyway, I get back to my old tricks again, being a prowler. I got 'nailed', I got six months. The Judge gave me a break this time.

But I think as I look at you people, sixteen years I walked the big yard, but really has it changed me? I think, to be honest, I think if you look, and most of you people are probably unaware, that many convicts are continual losers, time, after time, after time. They wake up, like I am waking up right now, at the age of forty-four. The front of my hair is waving good bye to the back. I am not as fast as I used to be.

I just know I'm hearing you. I am still walking this yard. I say to myself, when will this trip ever finish. What I would like to say, in essence, is that I really believe, sincerely as I say this to you, each and every one of you, that many years in prison certainly does not stop a guy from using the stuff. I believe this and you see this every day.

I knew a guy one time who finished ten years. His friends were waiting for him with the outfit loaded. Even before he gets off the property. He is back in. Nine days later he drove up with a "deuce".

There are; I agree, some people in these groups, people who get involved, like for instance, we will mention a group that I saw at Matsqui not so long ago, say two years ago, 'Teen-Challenge'. Now these guys found something. They found that 'Guy' upstairs. If I had found Him many years ago, I tell you right now, I would not be here talking to you, but this is it. I guess everybody has got a certain faith, something they have been into, or relate to somebody and so forth. Our problem is, I guess, we relate too much to the subculture activities in group norms that we have everyday. This is what happens I think. But what I want to say - my most important point - "incarceration does not act as a deterrent".

We can keep throwing people into gaol year after year but they are going to keep coming out. Some of them are going to die from an overdose. You know, the sad part about it, is that a lot of them have talent. It is a complete waste. So this is what I say as I stand up here right now. I think there is only one answer. I know a lot of people who won't agree with me when I say this but I am going to stand up here and get counted. I speak for the legalization of narcotics. This way a guy might be able to save himself a life time of walking that big yard. He may be able to make a life for himself somewhere - somewhere. I will close for now and say 'good luck' - it is nice talking to you people - take good care'.

SANDY:

I wrote all mine down because as soon as I stand up here and look at you, I am not going to remember anything if I don't. So I did not want to waste the few minutes I have to talk to you to try and tell you of my life when I was on 'junk' for two major reasons.

Number one, being that most, if not all of you, have probably heard it all before. Most of our stories are all the same. Most of us will proclaim quite openly that it was not our fault.

The second reason is that my problem started long before I chose 'junk' as my particular drug to turn onto. I simply can't cut out those important years of my life as entertainment for you. So I will begin by asking you 'what does the word Heroin really mean to you'? Looking Heroin up in the dictionary it is described as a 'habit forming drug derived from morphine', and that is it. But what does it mean to you? Not only as an organization, but as a person. Do you care?

I was over on Vancouver Island just last month visiting my sister. It was her birthday. I can still see her sitting at the kitchen table talking about drugs. She never used them and she doesn't even want to learn about drugs, or even hear about them, but she came up with this statement - "All drug pushers should be hanged". I was in gaol for trafficking in Heroin. I tried to go a little further on the matter but a mental block seemed to happen in her head. She did not want to even listen to me. So what do you say? "That may help the population explosion Sis, but it certainly does not help with the drug problem". Nevertheless I can't help but wonder how many other people feel the way my sister does.

I don't know if you are aware of the statistics and the number of people who are affected by our rising drug problem. I am not. I don't keep tabs on them all. I only know what is happening. The kids are getting younger and younger all the time. Linda and I run into these young kids everywhere who are having problems with drugs. Most of their problems are because there is nothing better for them to do. The main reason we were all invited here today is because Mr. Chairman finally saw that everyone is working for the same general purpose. That some of you are more successful than others. There must be a reason. So what is it? Why do some organizations make it where others fail? What is their method? But most important of all - why have you not contacted the other groups and told them about your method. I admit that if you can help just one person then you have served your purpose, both as an organization and as a person.

But if you do come up with new ideas in dealing with this problem, how many of you, if any, phone a fellow organization and tell them about it. How many do get an opinion or say "let's try this together". Why not? - Why not forget about your organization's name or even that you are part of an organization. Why not just be people for awhile - without a title or a representative's name. Come together and work together and see if it really works. Maybe it won't - but it is an idea and I, as a person, am asking you to try!

When we are divided up into our groups for discussions, let us forget whom we represent and go in the groups as responsible people caring - and sharing - with each other our opinions - our ideas - and see what happens. Maybe it won't even work, but you should be able to communicate and I am confident that you will come up with something constructive. Something that we could try together. Thank you very much.

GARY:

Good afternoon Ladies and Gentlemen, my name is Gary. I am a former user. My use has not been great in terms of extensive addiction, but you only have to be "wired" once to know what it is.

Trying to find out why people take Heroin or what their reasons are should not be the purpose of any group or organization to determine. Too many fingers can be pointed - and to what end. What has to be dealt with is the reality of death in the streets and the reality of the vast profit made by unscrupulous people, by those who aren't even using 'smack', by those who are foisting it on others - onto the street people.

An addict in my experience does go through tremendous changes in his make up. Whatever morality was instilled in myself as a youngster was virtually stamped out. I mean that it was annihilated through addiction to Heroin. This put me in a position where I wandered around the streets looking for a 'fix'. It is a very real thing and it is a gut tearing reality.

I am not all that familiar with the success rates of the various groups who are working with addicts. My concern again is that I am a former user and I wish to God that young people who are pursuing any form of broadening experience that they wake up to the fact that drugs, and especially Heroin, is "a dead end street".

This is a fact I think that has to be taken and analysed and really shown. I remember a high school movie that I saw which dealt with a Heroin addict and it was standard, like a World War II indoctrination film. Yet, I recall the seriousness that was exemplified by this movie and I came to realize that that factor

was just the bare essentials of that presentation that came through to me after subsequently messing around.

