“Crime Prevention and Sustaining Healthy Communities”

Toward A Sobering and Assessment Centre

Prepared for the Community Forum
on
Crime Prevention and Sustaining Health Communities

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John Howard
THE JOHN HOWARD SOCIETY OF CANADA
LA SOCIÉTÉ JOHN HOWARD DU CANADA

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Introductions, Greetings, Hello to Distinguished Guests and Citizens …

In attendance:

Mayor, City of Kelowna	**Sharon Shepherd**
RCMP Superintendent	**Bill McKinnon**
Economic Development Commission ED	**Robert Fine**
Drug Policy Coordinator	**Christene Walsh**
Manager for Social Work/Outreach Urban Health	**Brian McKay**
CAMH ED (Kelowna)	**Shelagh Turner**
Forum Moderator	**J.A. Richardson**

Let me first express my thanks to Shelley Cook for inviting me to address you today. Shelley is one of our outstanding John Howard Executive Directors whose tireless work contributes to making communities safer and lives better. We are very lucky – in the John Howard network – to have Shelley in this role at this time.

Your community is better for her efforts on everyone's behalf.

The John Howard Society

Permit me a moment to tell you about the John Howard Society. We are a network of 65 offices across Canada whose mandate derives from the pioneering work of the English Prison Reformer John Howard. John Howard lived from 1726-1790. He was born into wealthy circumstances and never had to work a day in his life. But he was, for a short time, held as a prisoner of war and it had a transformative effect on him. Upon his release he assumed a political office in his native England – as a County Sheriff – and one of his

jobs was to inspect the local lockups, prisons and jails across his district.

His actual willingness to do so set him apart from his peers – who seldom took an interest in 18th Century prisons or prisoners.

John Howard was so shocked by the conditions he observed in his own district that he made it his task to inspect all the prisons and jails of England, Wales and Scotland – recording, in minute sociological detail; the sanitary conditions under which prisoners lived; the availability of clean water and bedding; the quality of the food; the conditions of prison labour; even the weight of arm and leg shackles that prisoners were required to wear.

Recall that it was common for entire families to be imprisoned together – many thousands of children died in prison for lack of sanitary conditions, nutritious food or basic medical care.

John Howard's book -- *The State of Prisons in England and Wales, with an Account of some Foreign Prisons* (1777) – revealed to the reading classes for the first time the cruel, inhumane and disease-infested conditions of the prison system across the UK and set in motion the prison reform movement from which we take our name and Mission statement, which is: "effective, just and humane responses to the causes and consequences of crime."

In Canada, the John Howard Society was started in the early part of the 20th-Century by the Chief of Police of the City of Toronto – General Draper. The

Chief was visited by a former prisoner one Christmas Eve in the early 1920s. This person was struggling to stay on the right side of the law, but his prison record made it hard for him to find a job or housing.

General Draper realized – in a kind of epiphany – that his work as a police officer was being undone if the community did not provide adequate supports for people once they had paid their debt to society.

General Draper saw that the prison gate would become a revolving door if nothing were done to prepare prisoners for re-entry: to *re-acclimatize* them to the norms and expectations into which they were expected to re-integrate. General Draper went on to form what would become the John Howard Society of Canada.

General Draper's vision remains our purpose today. The John Howard Societies across Canada work for the safe, effective and just re-integration of former offenders – but we also seek to build the kinds of communities that are safer so that ***fewer*** persons come into conflict with the law.

Toward this purpose, we employ all the instruments of scientific reason to search out the evidence-based best practices that have been shown to reduce crime, build community resiliency, and practice the principles of just, humane and effective policy.

> It's my personal belief that "social policy ought to be designed with the objective of *not making things worse* than they already are" – and this is nowhere more true than in the criminal justice system. Social problems – like prostitution or drug addiction – are never really 'solved' because they are inherent to human existence. They can, however, be intelligently and humanely *managed* – and the worst social effects of these problems can be minimized. That's what we're here to talk about today.

So it's my pleasure to be in Kelowna today to discuss with you the rationale for a Sobering and Assessment Centre.

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I always love coming to Kelowna. All my immediate family lives here and part of my extended family too – having migrated out of the Kootenays some decades ago.

I was born in Nelson and raised in Castlegar – just a few mountain ranges to the east of here – and I will always think of myself as coming from the Kootenays even though I've lived outside of BC since the mid-1970s.

> Unlike this town, Castlegar is "nowhere." At least, we used to think -- when I was growing up -- that if Castlegar wasn't nowhere … you could

see it from there.

I'm always amazed at the scale of economic growth I see when I come here – always *really* glad that I'm not looking to buy a house, or even to rent an apartment.

