

HOCKEY PLAYERS AND LIFE LESSONS

Introduction

Focus

How do you convince young people to avoid doing drugs? According to the Odd Squad, you let them see what happens when people get caught in the ravages of addiction. This *News in Review* story looks at the problem of addiction as well as the journey of several Western Hockey League players into Vancouver's most notorious neighbourhood.

Constable Al Arsenault worked as a beat cop in Vancouver's Downtown Eastside for 27 years before his retirement. He began calling the neighbourhood a "chemical gulag" because of the metaphorical prison that addicts routinely found themselves in. The prisons were their own bodies and minds, often ravaged by addiction and drug-induced psychosis. What Arsenault witnessed every day was a tragedy, and he began documenting that tragedy with his own camera. Each day, he would patrol the area and take pictures—sometimes to capture the images of interesting people he met in Canada's poorest neighbourhood and sometimes to capture images of the madness and misfortune of life in the Downtown Eastside.

Vancouver's Downtown Eastside

The Downtown Eastside is routinely referred to as Canada's "poorest postal district." This is a sad fact and not simply a cruel nickname thrust on it by a judgemental nation. Comprising just eight square blocks, the Downtown Eastside is home to close to 10 000 addicts, 2 000 homeless people, and an unknown number of people suffering from a range of mental illnesses. Over 150 social service agencies try their best to serve the community of 16 000. According to those agencies, 6 000 people are receiving some kind of help, with 2 100 living in what frontline workers call "crisis."

The Odd Squad

This is the environment that prompted Al Arsenault and six of his Vancouver Police Department (vancouver.ca/police) colleagues to tell the story of the state of affairs in the Downtown Eastside. It started as a simple slide show involving

pictures taken by Arsenault that the officers would use in presentations to the greater community. Eventually, in 1998, the police officers formed the non-profit Odd Squad Productions (www.oddsquad.com) and began making educational documentaries in an effort to tell the story of the crisis in the Downtown Eastside. Their breakthrough came in 1999 with the release of *Through a Blue Lens*, an internationally acclaimed film that documents life in the Downtown Eastside. The film is considered to be one of the most effective drug education films for high school students in Canada and is the most successful film in the history of the National Film Board. The success of *Through a Blue Lens* prompted the original Odd Squad to take on even more ambitious projects and to expand their efforts beyond documentaries.

Stay On Side

The Odd Squad is a community organization whose primary goal is to teach people about the hazards of high-risk activities like drug abuse, crime, and anti-social behaviour. While documentary filmmaking acted as the initial springboard for spreading their message, the Odd Squad eventually began forging partnerships with other groups to raise awareness of the perils of high-risk behaviour. One of those partnerships was with the Western Hockey League (WHL – www.whl.ca). The Odd Squad figured that the best way to educate society was to teach people proper values when they were young. Perhaps the most effective way to accomplish this goal would be to use older kids to convince younger kids to not do drugs in the first place. Thus, projects like "Stay On Side" were born.

Project Stay On Side involves players from the Vancouver Giants (www.vancouvergiants.com) junior hockey team. Players are invited to participate in an immersion into life on the streets of the Downtown Eastside. During their tour of the neighbourhood, the players view addicts openly using and selling drugs on the streets. They see homeless people sleeping on the streets. They see mentally ill people, lost in their own minds, wandering up and down Hastings Street. Most importantly, they talk to these people and gain an appreciation for them as human beings. By all accounts, the tour is a life-changing experience.

program and call it “Faceoff.” When the Red Deer Red Devils are in Vancouver, some of their players take part in the program and call it “Tour of Duty.” Similar programs are run through a variety of WHL teams, with the Odd Squad conducting the tours and the players living the experience. Afterward, the players return to their hometowns and conduct presentations for students and other groups in the community. The presentations work incredibly well because the players deliver a message warning people about the dangers of high-risk behaviour to audiences who tend to admire and believe them. The transformative nature of the experience facilitated by the Odd Squad makes for powerful role modelling and compelling education.