Now I think that a wholly realistic attitude would be to accept the fact that the vast majority of addicts become social misfits. I suppose this happens through addiction. In an article from last night's paper on page six, there was a question posed: "Why in spite of all the misery that abounds, does an addict persist in his habit?" The facts are that the addict is living under substandard conditions and experiencing a hellish way of life. Why, why does the addict persist? The answer is by no means a universal one. I believe very firmly that this is a very personal thing with the addict and to generalize about that is not realistic.

Bernie stood up for the legalization of narcotics. I am a proponent of that also, if not the absolute legalization, at least some form of experimentation where addicts are controlled by an agency that is an arm of the government but not a police agency. I feel that the criminalization aspect is, at this point, so stressed that the Courts are absolutely burdened with drug offenders. It is crazy, it is really crazy. It was not until I had served a couple of years in prison that I began using heroin.

Your efforts have been noted by the other speakers. I said before that I'm not really exactly sure what you are doing but I trust that your efforts are to stop the spread of heroin addiction and, of course, the concern is for the younger people. I know that through rumour and association in a couple of instances, that it is spreading through to younger and younger people all the time. It is frightening because they don't give a damn about the attitudes that have prevailed, like attitudes my mother told me, such as the 'worst thing you could do is become a heroin addict'. I guess naturally I went out and did it then.

The serious addict and I suppose, every single addict whom you could ever meet, and has been through it, could tell you he could write a book about the things he has been through. You come into contact with the law right away and, even before you are criminalized, you are in touch with the law. This is not a pleasant thing. I can testify what I found through the X-Kalay Foundation. I am grateful for the fact that they are there, and at this point in my life, I am wholly behind their philosophy of the non-use of drugs, of the non-use of intoxicants in any form, of non-violence. I believe that non-violence follows through the non-use of drugs or intoxicants in any form.

I had experience also with other agencies represented here today. In some way I have had a measure of help but then again, it was on my own undertaking that I pursued my own course. If

there is any objective today, then that objective, I feel, would be to head off the use of drugs at a point where it does not become necessary to use them - where it is either pointed out or shown that the pursuit of drugs to whatever end is a futile one. This, I feel, is where the various agencies can come in and make their impression.

The level of reality that is required is, perhaps, taking form right here in this beginning stage. There is wide spread use. Young people are either going to be weaker or stronger individuals. It is going to be the weaker ones that necessarily "snap" and the snap factor is there because heroin is a deadly poison.

I remember waking up in the morning and finding a "stiff" in my front room and it scared me. I just wished to God that it hadn't happened to me, but it did and I don't want it to happen to anyone else. What could have been done is up in the air, I suppose!

What can be done! I feel very strongly that criminality should be removed from drug addiction and if at some future point, people such as, psychologists or psychiatrists, or what have you, wish to attempt to seek out the underlying causes, then that is fine. My attempt to answer "What can be done?" at this stage of the game, I feel is not in order. It is, however, the halting of the spread of the use of heroin that is of paramount important and how this can be held in check. I feel that this could happen through the concerted efforts of yourselves and perhaps coming under the head of a Government Agency.

There has been a proposal to ship all the addicts off to an island. Now that's ludicrous, that's not feasible! That won't work I am sure! What you want is an integrated Society. I think this is what is in all our minds as Canadians. What we are looking for is a truly integrated Society where we can live along side each other in relative comfort, without one being discouraged by the other and so on. So the problem is evident and what are we going to do about it? It is now in your hands for you people to grapple with. I don't know if I have made any point or not but I hope in some small way I have contributed.

I thank you all.

COMMUNITY/INSTITUTIONAL CONTROLS

Our group was to be confined to Correctional staff, Judges, Officers of the Court, and to various drug squads who were invited to this symposium. This got shuffled around a little bit. We

have representatives from the Royal Canadian Mounted Police, the Vancouver City Drug Squad, Willingdon School for Girls, the Vancouver Parole Unit, Narconon and two Officers from the Lower Mainland Regional Correctional Centre. The afternoon session changed when the group shuffled around again. We had people from the Vancouver City Welfare Department as well as other interested groups joining us. The Police representatives and the Vancouver Parole Unit stayed in the group as well as the Willingdon School for Girls.

Briefly, this morning we started off with a topic 'Legalized Heroin'. This, of course, was not supposed to have really been discussed. However, it has been in the newspapers very much lately. We started off with this as a topic and then moved on to various other things, such as, the change in the user population in the Greater Vancouver area - to the non-criminal type addict - to the methadone addict. Also Methadone versus Heroin as a viable alternative. We discussed the problem of containing, or not recruiting new addicts, but containing the old addict population and cutting off the recruiting of new addicts. We discussed in some detail the problems of communication and the permissiveness of the part of Society towards soft drugs and their use and the changing attitude towards heroin usage. We discussed the problems of placing people on various programmes to withdraw from drugs and the use of heroin generally.

The problem of motivation to change is a very important one. It was generally felt by the group that present programmes are not often uncomfortable enough in themselves to force the addict to see himself in the untenable situation that he is in and to force him to change his life-style. Community education was brought up by both the Vancouver City Drug Squad and the Royal Canadian Mounted Police as well as other agencies. Unfortunately, we feel that the restrictions placed on these agencies in educating the young people in our schools are too rigid. There is not enough that is "reality" allowed. We should show a more gruesome aspect of drug addiction, such as a major user perhaps, on fifteen caps a day coming off 'cold turkey' withdrawal. Pictures of people who have died from heroin overdosage and other films plus printed material which is available. For some reason, parent groups and School Boards have seen fit not to allow this type of information into the schools. We felt that in a large measure, this lack of communication between the drug squad and police agencies on the one hand and the students on the other, is mainly ineffective because of restrictions placed on their activities in the schools by the School Boards. It was really making their efforts to make drug education almost unviable.

