The Pillars Approach: A Case Study

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Learning Objectives

- Discover how the pillars approach utilizes a public health approach to heroin.
- Understand the how to develop a comprehensive community plan that includes prevention, intervention, harm reduction and law enforcement initiatives.
- Understand the integration of medication abuse prevention as a unique and integrated “pillar.”
- Utilize the Strategic Prevention Framework within each pillar to develop logic models and data driven action plans.
- Learn about effective and promising strategies being implemented through the pillar approach. This will include case studies of Europe, Canada and Wisconsin.
- Be provided with tools and resources to assist in local community efforts.

Continuum of Care
So How Have Other Countries Responded to the Epidemic
And what can we learn?
Increasing Numbers of heroin addicts – rose to tens of thousands
Swiss 3 Pillar Drug Policy: Law Enforcement; Therapy; Prevention

Law Enforcement: based upon strict prohibition

Therapy: included MAP but no social or medical support for illegal injections – considered to facilitate the drug habit

Prevention: messages related to harms of drug use. Some groups were starting to advocate for legalization of all drugs – but failed in referenda

Drug Use in Switzerland in the 1980’s

Despite the 3 pillars, injection heroin use continued to grow – and numbers of users gathered in large groups – sometimes thousands

In some cities – authorities tolerated “Needle-Parks”
Open Drug Scenes – thousands of drug users injected, sold heroin
Slum-like; horror stories of children living there with
Addict parents; drug users dying; human waste everywhere
Drug Use in Switzerland in the 1980's

"Finally, the misery and violence in the open drug scenes in major cities became intolerable, incompatible with the self-image of a well-organised society, and a challenge for radical political change. These massive, open drug scenes in 'needle-parks' were the result of repeated failure in dissolving drug scenes in more vulnerable residential or business areas; instead of chasing them around, police profited from observing and controlling criminal activities in a central location."


Also called for innovative approaches in all of the pillars, including medical prescription of heroin, encouraged options for innovation, collaboration and evaluation – and invited creative solutions to existing or emerging problems.

Objectives: Stabilize, and in the long term, reduce the number of persons dependent upon hard drugs and the effects of such problems on society
**The Evolution of Harm Reduction as Policy**

Referendum 1993 "Youth Without Drugs" called for strict abstinence based policy; prevention; sought to prohibit medical prescription narcotics

Referendum 1994 "For a Reasonable Drug Policy" called for decriminalization of drug use and legal possession and purchase of drug use; advocated for legal trade of narcotics for medical purposes and a ban on advertising.

Both failed.

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**The Evolution of Harm Reduction as Policy**

This was understood as a confirmation of a new national drug policy that focused upon HAT and the acceptance of the fact "...that drug users who are unable to break the cycle of compulsive consumption continue nonetheless have rights which address their specifically marginalized status. The first of these is to stay alive." *


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**Switzerland 4 Pillars**

**Harm Reduction** includes: housing and social support, street and prison work, supervised injecting rooms (13 in 8 cities), drug testing, needle exchange, methadone programs and heron-assisted treatment.

**Results:** 70 per cent of the 30,000 opiate or cocaine users now receive some form of treatment. The number of drug injectors with HIV has halved, as has overdose mortality among injectors.**

**Source:** Swiss Recipe For Dealing With Drug Addiction Proves A Success" www.watoday.com.au
**Switzerland 4 Pillars**

Prevention, Treatment and Law
Enforcement Pillars are traditional

Drugs remain illegal. Dealers are targeted, not users

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**4 Pillars Switzerland: Outcomes**

- 70 percent of the 20,000-30,000 opiate or cocaine users in Switzerland now receive treatment, one of the highest rates globally
- The number of drug injectors with HIV has been reduced by over 50 percent in 10 years.
- Overdose mortality among injectors has been reduced by over 50 percent in the decade
- Family doctors now prescribe about 60 percent of opiate substitution treatment in Switzerland


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**4 Pillars Switzerland: Outcomes**

High rates of use for cocaine, marijuana, ecstasy
Limited prevention messages
Acceptance of drug use – but no movement to legalize
Heroin is no longer used by the young. Heroin is seen as a loser drug, leading to sickness and death.
Some degree of debate over the efficacy of Swiss Drug Policy. Some see it as a tremendous victory while others see it as a failure
It did result in a significant reduction of heroin related overdose deaths and also curbed the public nuisance factor, reduced crime
Vancouver’s Four Pillars Drug Strategy is a coordinated, comprehensive approach that balances public order and public health in order to create a safer, healthier community.

- Harm reduction
- Prevention
- Treatment
- Enforcement


**4 Pillars Vancouver: Prevention**

- Goals of the drug policy prevention plan
- Reduce individual, family, neighbourhood and community harm from substance use
- Delay onset of first substance use
- Reduce incidence (rate of new cases over a period of time) and prevalence (number of current cases at one time in a population) of problematic substance use and substance dependence
- Improve public health, safety and order.


**4 Pillars Vancouver: Harm Reduction**

Vancouver’s harm reduction programs include the supervised injection site (SIS), needle exchanges and low-threshold community health services. Vancouver has 24-hour-a-day access to needles through low-threshold, peer-based needle exchanges, to mobile exchanges and needle exchanges attached to primary health care services.

North America’s first Supervised Injection Site (SIS), InSite, opened in Vancouver in September 2003.

Public Health officials report that Insight, MMT and the other 34 recommendations have resulted in a reduction of overdose deaths, as well as a reduction in transmission of HIV and Hepatitis C.


Prevention Pillar extremely underfunded and ineffective, many of the recommendations were never implemented
Inadequate access to mental health services for youth in Vancouver schools
Researchers state that what prevention does exist in schools begins too late
SACY: School Age Children & Youth Substance Youth Prevention Initiative
Provides 7 counsellors for 25,000 children in the Vancouver School District


Treatment Pillar:
Patchwork treatment system, some public and some private
Inconsistent approaches
A lot of disagreement on Methadone Maintenance Treatment

Harm Reduction Pillar:

Some critics say Insight is not to be credited for a reduction in deaths but Vancouver Area Network of Drug Users, who distributed needles in a tent at night at the peak of the overdose deaths.

Drug users are moving away from Vancouver city center and not able to access clean needles or inject in a supervised environment – no political acceptance.


Law Enforcement Pillar:

Drug Treatment Courts in Canada still controversial – there are 2800 drug treatment courts in USA – and only 6 in Canada.

City of Vancouver struggling with federal laws when looking to decriminalize drug use

Evaluations of the Drug Treatment Court have shown positive impact.


Do Comprehensive Responses Yield Outcomes?

What does success look like?
What can we learn from Vancouver and Geneva?
Waukesha Wisconsin

Drug Affected Infants

Law Enforcement

Work Place

Prevention

Treatment

Prevention

Harm Reduction

Harm Reduction

- Led by Aids Resource Center of Wisconsin
  - Needle Exchange
  - Broad Nalaxone Distribution
  - Jail Outreach
  - Community Outreach

Treatment

- Quarterly Provider Network Meetings
- Increase Utilization of 211
Work Place

• Conducted Employer Focus Groups
  – Share resources

Law Enforcement

• Take back boxes and events
• MOU’s with Law Enforcement
• DITEP and ARIDE training
• DRE Training

Drug Affected Infants

• Pregnancy Services
• Education and coordination of care.
  – Consistent message to the families on what to expect
  – Connect families as early as possible with community providers
  – Create support group for pregnant women
• Need for a universal screening tool.
• Identify a standardized algorithm for patients identified at risk.