Spreading the Word

The Giants are not alone in participating in this Odd Squad program. The Saskatoon Blades take part in the same

Analysis

1. What did Al Arsenault do to document life on the streets of the Downtown Eastside?

2. What evidence is there that the Downtown Eastside is a community in crisis?

3. What is the Odd Squad? What is its goal?

4. Do you think the partnership between the Odd Squad and the WHL has the potential to steer a lot of young people away from drug use? Explain.

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Video Review

Watch the documentary and complete the following questions.

1. What is the name of Vancouver's most notorious neighbourhood?

2. What is Project Stay On Side?

3. Why does Constable Chris Graham think that junior hockey players stand a better chance of reaching drug-abusing youth than the police?

4. What is the Odd Squad? Describe what they are trying to do in Vancouver.

5. Why do people walking in the Downtown Eastside have to be careful of discarded hypodermic needles?

6. Describe some of the people and places that Constable Chris Graham and members of the Vancouver Giants encounter on their trip through the Downtown Eastside.

7. What life lesson does the story of Leanne, a woman who was married with four children and who eventually became a heroin addict, teach members of the Giants about the curse of drug addiction?

8. What warnings do the people in the documentary give about drug use?

9. How extensive is the junior hockey outreach program? How many players have gone through the type of experience that the Vancouver Giants experienced with Constable Chris Graham?

10. How effective do you think the actions and examples set by Andy Thompson and Garry Nunn would be for people either in the throes of addiction or hearing a message that boldly states "don't do drugs"?

11. Describe the reactions of people hearing the message coming out of Project Stay on Side near the end of the documentary.

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Fact Sheet: Substance Abuse in Canada

Alcohol

- Alcohol is a depressant that slows down your co-ordination and impairs your ability to make rational decisions.
- 79 per cent of Canadians aged 15 or older report consuming alcohol in the last 12 months; of the remaining 21 per cent, 14 per cent are former drinkers and seven per cent do not drink alcohol.
- 44 per cent of drinkers have at least one drink a week.
- Drinking rates peak among youth between 18 and 24, with about 90 per cent of people in that age range consuming alcohol during the course of the year.
- Among high school students in Canada, the percentage of drinkers begins at about 45 per cent in the junior grades and reaches close to 80 per cent in the senior grades.
- Binge drinking rates have increased among high school and university students in the past decade.
- Experts estimate that four per cent of Canadians are alcohol-dependent.
- Among drinkers aged 16 and older, 10 per cent (about 1.5 million Canadians) confessed to having driven a vehicle after consuming “too much alcohol.”
- Youth who drink alcohol every day under the age of 16 are three times more likely to experience depression and psychological distress as their non-drinking counterparts; they are also 10 times more likely to engage in problematic behaviour.*
- Youth 16 and older who drink alcohol daily are twice as likely to experience depression and psychological distress as their non-drinking counterparts; they are also eight times more likely to engage in problematic behaviour.*

Cannabis

- Cannabis is a multi-dimensional drug that can have stimulant, depressant and/or hallucinogenic effects on the user.
- Cannabis is the name used to describe marijuana, hashish, and hash oil.
- Cannabis is the most commonly used illegal drug in Canada and around the world.
- Between 24 and 40 per cent of high school students report using cannabis once in the past year.
- Among Canadian university students, almost 30 per cent reported using cannabis in the past year.
- Approximately 25 per cent of clients in selected Canadian treatment systems said that cannabis is a “problem” substance.
- Youth aged 15 and younger who use cannabis in excess of 40 times in a given year are about twice as likely to experience depression and psychological distress than their counterparts who don’t use it. They are nine times more likely to engage in problematic behaviour than their non-using counterparts.*
- Youth 16 and older who use cannabis in excess of 40 times in a given year are slightly more likely to experience depression and psychological distress as their non-using counterparts; however, they are also nine times more likely to engage in destructive behaviours.*

Cocaine

- Cocaine is a highly addictive stimulant drug.
- Almost 11 per cent of Canadians aged 15 and older have tried cocaine or crack at least once. About two per cent

reported cocaine use within the past year.