According to the City of Kelowna website, your population is approximately 107,000 – which number has almost doubled over the last 20 years! Current projections are that Kelowna may hit 153,000 in the next 20 years.

I always have a place to stay, which is not true for everyone attracted to this lovely city.

But I love your waterfront, your parks, your downtown and your broad streets. I was most impressed when – in the aftermath of the big windstorm (I was in Rutland that day) -- someone had the brilliant idea of turning tree stumps into magnificent wood-carvings.

This town virtually hums with vibrancy. It's so easy to live here.

Kelowna as a thriving-changing community – growth coming at a cost

Of course, rapid economic growth has its down side too – the benefits are seldom shared equally. And rapid economic growth also acts like a magnet

luring people from across the country to the prospect of cashing in, or at least crashing in the park if it's not too cold.

One of the recurring features of rapid economic growth is – for a minority of people – psychological upheaval and social dislocation which, when prolonged or severe, can be hard to endure.

Psychological upheaval and social dislocation are normal qualities in the life course of every person – leaving school, moving away from home, losing a relationship or living through the death of a parent or spouse. Most of us absorb the turbulence associated with these events and -- in time and with support -- carry on.

If we're lucky we are embedded in social networks – friends, families, book clubs, church groups, etc. – the effect of which is to moderate the impact of these events and smooth our path back to normality. We say about such people that they are psycho-socially integrated by which we mean they are resilient and able to withstand the turbulence of major life events.

> *The New York Times* has been running stories on China's rapid economic growth and the human toll that rapid urbanization is taking on the population.
>
> People are being uprooted from what is, in their case, styles of living that have not changed in thousands of years.

> It is harrowing for people who have known only the cycles of nature to have to adapt in short order to the cycles of industrial manufacturing.

Social dislocation in a context of rapid economic growth is a recurring feature of modernity, unfolding all around the globe. Most kinds of dislocation do not warrant concern because the people involved get through them rather well – and many even benefit from the change.

For a minority, however, the combination of severe psychological uncertainty coupled with prolonged social displacement "provokes a desperate response … dislocated people struggle to find or restore psycho-social integration – to 'get a life.' People who persistently fail to achieve genuine psychosocial integration eventually construct lifestyles that substitute for it."[1]

Sometimes these substitute lifestyles assume harmless, if eccentric, forms – like the oddball artist or the cranky woman with 508 cats – but substitute lifestyles can also involve the use of substances that alter consciousness, that temporarily obliterate the awareness that one seems to be cut off from one's primary social networks.

> It might seem odd to us, but the barren pleasures of a crack junkie – which amounts to membership in a stigmatized and deviant sub-culture, featuring the transient relief from pain and the nervous thrill of petty

[1] Bruce K. Alexander, "The Roots of Addiction in Free Market Society," (Ottawa: Canadian Centre for Policy Alternatives, 2001).

crime – can be more sustaining than the unrelenting aimlessness of psycho-social dislocation.

When you're an addict who needs to find $500 dollars a day to stave off withdrawal you have something *urgent* to do with your time. You know who you are and of what your life consists.

Indeed, you "HAVE a life."

In this respect, as Simon Fraser's Bruce Alexander says, "even the most harmful substitute lifestyles serve an adaptive function" to the extent that they permit individuals to feel some – however fleeting – connection to other people and a shared identity.

*   *   *

Rapid economic growth and social transformation is often associated with increased homelessness; with trouble finding and keeping a job; with a reduced ability to transit through otherwise normal life events (like leaving home, the death of a friend or parent) lowered self-esteem; reduced feelings of self-efficacy and – the longer this persists – increased vulnerability to the onset of mental illness, particularly depression.

Self-efficacy refers to "people's beliefs about their capabilities to … exercise

influence over events that affect their lives."[2] People who have high self-efficacy generally enjoy good mental health and social connectedness because they feel like they are in charge of their lives, that are important to their friends, and that their decisions contribute to their well being.

But when self-efficacy is compromised, as it can be during periods of prolonged or generational psycho-social displacement, bad consequences follow.

As an example of how social dislocation and the compromise of self-efficacy operates, consider the case of Canada's aboriginal peoples: "In 2006, Aboriginal people accounted for 3.8% of the total population of Canada."[3] In the same year they accounted for 18% of federally sentenced offenders – and that number is much higher in provincial jails and detention centres, particularly on the prairies.