In the afternoon, our group was joined by several members of the medical profession. Again the problem of the changing heroin addict population was brought up. For example, the lowering age of drug users and non-criminal users were discussed. It was also stated that the middle class was becoming more heavily involved with the use of heroin than previously. The reasons why addicts in these new categories, the young, and the non-criminal, start on drugs were discussed - whether they do it for "kicks", or out of curiosity, or whether they are led into it through the use of soft drugs. It is believed that once in the drug culture, then progression to the use of heroin was a natural sequence. I think the consensus of the group on the whole was that there is evidence for this progression and that the continued use of soft drugs usually leads to heroin addiction.

The problem of trying to confine the use of heroin to the present population level of users and thereby containing recruitment was discussed. It was pointed out that there was a whirlpool effect. Once you have one user in the community, the problem rapidly spreads. There may be a variety of reasons why it does spread. I think the major one discussed this afternoon was that most of the people in the group, if not all, certainly felt that many parents are neglecting their responsibilities towards their children, especially in the education of their children **concerning drug use, soft or hard, and** doing something about it once it starts. I think that just about sums up, in a concise form, what we in our group discussed today.

EMERGENCY SERVICES

The members of our group were primarily from Emergency Services and also from the Crisis Centre in Vancouver plus Child Welfare Division. I am involved in the placement of children in specialized health care institutions so I have quite a good background to the problem.

This session today gave us all an opportunity to look at how crisis oriented people view services to children at the present time. Briefly, we looked at emergency services and some of their limitations. Our group felt that the contact was often referral of addicts to other kinds of programmes. The group was concerned about the lack of follow-up in some cases and the lack of programmes to which addicts can be referred. They saw themselves as fulfilling primarily a medical emergency situation and often when the medical emergency is over, whether it be an overdose, suicidal, or what, that their role was finished. They don't know where the addict goes to from that point. At the same time, it was recognized that many professionals are missing opportunities to pick up and work with addicts at these times of crisis.

That when at the point the addict is receiving emergency services, he may be acceptable to some kind of help. Once the crisis is over, many addicts, of course, go back to the same scene, but if we could be more tuned in and aware how to pick up when an addict is actually asking for some real concrete service and help, perhaps we could begin to move in.

In place of specific recommendations, I have a couple of proposals that the group made. We had lots of discussions and differences of opinion but I can't bring them all out. What we felt, we would like to share with you and which we largely agreed on.

Our group supported the concept of a medically supervised and controlled Heroin Maintenance Programme for addicts. It is also felt that criminal charges should be removed from Heroin use and criminality taken out of the services rendered to addicts. The Drug Maintenance Programme would have to include resources to facilitate withdrawal from heroin as far as the individual can manage. Such a Heroin Maintenance Programme would also provide intensive services. Staffing and programming would be geared specifically to children as well as to addicts. In other words, we do not think that a drug maintenance programme that does not include the opportunity for withdrawal could be supported. It is felt that this approach is the preferred approach to drug addiction and it represents a step forward. In addition, a proposal is apparently being made to the Government at the present time - a three phase proposal:

Phase One : That there be facilities set up for addicts who wish to withdraw from drug use and who can admit themselves on a voluntary basis.

Phase Two.: Would be a follow-up service of approximately one month in a non-institutional setting. The example was given of a "Farm Retreat", but it also recognized that within the city and urban setting, there could be other kinds of places for an addict after withdrawal. The programme would be treatment oriented and geared towards helping the addict re-integrate into Society.

Phase Three: Would be the setting up of a Youth Service Bureau which would help in seeking out alternative life styles for addicts and seeking what is termed advantageous situations, whether this be a job, an improved situation or other ways and means to help the addict back into the main stream of life.

To sum it up, we felt the question is often raised, "Are you making it unattractive for people to take heroin?" It would seem perhaps the question might be better phrased, "How do you help make it more attractive not to take heroin?" Perhaps we should be looking at the kind of life and the quality of life that we lead, and perhaps this should be our goal!

VOLUNTARY AGENCIES

Our group, a rather large one of over thirty people, moved quickly from the physical aspect of heroin to the psychological and social aspect of addiction and to recognize that the problem is in "the person" rather than in 'junk'.

We went on to discuss what is happening and compared notes amongst our various agencies. We did not have time to hear from everyone present and, unfortunately, we did not have time to really question each other. There were several agencies represented and it was interesting, even in the short time we had, to share concerns and to see what other people are doing.

When it came to considering recommendations, we started to discuss legalized heroin and various other aspects that all come under the Narcotics Act. We decided, rather than to try and buck the law, which is going to be a long process, that we simply go on record as being firmly convinced of the need of fundamental changes in the Narcotic Control Act as soon as possible. Our group feels that the criminality of addiction is a significant part of the problem and that the Act creates and perpetuates this criminality. The law, in other words, is more part of the problem than it is part of the solution.

Secondly, we recognized the need for an action group, or perhaps a number of groups, consisting of people at this meeting to provide the following essential services that now seem to be lacking in the community. We need referral and screening as well as an information service. We need them for both the agencies in the field as well as for the people who are in need of these services provided by our agencies. Another service that we would like to see develop is the integration and co-ordination of existing services and to identify gaps in services that are now being provided. Possibly the same group would be able to continue dialogue with the Government, and keep Government informed of the needs of people at the grass roots level.

Our third recommendation is we see an urgent need for community based facilities for young people. We mean those in the ten to fifteen year age range. The only agency that comes in contact with heroin users at this tender age is the Children's Aid Society and they have no means of dealing with the issue.

The fourth recommendation is that addicts receiving treatment need to be given more respect and responsibility. It was pointed out, as an example, that people receiving methadone at the Narcotic Addiction Foundation should also be accepting some share of responsibility for their own improvement. It is not just enough to provide methadone.