- Cocaine use is highest among men and young people.
- Fewer than five per cent of grade seven to 12 students reported using cocaine or crack in the past year. Within that group, the rate of cocaine use is lowest in the younger grades and peaks in grade 11, with seven per cent reporting cocaine use within the past year.
- The use of crack and cocaine by street youth is alarmingly high, with the following rates found in the following cities: Toronto – 31 per cent; up to 33 per cent in Halifax; up to 85 per cent in Vancouver.
- About 60 per cent of offenders housed in federal correctional facilities in Canada used cocaine at least once during the six-month period prior to their arrest and imprisonment.
- Cocaine users between the ages of 12 and 15 are twice as likely to experience psychological distress and are more likely to experience depression than their non-using counterparts; they are also three times more likely to engage in problematic behaviour.*
- Cocaine users between the ages of 15 and 19 are more likely to experience depression and psychological distress than their non-using counterparts; they are four times more likely to engage in problematic behaviour.*

Heroin

- Heroin is a highly addictive opiate drug derived from the morphine extracted from the poppy plant.
- About one per cent of the Canadian population aged 15 or older have tried heroin one or more times.
- Use of heroin is more common among males, young people, and people living on the street or in prisons.
- About 15 per cent of offenders housed in federal correctional facilities used heroin during the six-month period prior to their arrest and imprisonment.
- Less than three per cent of students from grades seven to 12 report using heroin in the past year.
- Heroin users between the ages of 12 and 15 are more likely to experience psychological distress than their non-using counterparts. They are three times more likely to engage in problematic behaviour.*
- Heroin users between the ages of 16 and 19 are more likely to experience psychological distress than their non-using counterparts. They are twice as likely to engage in problematic behaviour.*

Source: All information is from the Canadian Addiction Survey (CAS), Canadian Centre on Substance Abuse (www.ccsa.ca) except the items with an asterisk (*). That information is from the Centre for Addiction and Mental Health: "First contact" (www.camh.net).

Activity

Pick one of the drugs highlighted in the fact sheet. Make a word and statistic collage that blends as much of the information from the section you selected as possible. Note the unhealthy results of this type of drug.

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The Body and Addiction

While it is pretty clear that alcohol and drug consumption is widespread across Canada, what isn't always clear is how people become addicted. The following is a brief primer on how addictions develop within the human body.

The Reward Pathway

People feel a sense of reward during pleasurable experiences. Scientists call the feeling of pleasure and, the components we are about to discuss, the reward pathway. Here's how it works: let's say you are having a laugh with your friends. As you experience the pleasure of laughing, your body releases a chemical called dopamine that allows you to consciously feel the pleasure. Chemically speaking, when pleasure is experienced, the dopamine finds its way into dopamine receptors. The dopamine receptors tell your body to feel pleasure and, presto, you feel it. The relationship between dopamine and the receptors is similar to that of a key to a keyhole. Once the key (dopamine) is inserted into the keyhole (the receptor), the person can unlock the door (pleasure). This is essentially how the reward pathway works.

Tipping the Balance of the Reward Pathway

When a person uses a drug (and alcohol is considered a drug), they are seeking to bring about pleasure via an outside agent: namely the drug they are taking. Once a drug is introduced into a person's system, the chemicals in the drug alter the person's body chemistry, resulting in various effects that include an exaggerated release of dopamine. This flood of dopamine is problematic because the human body is designed to

tolerate only so much of the chemical, and an overabundance sets off alarm bells in the brain. These alarm bells tell the central nervous system there is too much dopamine in the person's body and, instinctively, the brain starts shutting down dopamine receptors in order to bring a sense of balance back to the body. While the initial high might allow a person to feel a sense of euphoria or relaxation, the result is that the chemistry of the body is dramatically altered, and the reward pathway begins to take a turn in the wrong direction. Instead of associating pleasure with having a laugh with friends, the brain starts to associate pleasure with taking drugs.