It's now clear that our social policies – specifically those oriented toward assimilation of aboriginal Canadians in which they were forced to despise their own language and customs in residential schools -- devastated their capacity to withstand buffeting by the forces of modernization in Canadian society.[4] Our policies toward them undermined or destroyed their capacity to absorb the consequences of social and economic change. We engineered, in other words, psycho-social dislocation on a mass scale and we are dealing

[2] http://www.des.emory.edu/mfp/BanEncy.html
[3] http://www.statcan.ca/Daily/English/080115/d080115a.htm
[4] First Nations and Inuit Regional Health Survey (National Steering Committee, 1999, p. 49).

with the consequences to this day.

As a result First Nations People are – in criminal justice terms – low hanging fruit; the first to be arrested and incarcerated. Because of how their socio-political development has been upset, they can't consistently protect themselves from our neglect of their fundamental rights.

They have lower levels of literacy, higher levels of school drop out, poorer health outcomes and poorer self-efficacy – which makes them vulnerable to psycho-social dislocation, to mental health issues and to addictions in greater numbers.

We know now that the disaster of the residential schools experiment was a textbook case in the engineering of psycho-social dislocation -- and today's over-represented incarcerated population of First Nations Peoples are the products of that experience while their children are the legacy of it.

*   *   *

Usually, at least for most people, the forms of behaviour that arise from psycho-social dislocation don't last forever. If a chronically addicted person does not walk out in front of a car, freeze to death in an alley or overdose, they are likely eventually to "get sick and tired of being sick and tired." Most such people – even the worst addicted – do not stay that way their whole lives. They may cycle in and out of it, or they may hit bottom and turn their lives

around. Many people simply stop and no one – not even them – really knows why. Often it's because the circumstances of their lives change dramatically. They meet someone, fall in love, get married, have kids and go straight. There are all kinds of reasons why some people with full-blown addictions simply stop.

But the point about substitute lifestyles I wish to make here is that addictions are more powerful and harmful if the addicted individual is socially and psychologically isolated from people who take an interest in their thriving – who look out for their basic needs for social interaction, who buttress their feelings of self-efficacy, and who encourage them to seek treatment for the psychiatric problems that so often accompany substance abuse problems.

Humans are social animals. When integrated into communities that enhance feelings of self-efficacy they tend to thrive. When cast out, or when marginalized for some reason, humans are at risk of spiraling into despair.

That's why – in the ancient world – being banished from one's village or community was the ultimate form of punishment. The ancients understood that psycho-social dislocation was as good as a guarantee that the banished person would suffer madness and eventually suicide.

* * *

So Kelowna is growing rapidly, attracting a lot of diverse people with a

variety of needs some of which are going to be exacerbated by the very economic expansion that works so well for others.

What's unfortunate is that this expansion is happening at a time when provincial and federal authorities have dis-engaged from moderating the impact of dislocation that accompanies rapid economic growth.

Municipalities (vs. province/feds) across Canada taking a more active role in addressing the unique needs of their community.

But this is precisely what happened over the last three decades as governments at senior levels "downloaded" to junior levels – a process referred to by Keith Banting as "the politics of stealth."

This downloading of responsibilities for social cohesion to lower levels of government has put communities under strain -- because senior governments did not also download the tax capacity to make up the shortfalls. So there has emerged – of necessity – a good deal of innovation and improvisation at the local level.

The upside of this is that communities can exercise some flexibility in how they respond to social challenges.

This has provoked a range of responses across policy domains as

communities, Non-Governmental Organizations and mobilized citizens seek to bring their unique resources and skills to bear on the problems associated with this particular stage of modernity.

The downside is that it takes time to bring public opinion around to the realization that traditional "clean up this town" law enforcement responses no longer produce lasting or even desirable results.

In fact, responses to social disruption drawn from the law and order tradition usually make things worse than they need to be.

Often it's the police who recognize this first – because they see the same people cycling in and out of the criminal justice system and, over time, they observe that more time in prison or detention centres does not appear to have an encouraging effect.

This is because some of these problems – particularly those arising from psycho-social dislocation – are not criminal problems *per se* but byproducts of rapid economic and social change in a context where people are cut off from their natural social networks.

This realization marks an important breakthrough in understanding because – as social scientists like to say – "when all you've got is a hammer, everything you see looks like a nail." As the discipline of public health has advanced we have learned to see that social problems -- like addictions, mentall illness,

homelessness and compromised self-efficacy -- are often complex interactions of personal circumstances with social developments over which any given individual has little control.

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Harm Reduction

Severe and prolonged psycho-social dislocation can be associated with rapid economic and social change in either direction – so the question that brings us here today is “What to do about it?”

Traditional law and order responses are ineffective and costly and may even make things worse for affected people.

Repeated visits to Emergency Departments are expensive and provide only short-term relief – in fact the Emergency Department is the *single most expensive port of entry* into our health care system.