Finally, the fifth recommendation deals with the need for ongoing communication. We recognize that we simply scratched the surface at our meeting today. We realize that we need more discussions, possibly a News Letter, to continue to explore the concerns that we uncovered today. In fact, we recommend that we meet a month from today, at this same place and make our recommendations more concrete. We have learned that the Human Rights Movement is sponsoring a similar meeting of people concerned with drugs. This meeting will be held on March 10, 1973, at the Grovenor Hotel, Vancouver, B. C. We recommend that we get involved in that meeting. In this way, we feel that all the different groups, who are working towards the same direction, should co-ordinate their movements. It was also pointed out that on March 30, 31, and on April 1, 1973, in Victoria, a Family Life Association will be holding a similar meeting. This meeting is also concerned with the use of drugs and drug addiction and perhaps there ought to be some way that we can send representatives from here to attend. In this way, we can work together for the same purpose so that we aren't working in parallel and not duplicating one another's efforts. Maybe we should invite the Human Right's people to our next meeting.

Anyway, this is a beautiful example of what we recognize as a need for co-ordination of effort.

PUBLIC AGENCIES

This group was made up of Rehabilitation and Social Improvement members, the Forensic Clinic, people from the Non-Medical use of Drugs, the Vancouver Indian Centre, the Vancouver School Board, Department of Health, Metropolitan Health, the Burnaby Parks Board and the Narcotic Addiction Foundation. There was quite a wide range of personnel in this group.

We are in full agreement that there certainly is a problem but I don't think we came up with any solutions as to what was the actual problem. Each of us looked on the problem quite differently.

Some of the members of the Parole Board looked on the problem as one of helping the addict get back into Society out of some type of prison. Someone else looked on it as a problem involving the "whole" person. That if the person is the problem,

then let us start at a very early age with that person. Let us improve his self-image and, hopefully, get him interested in something so that he does not back-off and go on to some sort of drug taking.

Another problem is one of education at a very early age. Education, not only of the individual, but rather education of Society as a whole. Another problem would be the one of continuing education of Society in general. There are a great number of problems. We all agree there are problems but, there were probably thirty people looking at the problem quite differently. And this has been pointed out by previous speakers calling for a solution. What are we going to do about it? Everyone in the group seems to be doing something to the best of his or her ability within the limitations of money restrictions, time allotment and red tape. Everyone seemed to have very honourable intentions. We are all hard working people and a great number of things are happening around the Province. Someone mentioned that there were sixty to eighty agencies in British Columbia alone dealing with various problems. It was a concern to us as to "who" was in charge of all these sixty to eighty agencies.

At this point, it was suggested that a central committee should be in charge of everything. Within two minutes, we realized that it should be decentralized and that there was not really a need for getting together. So let us have someone in charge, but that person should get around.

Some people stated that the Vancouver Indian Centre operates Half-Way Houses to help people but they run into problems. One problem is that the person who gets out of an institution does not receive the service he needs. Unfortunately, by the time the bureaucracy and the red tape has caught up with him, he has been out for some three to four weeks and he is often back in difficulty. That in itself is a very big problem.

Other concerns stated were "let's get the children and their parents talking together more often" and "let's get some communication going". This sounded real great until the thought came into my mind "What if the parents are nuts?" Are you going to encourage them to be a negative example? All these things sound really great but a great deal of thought has to be given before such a step is taken.

What should be done? Some of the ideas that we thought of were (1) more education (2) more workshops such as this one getting people together and finding out what is going on. Someone says "Oh! you're from Burnaby! or you're from such and such a place, how do you handle this or how do you handle that? Do you have any success? How about letting me have a try? Give me your name

and phone number and let's get together." Sharing your ideas is very important. (3) Getting more money to get more personnel is equally important. (4) Getting agencies to stay open instead of closing at five o'clock on Friday. Let's stay open at least twenty four hours a day.

As for education, you can bring in a guest speaker or a very well meaning middle class person to talk to the children. Some of these children may be twelve or thirteen years of age - in Grade VII - but they may know a heck of a lot more about what goes on than the person who is giving the talk. If we want to bring people into the schools, then let's have a little bit of thought first of all. Let's get someone who will get in there and talk the same language that his listeners can understand.

MEDICAL PERSONNEL

I felt privileged to be amongst a group of such brightly concerned and interested people who are concerned about this gray social problem. The number in our group was so large that we had to split into two small groups and, at times, according to the other Chairman, the two groups were in variance. Where there was significant variance, I will try to indicate this.

One recommendation was that established and older users of morphine would be assisted by the maintenance of morphine with methadone as an alternative. Those, who are heroin users, could be assisted by maintenance of heroin as an alternative to methadone.

But the other group had grave doubts, I believe, about drug maintenance for users and they also had doubts about the effectiveness of blocking agents which are available at this time.

It was felt that special individual, family or community living should be made available according to the needs of the individual user. It was pointed out that contamination must be considered a significant factor and that perhaps, in some instances, it is immaterial whether this drug problem is considered a disease or a delinquency. It was agreed that total abstinence should be encouraged and assisted by whatever agency is established or could be established.

It was recommended that there should be a computerized central agency to which all requests for history of previous treatments of drug users could be referred so that an almost immediate response could be obtained by the physician who is concerned with patients using drugs. It was recommended that an adequate number of physicians should be licenced by the appropriate

Government authority to prescribe the necessary maintenance drugs in locations where clinics are not geographically acceptable. It was also considered necessary that urine testing apparatus should be provided. It also was recommended that methadone maintenance should be used for younger people as well as for older users especially when all else has failed.

It was also recommended that all focus on education should be on the parents and their way of life with an attempt to alleviate their guilt feelings about the disruption of their children's lives; guilt feelings such as the parents themselves manifest because of their feelings and responsibilities for the behaviour of their children.