Addiction

Addiction begins when a person associates pleasure with their drug of choice. Remember: dopamine receptors start shutting down as the drug is introduced to the body. Over time, the body starts to crave more drugs while the chemicals in the substance begin fighting to find fewer and fewer dopamine receptors. One of the main problems in addictive behaviour is found in the brain itself. The brain forms a memory that associates pleasure with the drug. That memory sets off the cravings, and the person is hooked. Time after time, the person floods their system with drugs in an effort to get high and stay high. Now the person is addicted to the drug and, with a substantial decrease in the number of dopamine receptors, the person will never be able to feel the drug-induced pleasure that their first high provided. Nonetheless, they will compulsively continue to use their drug of choice in a desperate search for the perfect high—a

high that their system cannot achieve. However, the effect of flooding the body with drugs becomes too much for the body to bear, as temporary highs are accompanied by devastating lows. In the end, the addict is left with a choice: stop

taking the drug or keep taking the drug until they die.

Source: "Addiction – The express route to mental illness," *The Globe and Mail*, June 25, 2008

Questions

1. Describe the relationship between dopamine and dopamine receptors.

2. What problems arise when a person introduces drugs into their system?

3. How do addictions emerge?

4. Why is a repeat of that first high so elusive for the addict?

5. What choice is the addict left with in the end?

Follow-up

Addiction is about much more than the body's reaction to dopamine. Addiction involves changes in attitudes and behaviours based on the person's dependence on drugs. (Remember: experts consider alcohol a drug too!) Learn more about the cycle of addiction. Go to your favourite search engine and type in "cycle of addiction" and see what you come up with. Make a point-form list of the information you discover and be prepared to share that information in a class discussion.

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Vancouver's Downtown Eastside

Further Research

It should be noted that the Downtown Eastside is only one neighbourhood in a city that most observers describe as one of the most beautiful in the world. Vancouver is also soon to host the 2010 Winter Olympics. To learn more about the city go to vancouver.ca. For more on the upcoming Winter Olympic Games, visit www.vancouver2010.com/en.

Did you know . . .

A Simon Fraser University study concluded that the cost of non-housing services for people living in the Downtown Eastside amounts to about \$55 000 per person. Alternatively, the cost for providing adequate housing would be as low as \$37 000 per person.

They call it “the poorest postal district in Canada.” Vancouver’s Downtown Eastside is an eight-square-block neighbourhood that is plagued by poverty, homelessness, mental illness, substance abuse, prostitution, and an appalling crime rate. Of the close to 16 000 people who live in the neighbourhood, 60 per cent are out of work and over half are addicted to drugs and alcohol. Of those who work, most make about \$14 000 a year—less than half the national average for annual income. Some advocates for the poor claim that the average income would dip to \$6 200 if government subsidies were removed from the income equation. Close to 2 000 people are homeless and, tragically, fewer than 1 000 shelter beds are available for those who want to get off the streets on any given night. The Downtown Eastside has an HIV rate of 40 per cent and a hepatitis C rate of 85 per cent. To call the Downtown Eastside a community in crisis would be a colossal understatement; the neighbourhood represents a standard of living that rivals many developing nations.

That such a neighbourhood could exist in Canada is mind-boggling to many. How does one of the wealthiest nations in the world allow so much drudgery to exist in the shadows of its abundant affluence? For their part, the city of Vancouver and the province of British Columbia have struggled to find solutions to the problems in the Downtown Eastside. In the period just after Vancouver won its Olympic bid in 2003, the authorities tried to clean up the neighbourhood with a series of crackdowns by law enforcement on drug users, panhandlers, and prostitutes.

Social activists cried foul, and eventually the crackdowns were abandoned, mostly because they weren’t serving to improve life in the Downtown Eastside. By the fall of 2008, a new city administration worked with the province to improve social services and clean up the neighbourhood. Derelict hotels were bought by the government and slowly converted into subsidized apartments. Social services were given a much-needed boost—with the crown jewel being the emergence of a community court. The community court was directly linked to social services, and the judge was able to administer verdicts that gave options to the plaintiffs, such as entering drug treatment programs instead of going to jail.