Communities have fewer resources to work with – but greater needs to meet.

One response that is showing promise in minimizing the impact of psycho-social dislocation is called harm reduction.

Harm reduction – as your handout says – does not enjoy a universal

definition.

It takes many forms depending on the community and the specific needs to be addressed.

But what it recognizes is that -- *as a practical matter* -- it's possible to humanely – and with their cooperation -- *manage* vulnerable people's psycho-social dislocation until they reach a place where they are able to turn around their circumstances and begin the journey to re-integration.

Harm Reduction does this by concentrating on people as human beings FIRST -- with specific needs -- SECOND – rather than as public irritants, criminals or community problems to be swept from one location to another – to be "out of sight and out of mind."

Harm reduction does not fall into the utopian trap that problems – like addictions or mental illness – can be once and for all *solved.* Harm reduction recognizes that social problems are never completely solved, but that they can be imaginatively and constructively managed if we treat people humanely and with compassion for their situation.

Harm Reduction embodies the principle that it is always possible to do less harm – and so we ought always strive for that. That is the practical impact of harm reduction and that it why Harm Reduction has taken hold among public health officials in Europe, Canada and *even* the United States.

Toward a “low barrier, safe shelter that is accessible for active substance users who cannot gain entry or, not deemed appropriate for other resources”

What is proposed for Kelowna is a Sobering and Assessment Centre which is a low-barrier, safe place, accessible to active substance abusers who cannot yet – at least for some period of time – gain entry to other facilities or who are not yet considered appropriate for other treatment options.

Just as there are many roads to Rome, so also are there many roads to recovery – and harm reduction is one of them. Not the only one, but for some the only bearable one.

One of the things we now know about substance abuse is that it usually co-occurs with mental illness – and that the onset of mental illness *precedes* the abuse of substances by as much as ten years.

This concurrence of mental with substance abuse problems once created a problem for treatment providers, however, because – until quite recently – treatment regimes were stand-alone in their orientation.

If one had a substance abuse problem *and* a mental health issue, one could find oneself bouncing back and forth between programs: the mental health

professionals would deny access to treatment until the substance abuse disorder was under control and the substance abuse specialists would insist that the client get help for their mental illness *before* dealing with the substance abuse problems.

Thankfully, this is seldom the case today. We know now that it is normal – not exceptional -- for substance abuse and mental illness to occur together. We know now that we have to treat both simultaneously and that this is difficult, but not impossible. And we also know that the first and most important thing we can do is give suffering people a safe place to live and a community that takes an interest in them.

It is the case, however, that we – as Canadians – have badly mismanaged our mental health care and treatment systems. We made bad decisions in the 1980s and 90s and we are now paying the tab.

But what we are learning in cities like Vancouver and Ottawa is that people in states of severe and prolonged psycho-social dislocation can be gradually re-integrated if we attend to their basic needs – including primary care, nutrition, foot care, and so forth – but that we can't succeed if we ask them to 'go straight' or abstain too rapidly.

We need to find a mechanism and an infrastructure to address their needs as psycho-socially dislocated persons – to deal with the multitude of health problems they have developed over the period of their dislocation. These

health problems complicate their recovery – yet they are fairly easy to address with the right resources in the right place, delivered by the right people.

They need, first, a safe and stable place to live – to begin the process of reducing the harm of their substance abuse so that their conditions can be stabilized and they can begin the process of building trusting relationships with treatment providers who will not judge them if they continue to use substances.

One objective of Harm Reduction arises from the recognition that it is possible to use a number of currently illicit substances in a safe and moderate manner. We all know lots of people who drink but do not drink excessively: indeed moderate and safe use of illicit substances is the general pattern – excessive and dangerous use is the exception.

In order to re-integrate, the evidence shows, people who suffer from extreme psycho-social dislocation need opportunities to build successes – even small successes – rather than constantly being reminded (through police encounters and emergency room visits) of their repeated failure.

Ottawa recently opened a managed alcohol program for homeless people with chronic alcoholism. Its mandate was stabilize alcohol intake and decrease Emergency Departments visits and police encounters. One of the recurring features of chronic alcoholism is the tendency to consume non-beverage alcohol (such as mouthwash) and to develop a range of chronic illnesses.

I interviewed the Executive Director of the Inner City Health Project at the University of Ottawa in anticipation of my visit to Kelowna. She told me that (quoting):

> The traditional system that we have in place for the clients that we care for here is this: when they get into trouble, that's when they get care. They get picked up by the ambulance; they get taken to the emergency department; they're cared for there, and then they're released back into the community. When another crisis erupts, they get picked up by an ambulance, taken to the ER and the cycle starts all over again. This can costs thousands of dollars. Something as simple as a seizure disorder can result in that sort of revolving door care. It's a lot more far-sighted to provide up-front care rather than wait for acute crisis, acute emergencies that require hospitalizations that can be tens of thousands of dollars.