We would offer constructive suggestions as to the symptomatology of drug use. We would advise parents to encourage freer communication with their children, to promote creative use of leisure and develop self-discipline of children even if it has to be imposed from without in the beginning.

It was felt that the news media are inclined to increase rather than decrease interest in the drug problem by the way the media presents the problem.

It was believed that personnel engaged in drug education in the schools should be mainly members of the medical profession but they should work in close association with school staff. One group felt that professionals, even doctors, are unacceptable authority figures to young drug users or to children in schools and that instruction, advice or counselling by peers would be more effective.

It was considered that, sociologically, there should be resources for the creative use of leisure and for education in the creative use of leisure to replace acquired unrewarding habits and prevent monotony. Work should be a satisfying experience. There should be greater spaciousness in living conditions. Population and urbanization controls should be considered. It was considered that there should be increased research into prediction of narcotic prone individuals at an early age. To try to predict and prevent is better than to try to cure. This requires ample use of control groups in selected geographical areas using psychiatric, sociological and educational resources.

There should be an extension of treatment facilities for drug users in extended emergency departments of the general hospitals. The incidence of serious illness usually caused by blood infections was stressed.

It was considered and recommended that employers should have an adequate referral system available to send employees

showing deterioration of performance and health, especially those suspected of drug use, to appropriate agencies. While I agree that close confidentiality should be observed, we should not allow confidentiality to obscure or prevent an effective referral system.

CORRECTIONAL SERVICES

We also had to divide into three groups and you can imagine how much discussion went on. Our concerns were numerous and they would have taken up a whole week to discuss. Maybe the concerns were the most important things to be discussed, because we found that we certainly could not provide all the solutions. We felt that if we could, at least, voice a lot of concerns, we would have something hard and concrete to look at in the future.

Basically, the over-riding concern was one of general frustration in our inability "to feel" with the person who is a heroin addict. This is the main concern but there are a number of sub-concerns. One particular one, which I think all the groups came up with, was the real anxiety about the increasing use of and the lowering of the starting age of heroin addicts. The age group seems to be dropping and dropping.

One particular anxiety in our institutions is the recidivism rate of people who have used heroin and who are still coming back into our institutions addicted to the use of heroin. It is quite alarming to see this fast process. We also are worried about the lack of after-care for these people after they leave institutions.

Without support in the community, there will be little hope for them to survive. We should be looking for more community re-entry programmes which will allow people in institutions to enter the community more gradually than they do so at present. This would be better than being released from an institution directly "to the street" with nothing in between.

We are worried about those people suffering from heroin addiction who are awaiting trial on their own recognizance or even on bail. We feel that it is unrealistic to expect addicted persons, who are out in the community waiting to appear for trial, to keep away from others who are also addicted. We believe that it is very unrealistic in most cases not to expect them to renew contacts.

There are also the wives and families of addicts who are awaiting trial in institutions. We are doing nothing for them. We are also worried about the typology of addicts. There was a day when most people who suffered from heroin addiction came

from seriously deprived backgrounds and this could often be predicted. But now this is all changing and there is another anxiety. We are receiving addicts in our institutions whose backgrounds and environment have not been disadvantaged. Good opportunities have come their way with lots of love and affection provided in early childhood. These are people who have had all these advantages that are considered to be important in their up-bringing but nonetheless, they have become addicted to heroin. They are not really criminally oriented. We believe they have problems but we doubt that they are motivated towards criminality.

We are worried about the initial contact with the correctional institution. Normally, a person receives a remand from Court for seven, ten or fifteen days. When a person first arrives in an institution, he hates it and is perhaps best motivated this time to stay out of them, but unfortunately, the longer a person stays, or the more frequently a person arrives in an institution, the more he becomes used to it. By going through the rather hard experience of being in custody for the first time, we believe that this is often wasted. It is wasted mainly because there is insufficient time to do anything constructive about the problem.

We are very worried about pyramid type cells in the heroin trade. We believe that the heroin trade cannot do anything else but recruit and involve new users all the time in order to keep the market active. We are also worried about the top men in the industry who are at large. Nobody seems to be able to touch them. They cannot be prosecuted because they do not actually get involved with drugs. People are too scared to inform on them. Countless people, however, know who they are but unfortunately nothing can be done.

We felt that perhaps the medical profession might become more involved than they have been in the past by helping to establish more facilities and treatment for the heroin addicts, and for all drug users. We believe that at the present time, more people are looking at this problem as more of a medical one than one of criminology. Maybe, there should be more facilities to treat drug addiction in the same way as there are facilities to treat so many other diseases.

We also are worried that so little is being learned about what is actually going on. Statistics are in short supply. It is very hard to find any authentic sources of reliable statistics.

We are worried about our institutions, where drugs are so frequently available from within. We are also worried that some people, may, in fact, become addicts after being incarcerated rather than prior to incarceration. Some people can start off

on soft drugs while still incarcerated.

We are worried about the potential addict and how to prevent his initial contact with drugs. We are worried about how to identify an addict as soon as possible. We are worried about people who really want to get off drugs and don't know how to go about doing it.

We are worried about those who pressure others to use drugs and eventually become traffickers in drugs themselves. We wondered, in fact, if institutions are the best places in the world to withdraw from drug addiction. We also considered factors that may replace the pleasure principle of drug usage. There is obviously a very strong attraction for the use of drugs. We are worried about the violence that can occur in the process of obtaining a drug supply. We are worried about the availability of drugs to juveniles in schools and in other places where juveniles meet. We are worried that we really don't know how to motivate people to overcome drug addiction. If they do want to overcome the problem, we are worried that we don't often know how to recognize this motivation.

