

Response

The evolution of the four pillars: Acknowledging the harms of drug prohibition[☆]

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Received 4 August 2005; received in revised form 8 September 2005; accepted 12 September 2005

The evolution of the drug policy discussion has moved significantly forward in Vancouver in recent years as policy makers around the globe watch with interest. The shift, toward understanding drug problems as a health and social issue, has had a number of drivers in Vancouver and the city staff and mayor have been playing a crucial leadership role which began with the vision of the four pillar approach. In this issue of the *International Journal of Drug Policy*, Alexander has prepared a thoughtful analysis of some of the larger societal issues underlying the four pillars as they are manifesting in this city (Alexander, 2006). However I believe that he misses an important aspect of the debate. He does not explore the health and social problems stemming from drug prohibition in spite of the fact that this discussion has been increasingly legitimized through the four pillar process. An examination of each of the four pillars of harm reduction, treatment, prevention and enforcement as they are unfolding in Vancouver can readily lead to conclusions about the failures associated with an enforcement dominated model of drug control. As the public has become engaged in the discussion of the four pillars there is growing acknowledgment that drug prohibition itself creates violence, crime, corruption, disease, and creates a robust black market, which engages youth, and makes drugs widely available. Alexander misses the opportunity to peer through each of the four pillar lenses and observe that, for this model to evolve, drug prohibition fundamentally needs to be reconsidered.

Harm reduction

During the process of implementing the four pillars in Vancouver, harm reduction was the first to get significant attention in the public debate. One of the initial outcomes was the creation of North America's first supervised injection facility (SIF). As this facility does not provide drugs on prescription, one of the realities that our city faced was the fact that all users would be entering this facility in possession of illegal drugs. This forced an unprecedented discussion and co-operation between the Vancouver Police Department and the health service providers. The city had to deal with the simple fact that, for the programme to work, the users of this facility could not be charged with violating the law as they walked in the door. These discussions resulted in expanding the conceptual horizons of both the enforcement and health service staff who were all forced to confront the reality that there were considerable health and social impacts resulting from enforcement interventions. Although drug dealing has not increased in the vicinity of the SIF the creation of the programme could not have occurred under a strict prohibition model and de facto decriminalization of heroin and cocaine in the area around this service has become the norm. This shift received considerable public support as it was accompanied with reduced public disorder. Specifically there were measurable reductions in public drug use and unsafely discarded syringes. (Wood et al., 2004a).

The next significant step in the evolution of harm reduction, which also confronted the public with the issue of prohibition, was the North America Opiate Medication Initiative (NAOMI) which began a small trial of prescription heroin to addicts. To the surprise of many, the intense public debate which accompanied the creation of the supervised injection

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site was not reproduced, perhaps reflecting the growing public acceptance of the harm reduction philosophy. Again, the public awareness of alternatives to prohibition advanced as the citizens of Vancouver were exposed to a de facto legalization, public health model of drug control.

Enforcement

Changes in the enforcement strategy during the implementation of the four pillar process has also been the source of considerable learning for the city. Forty officers were redeployed to the Downtown Eastside, the area in Vancouver where the open drug scene exists. A study on the effects of this massive police crackdown indicated that it did not change the price of drugs, frequency of use or enrolment in methadone programs (Wood et al., 2004b). The “bubble under the wall paper” effect was noted in that there was displacement of injection drug use to other parts of the city. Alexander observes that there continues to be “high levels of property crime, much of it carried out by drug addicts” but he does not make the logical conclusion that this crime is not a result of drug pharmacology, but of drug prohibition (a drug addict once told the author “I am a drug addict not a kleptomaniac”).

There is a growing body of evidence that levels of drug use in any society fluctuate independently of the severity of enforcement measures (MacCoun & Reuter 2001; Nolin, 2002). This has been observed to be true in Vancouver, leading to the conclusion that enforcement interventions are largely ineffective at controlling drug use and have the unintended consequence of also contributing significantly to both health and social problems. As the media has documented the shifting enforcement patterns during the four pillar process the lesson for the public is simply that prohibition, as a social experiment, has failed and we need to seriously consider the alternatives.

Prevention

Prevention programmes under the banner of prohibition have difficulty acknowledging that drugs have more than just potential for harm and that not all use is abuse. Prevention services which have the goal of actually providing factual information maintain their credibility and can explore the spectrum of drug use which exists on a scale between benefit and harm. Alexander observes that the prevention pillar needs to be expanded beyond “teaching school children about the dangers of using illegal drugs” but he misses the opportunity to explore how evidence based alternatives to drug prohibition would be a significant move toward achieving actual prevention of harms. During the four pillar process the city cast the light on the issue of prevention in a series of public consultations. City staff explored the problems of drugs in Vancouver and boldly concluded that drug prohibition was a block to effective prevention programs. They observed that

an important component of preventing and dealing with drug problems would be dealing directly with the problems of prohibition and creating a regulated market for all currently illegal drugs (MacPherson, 2005).

Treatment

Alexander suggests that treatment therapists can help society broaden its view of addiction by publicly contradicting outmoded doctrines and this can become a force of social change. The implication of this statement is that client advocacy is a vital role of the treatment process. The willingness of therapists to give voice to the pain and suffering that enforcement of prohibition inflicts on their clients is an important voice of change.

Alexander discusses cultural fragmentation and dislocation and how addiction plays a role in this process, but he does not explore how drug prohibition itself not only contributes to social fracturing but prevents the exploration of other alternatives which could assist social cohesion. Targeting and branding drug users with enforcement interventions reduces their participation in mainstream culture as their behaviour becomes clandestine. Prohibition also creates a robust black market some of which is paradoxically managed by highly cohesive criminal organizations (e.g. the Hells Angels and other organized crime) which are very resistant to enforcement interventions (Sher & Marsden, 2003). The marginalizing process of drug prohibition on drug addicts are both obvious (employment cannot be pursued from a jail cell) and subtle, as exclusionary societal attitudes can be very indirect. A post prohibition, public health paradigm offers a constructive alternative. Public health tools that have the goal of regulating the market for currently illegal drugs include some which have, as the explicit intention, improvements to social connectivity (Haden, 2004). Foundational to public health is the understanding of the social determinants of health. The ability to actively participate in mainstream society and create a life which has meaning and purpose is substantially more difficult when engaged in the development of police avoidance skills.

In conclusion, if the Four Pillars experiment is going to be successful, policy makers must begin to explore how the discussion of this model in Vancouver has highlighted concerns over the fundamental issue of the ineffectiveness, and significant unintended consequences, of drug prohibition. The next step is to explore how the concept of a regulated market for all currently illegal drugs can reduce the harm to individuals, families and all of our society. To promote this discussion, the Health Officers Council of British Columbia released a paper in October 2005 which is intended to promote public discussion of the issues which need to be considered to end drug prohibition. This is in line with public opinion, which is now moving toward consideration of alternatives based on the model of public health. This shift has been reflected in the local media as the editorial board of the Vancouver Sun

newspaper stated that they believed that Canada could be a world leader in promoting the discussion of legalization and regulation and that “Canada could help unify the globe in its efforts to minimize the harms caused not only by drugs but by drug laws” (*Vancouver Sun*, 2005).

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