An assessment of Ottawa's *Managed Alcohol Program* was published in the January 2006 issue of the *Canadian Medical Association Journal.*

The sample size is admittedly small – at this stage – but the findings are promising. The authors concluded that among the hardest cases of chronically homeless people with refractory alcoholism – that is, alcoholism that has resisted treatment -- it was possible to stabilize their alcohol intake and "significantly" decrease their Emergency Department visits and police

encounters. They do this by giving each person in the program a controlled diet of wine – not the rotgut they drink on the streets – to the limit of one glass every hour. The idea is not to let them get intoxicated, but to control the onset of withdrawal symptoms and maintain their health and well being by providing them a safe place to live while they transition toward recovery.

In Ottawa, police encounters decreased by 51% at a savings of $91 per unit encounter – while Emergency Department visits declined by 36% for a savings of $270 per encounter.[5]

These are still early days for the Ottawa program – but they show what is possible by way of cost savings and better health outcomes for such people.

When it comes to Harm Reduction, it is the Swiss who are leading the way. They have developed low-threshold services directed at drug users and targeted at reducing drug related harm that arises from needle sharing and transmission of blood borne diseases like HIV and hepatitis C. Today over 65% of active drug users are in some form of drug treatment while the remainder are in contact with harm reduction services.[6]

The Swiss know they are never going to make the problem of drug addiction and substance abuse "go away" – but they also know that they can moderate the worst effects of it and successfully re-integrate people if they manage their

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[5]Tiina Podymow, Jeff Turnbull, Doug Coyle, Elizabeth Yetisir, George Wells "Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol," *CMAJ,* January 3, 2006 (174:1), pp. 45-49.

[6]*Harm Reduction: A British Columbia Community Guide,* (Ministry of Health, 2005), p. 8.

addictions with compassion and evidence-based best-practices.

In Conclusion:

I want to close by saying a few things about what Harm Reduction is NOT – and then I'm happy to answer questions with the members of the panel.

1. Harm Reduction is **NOT** enabling: there is no evidence that people are attracted to the abuse of toxic substances because they think they can 'get a free ride' or avoid the worst consequences of substance abuse. Rather Harm Reduction is akin to wearing a seatbelt: Seatbelts do not prevent car accidents – **DUH**! – but they do minimize the impact of being thrown around the inside of a car after impact. Bicycle Helmets do not *prevent* bicycle accidents! But they do reduce the chance of acquiring a head injury – that is, they reduce the harm of a bike accident.

2. Harm Reduction is NOT an "ideology viewing drug use as not only as inevitable, but as simply a lifestyle option, a pleasure to be pursued, even a human right."

    Harm Reduction is no more or less ideological than any other perspective on how humans ought to manage their lives. Harm reduction does, however, acknowledge that most drug use – in fact the great majority of all drug use, from coffee to chocolate all

the way to heroin – is not abuse *per se.* Many people consume illicit drugs with no harmful consequences whatsoever. You don't know who they are because they're your doctors, lawyers and accountants and work in offices rather than live on the streets. Harm reduction is targeted at those who – because of policy choices beyond their control – do more harm to themselves than is necessary. I can talk about this more in the question period.

3. Harm Reduction does **NOT** imply eventual legalization. The primary goal of harm reduction is to reduce the health and social problems associated with the use and control of alcohol and other drugs among individuals, families and communities. Abstinence from alcohol and other drug use is an important goal for some, but it is not necessarily the only acceptable or even the primary goal for all substance abusers.

And finally ….

4. Harm reduction – as distinct from abstinence based treatment philosophies – does not fall into the trap of making the 'best' the enemy of the 'good.' The brute fact is that social problems – like drug or alcohol addiction – are never SOLVED in the manner suggested by language like a "war on drugs" which implies either victory or defeat. Some people find great success in abstinence-based programs like AA and NA and more power to them. But we do not live in a one-size-fits-all world, so we ought not presume that abstinence-based programs are

the best answer for everyone.

It's in the nature of social problems that they must be managed – but they need not be managed in a fashion that makes them worse than they might otherwise be. This ought to be the single most important take away message from my talk today: we have it within our power to design policies for persistent social problems that treat people with humanity and compassion – whatever their condition – and that do not make their situations worse!!

Thank you for your kind attention – and thank you again to Shelley for inviting me to speak with you here today.

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