We recognize that this is a massive problem area. What did come out as one of the main problems, is that we do not have all that much information. People within the groups were revealing new information which many of us had heard nothing of at all. We heard about some projects that are being done by individuals. We know that some individuals are working very hard but we have very little feed back on their successes. We know that there are attempts to control people who are using drugs. We know of special programmes in medical settings and others along sociological lines. One person stated that some people are helping through showing an expression of love which may be the most important thing we have got to offer.

First of all we have got to somehow get hold of more information from a centralized source; an information source where we can find out what is happening in the treatment of addicts and what is being considered successful.

Some of us also feel that less publicity concerning drug use would be wise. We believe that drug use is a big attraction to some of the younger people because of publicity. I think perhaps that of all the areas of concern expressed, our main one was the non-availability of reliable information, therefore our main recommendation would be that this be rectified forthwith.

SELF HELP

We first went over the general problems of addiction. Each member of the group present was asked to give a little talk on what they do - what they think about drugs - how they try to handle their problems.

Narconon is a new group in Vancouver so I will give a brief explanation of our group. Narconon means 'no drugs' and it has the double meaning that when the addict goes through our Narconon programme, he does not use drugs anymore. It also Means that we do not use drugs in removing addiction.

Narconon was started by a prisoner who had been on drugs for nineteen years. He started at the age of thirteen and worked his way through just about every conceivable drug there was, finishing off with heroin. He got hold of some books on communication from a friend and found there was something there. After trying three different rehabilitation groups, he decided that he would try something new. He joined a psychiatric care group to try and figure out what he was doing. However, he got a group of twenty prisoners from the Arizona State prison and he instituted Narconon. From there, its fame has spread through many prisons in the States. Right now, there are twenty-two Narconon Groups in the prisons and there are four to six community groups. We handle our groups through communication within the group and taking the group through communication courses. We believe the answer to heroin addiction is Narconon through communication courses (where the person finds out how loneliness or emotional problems caused him to become addicted to drugs in the first place).

The next group represented was the Seventh Step Society. This is a group made up of convicts and ex-convicts plus other people who want to help. About one-third of the group are usually addicts, but of course, this may vary from group to group. They find out that in the Seventh Step Group there is no one definite answer to addiction but one thing that is helping them in the Seventh Step Group, is to learn to help oneself. They believe you just can't go out and help your neighbour if you have not become strong enough yourself. The Seventh Step Group pledge and the steps with which they work are very good. It gives them a good basis to try and help themselves.

The group also tries to help the individual overcome his addiction by getting him a place to stay and a job. They try to help him to better himself but maybe he cannot because of his drug problem. Here, they put it straight to him that his drug problem

keeps interfering with his life and that he is not trying his best to maintain the pledge that he made to the group. So the group tells him straight - "either get off drugs - or leave the group". Some leave but the majority want to stay in the group. They see that in the group, that the group itself has been doing something to help themselves to achieve their goal. So they stay off drugs themselves and this is how Seven Steps works.

The next group represented was X-Kalay. The main idea of X-Kalay is to learn a new life style and a new self-image. X-Kalay have two rules which they abide by - and only two. (1) No intoxicants or drugs (2) No violence or attempts of violence. When a person first comes to X-Kalay, he is given a thirty day trial and through this thirty day trial, he is asked to examine his life and to forget the past and learn to live from now on. Nobody cares what he did in the past. They encourage positive ways of living. During this thirty day period, they have education groups and "games" during which the person is required to look at himself and his behaviour. Each member, by being really compelled to look at himself, can overcome his problem of drugs. The average stay is from six to eighteen months.

The Narcotic Aid Foundation had thirty to forty people on a farm in Grand Forks last year. They go there in the summer time and some stay there all the year around to keep the farm open during the winter. They seem to have fantastic results. They do all their own work and produce all their own food and everything else they require.

What they do is to get the heroin addict off the habit is get him to look into the past - by looking into the past he will see where he has gone wrong.

The next group was from the Fifteenth Street House. This is a new group, which only started in November 1972. The main idea of this group is just to provide a home for people who need help, physically and mentally, provide a job, or even just a place to stay.

They will refer the addict to a doctor for methadone treatment. The speaker who represented this group did say that they agreed with the British system of heroin maintenance.

During the afternoon, we discussed what should be done about the problem and we had many leading questions - Should drugs be legalized? What are the alternatives to legalization of drugs? Now the Narconon group and the Narcotic Aid Foundation are against the legalization of drugs. Narconon is against legalization because they are against any use of drugs to help the person. We

believe that using drugs makes it harder for us to do our work and therefore we are against it. A person who is addicted quite often does not care whether or not he gets rid of the heroin habit. He seems to enjoy it, at least the heroin itself, but he does not like the overall degradation of the life that he is living - but he won't search for a way out of this mess if we make it too easy for him by legalizing drugs.

Now for those who are for the legalizing of drugs, it was pointed out that it could remove the 'pusher' in the trade. It would also reduce crime on the streets. For fifty cents, you could get enough heroin to maintain you. This is a far cry from having to hussle and steal to get fifteen dollars for each cap. Somebody compared the problem to that of prohibition. Everybody knows what happened then - as soon as you prohibit the use of anything - everybody wants it - so you take off the prohibition and they find something else they want to try which is perhaps a little more dangerous - this applies to the young ones.

The group did agree on one thing and that was if we do legalize drugs for maintenance programmes, it would have to be under very controlled conditions. You just could not obtain it at a grocery store. You would have to have clinics or some control method. One thing we are all very concerned about and that is getting rid of the heroin problem.

APPENDIX "A"

Symposium Chairman: J. V. Sabourin

Planning Consultant: M. Tansey

Groups

<u>Group</u>	<u>Group Chairman</u>	<u>Group Host Co-ordinator</u>	<u>Registration Receptionist</u>
1. Community/ Institutional Controls	R. E. Young	R. E. Young	C. Birkiland
2. Emergency Services	S. Clark	R. Pratt	R. Crawford
3. Voluntary Agencies	M. Tansey	R. M. Green	G. Cordsen
4. Public Agencies	K. Campbell	G. Sparkes	S. Evans

<u>Group</u>	<u>Group Chairman</u>	<u>Group Host Co-ordinator</u>	<u>Registration Receptionist</u>
5. Medical Personnel	Dr. R.G.E. Richmond	Dr. G. R. Bulmer	R. North
6. Corrections	M. Massey	P.J. Thimsen	G. Blefare
7. Self-Help	L. Walle	N. McKenzie	M. Moonen

LIST OF AGENCIES, DEPARTMENTS, INSTITUTIONS AND SOCIETIES
REPRESENTED AT THE SYMPOSIUM

Alcoholism Foundation of British Columbia
 Alouette River Unit, British Columbia Corrections Service

Batley Treatment Centre, North Vancouver
 Boys' Clubs of Vancouver
 British Columbia Board of Parole, Department of Attorney-General
 British Columbia Borstal Association
 British Columbia Corrections Association
 British Columbia Corrections Service (Headquarters)
 British Columbia Penitentiary
 British Columbia Youth Development Centre, Burnaby
 Burnaby Coroner
 Burnaby General Hospital
 Burnaby Parks and Recreation Commission
 Burnaby Probation Office, British Columbia Corrections Service
 Burnaby Social Service Department

Canadian Memorial Church, Vancouver
 Central City Mission
 Central Classification Unit, British Columbia Corrections Service,
 Department of Attorney-General
 Crisis Intervention and Suicide Prevention, Centre of Greater Vancouver
 Children's Aid Society of Vancouver
 City and District of North Vancouver Social Welfare Department
 City of Vancouver Welfare and Rehabilitation Department

Drug, Alcohol and Cigarette Education, Prevention and Rehabilitation
 Fund, Department of Education

Elizabeth Fry Society of British Columbia

Family Service Centres of Greater Vancouver
 Fifteenth Street House, North Vancouver
 First Presbyterian Church, New Westminster
 Forensic Clinic, Department of Health Services and Hospital
 Insurance

Haney Correctional Centre, British Columbia Corrections Service

John Howard Society of British Columbia

Lower Mainland Regional Correctional Centre, British Columbia
 Corrections Service

Marpole Training Centre, British Columbia Corrections Service
 Matsqui Institution, Penitentiary Service
 Metropolitan Health Service, Vancouver City Health Department

Narconon
 Narcotic Aid Foundation
 Narcotics Addiction Foundation of British Columbia
 Nasaika Lodge Society
 National Parole Service
 Native Courtworkers Association of British Columbia
 New Haven Centre, British Columbia Corrections Service
 Non-Medical Use of Drugs, Government of Canada
 North Vancouver Probation Office, British Columbia Corrections
 Service

Provincial Court of British Columbia (Family Division), City
 of Vancouver

Royal Canadian Mounted Police, Vancouver

St. Paul's Hospital (Emergency & Outpatients Department)
 Salvation Army Correctional Services Department & Homestead
 Services to Alienated Youth, Vancouver
 Seventh Step Society
 Simon Fraser University, Department of Psychology
 Social Planning and Review Council of British Columbia
 Social Planning/Community Development, City of Vancouver
 Special Placements, Child Welfare Division, Department of
 Rehabilitation and Social Improvement

Teen Challenge Youth Service Centre
 Transcendental Meditation Programme
 Twin Maples, British Columbia Corrections Service

Union of British Columbia Indian Chiefs

Vancouver City Police Department
 Vancouver General Hospital, (Department of Psychiatry, Intensive
 Care Unit, School of Nursing, Emergency Department, Operating
 Room)

Vancouver Indian Centre Society
Vancouver Parole Unit, British Columbia Corrections Service
Vancouver School Board (Area Counselling)
Vancouver Sun

Willingdon School for Girls, Department of Rehabilitation and
Social Improvement

X-Kalay Foundation Society

LIST OF PROFESSIONAL AND COMMUNITY SERVICE PERSONNEL

Administrators
Casework Supervisors
Community Health Workers
Coroner
Correctional Matrons
Correctional Officers
Counsellors
Court Workers
Doctors
Emergency Bed Supervision Volunteers
Hospital Nurses
Housemasters
Houseparents
Law Enforcement Officers
Medical Health Officers
Ministers
Parole Board Members
Parole Service Officers
Probation Officers
Probation Officers-in-Training
Psychiatric Social Workers
Public Health Nurses
Recreation Supervisors
Research Personnel
School Area Counsellors
Security Officers
Social Planners
Social Workers
Treatment Centre Personnel
University Professors
Volunteers
Youth Workers

SYMPOSIUM OBJECTIVES

The following is an excerpt from guidelines provided to the Chairman of each group participating in the Symposium:

Your group is challenged to achieve three objectives concerning the use of Heroin by young people in the Greater Vancouver area. The three objectives are as follows:

- (1) To identify concerns in some detail as related to the delegates

Members of the group may wish to reveal statistics or to comment on their concerns. Some group members may wish to comment on the use of soft drugs. If at all possible, try to steer discussion towards the use of heroin as a focus throughout the Symposium. If the majority of the group consider that there is a problem situation, you can move on quickly to the second objective!

- (2) "What are we doing?"

This will require some diplomacy as some delegates may be defensive or reluctant to say anything about their particular programmes for various reasons. Others, on the other hand, may be outspoken on the effectiveness of their programmes. Try to be fair to all! This whole area of discussion could become frustrating, and, if you detect restlessness on the part of the group, do not hesitate to move on to the third objective!

- (3) "What should be done?"

This is the main objective. What can be done to change present trends? The responses of your group may be consistent or quite varied. Depending on your group's attitude to Society's controls as a deterrent and the rights of the individual to choose his own destiny, you can expect strong views from the advocacy of free heroin clinics for registered addicts to the opposite view that more undercover police need to be recruited with heavier sentences imposed by the Courts.

The guideline here is for the group to discuss practical suggestions. What can be done now within the framework of the Narcotic Control Act? If members of your group insist that the only remedy is to change legislation,

it is up to those members to write to their elected representatives in Ottawa. This Symposium is not intended to create a pressure group to change present legislation. It is intended to bring concerned people together to determine what can be done realistically with the here and now of heroin use by young people in this metropolis. Are there any "grass root" suggestions that your group might consider? Are there any present programmes that might be expanded? Where are the priorities? Is more team work called for.....?

SUMMARY OF CONCERNS AND RECOMMENDATIONS

(Compiled from tapes of the Symposium and a feedback session with the Group Host Co-ordinators on March 1, 1973)

CONCERNS

1. Under the present system, and with available facilities, usage of heroin is increasing rapidly and the age of users is dropping.
2. Concern is expressed about the supply of heroin originating from sources outside Canada.
3. Young users are not being detected early enough.
4. There is a lack of effective follow-up services after an acute medical situation, involving heroin use, has subsided through (a) lack of professional personnel available after regular hours and (b) lack of appropriate facilities.
5. There are serious problems of containing the present user population at its present level when the increase of users is spiralling because of association with new contacts throughout the whole community.
6. There appears to be a lack of effective drug education throughout the entire community that has any real meaning to the potential individual user of heroin. An associate can influence more than a newspaper advertisement.
7. There is a tendency for Society to concentrate more on drugs than people as the problem. Prevention is better than cure but where are our priorities?
8. The helping agencies, organizations and personnel are generally very frustrated at the low success rate in assisting heroin users to discontinue use.
9. There is a duplication of existing services provided by the helping agencies, organizations and personnel to the same heroin user but the limited staff of each are trying hard and rendering services as best they can.

10. Concerned parents of a heroin user are believed to be trying their best to help their son or daughter but feelings of guilt and shame may prevent them from seeking help at an earlier stage. Unconcerned parents need special help to develop more parental responsibility.
11. Although many heroin users have had disadvantaged social backgrounds, there are revealing signs today that heroin users are also coming from average normal middle class homes in this metropolis. Curiosity and association with friends, who are users, are important contributing factors.

RECOMMENDATIONS

1. Fundamental changes are needed in the Narcotic Control Act. It presently tends to create and perpetuate criminality amongst individuals addicted to heroin. There was a strong current of opinion recommending that medical treatment is more appropriate for the heroin addict.
2. There was a strong plea for co-ordination of services. A centralized Agency or Committee free of any vested interests was recommended to provide the following services:
 - (a) an intake, screening and referral of heroin users to appropriate resources.
 - (b) co-ordination of existing services, identification of resources presently giving services to heroin users and information gathering concerning need for development of new resources.
 - (c) direct communication and continuing dialogue with appropriate government officials.
3. Existing treatment services should provide opportunities for the heroin user to develop self respect and responsibility.
4. Existing treatment services should be available to the heroin user on a twenty-four hour per day basis.
5. More meetings and workshops similar to the Symposium need to be arranged in the future for the sharing of ideas by professional and lay people from all walks of life who are concerned in helping the heroin user in this metropolis.
6. A new look needs to be taken in the education of parents and children concerning heroin use.
7. Heroin and morphine maintenance programmes under medical controlled conditions were recommended by some groups with the encouragement of total abstinence whenever the user was so motivated. This recommendation was not unanimous as some were opposed to the legalization of these two drugs. They considered that the user would still seek street heroin in addition to any maintenance programme.

8. Special services for youth and children need to be established to provide alternative life styles for young heroin users throughout the Greater Vancouver Area.
9. The news media might consider re-examining their portrayal of news concerning the use of drugs. It was felt that a certain style of writing that reflects the reporter's personal attitude to drugs could arouse a curiosity on the part of the reader who may be a potential user. One group suggested that reduced publicity might be advisable. Others felt this recommendation was not realistic as we live in a drug oriented Society.
10. More social research is required in helping to detect warning signs of a potential heroin user especially amongst youth and children.
11. The use of authority needs to be re-examined concerning treatment of heroin users. The question was raised "Can authority really force treatment?"
12. More community based facilities need to be established as an alternative to incarceration of heroin users.
13. A gradual transition programme back to the community (for example, work release) needs to be established for those heroin users sentenced to correctional institutions.
14. More professional and lay services and appropriate resources need to be available to emergency clinics in hospitals so that a continuing in-patient and follow-up service can be offered and rendered to the heroin user at a time when he is more likely to be receptive to treatment.
15. More facilities need to be established for urinalysis testing throughout the Province.
16. Some considered "heroin use" to be a contagious disease requiring isolation of the individual for purposes of treatment.
17. Peers have better results in the treatment of heroin users, for example, a former heroin user who has overcome his dependency.
18. Society needs to develop alternative ways of life that are more appealing to the heroin user and can take the place of heroin.
19. There should be more facilities available throughout the Province for a heroin user to undergo voluntary withdrawal treatment and for certain physicians to be licenced to prescribe maintenance medication in those areas where clinics are not available.

20. A computerized control agency needs to be established so that social data can be provided instantaneously to any recognized agency providing services to heroin users.
21. A volunteer movement needs to be developed so that concerned members of the public can be trained to reach out to undetected children and young people in the community whose life styles make them suspect as potential heroin users. Appropriate referrals could then be made to the agency, organization, professional personnel or self help group best qualified to render services.

".....I hope that nobody goes home and just forgets about this Symposium. I hope everybody will continue to work together....."

Sandy,
February 28, 1973

END