Despite recent efforts, as well as the long-term work of over 150 social service agencies, the Downtown Eastside remains destitute. A *Globe and Mail* study found that, in spite of government investment in health and social services in the amount of \$1.4-billion, the Downtown Eastside hasn’t shown any tangible signs of improvement (*The Globe and Mail*, February 14, 2009). The neighbourhood continues to wallow in its own misery—and a tragic side effect is the fact that the area has begun to serve not only as a magnet for the disenfranchised in Greater Vancouver, but also for disenfranchised people from across Canada. In other words, the Downtown Eastside has become a Canadian epicentre of poverty, mental illness, drug abuse, and crime. While some claim that the neighbourhood is Vancouver’s problem, others claim that the state of affairs in the Downtown Eastside is a shameful national issue.

Experts claim that the approaches

employed in dealing with the problems in the Downtown Eastside have often been narrow-minded and short-sighted. The neighbourhood needs a blueprint for change that calls for municipal, provincial, and federal government involvement. Step one would need to deal with the issue of housing. People need sustainable housing—and to create a healthy environment, efforts need to be made to introduce a housing mix involving low-, middle-, and high-income residents. Step two would involve improving rehabilitation services for addicts. For most of the past decade, the emphasis of social services has been on harm reduction. The Insite clinic (www.vch.ca/sis/), where heroin addicts can shoot up with free needles under the supervision of a nurse, is an example of this policy. While

seemingly enabling addicts by virtue of its very existence, Insite has intervened in over 400 overdoses and helped to contain the HIV and hepatitis C rates once exacerbated by needle-sharing among addicts. The next phase would be to introduce long-term rehabilitation services that help drug addicts and alcoholics overcome their addictions. The third step would be to give the place a facelift. The government has already started purchasing rundown hotels. The next stage would be to invite businesses back into the neighbourhood—perhaps with some kind of incentive program. With 27 per cent of commercial frontage on Hastings Street boarded up, the Downtown Eastside clearly has room to invite businesses into the neighbourhood in hopes of re-inventing the area's image and reputation.

Questions

1. Make a point-form list of items that demonstrate that the Downtown Eastside is a community in crisis.
2. What strategies have been used to try to clean up the Downtown Eastside?
3. How costly have efforts been to improve life for people living in the Downtown Eastside?
4. What three steps do you think should be taken to improve the life of people living in the Downtown Eastside?

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Vancouver's Supervised Injection Site

Further Research

To learn more about Insite and its work, visit the official Web site at www.vch.ca/sis/.

In the early 1990s, the Downtown Eastside started to rapidly slide into chaos. Homelessness and prostitution were mainstays in the neighbourhood. Poverty and homelessness took the streets by storm. Drug abusers were selling and using drugs out in the open for everyone to see. Many felt the neighbourhood was spiralling out of control.

Probably the most dramatic example of the state of crisis was seen in the way heroin addiction completely took over the lives of some people. Impoverished heroin users would beg, borrow, steal, and prostitute themselves to get their drugs. With their focus almost exclusively on getting their fix, users would typically share needles with fellow addicts with little regard for their own health. As a result, needles infected with HIV and hepatitis-C transferred illnesses from one person to another at an alarming rate. To make matters worse, stronger versions of heroin were making their way onto the market. Users whose bodies were not used to the new potency found themselves overdosing in the back alleys of the Downtown Eastside.

The situation among heroin addicts began to be seen as a public health crisis. Addicts were spreading disease at an unprecedented rate and were overdosing in record numbers. In an effort to address these problems, social service agencies began adopting an approach called "harm reduction." Frontline service workers had long regarded addiction as an illness. Addicts were victims of this illness, and using was the manifestation of the illness. In other words, addicts were going to use drugs and, barring some dramatic lifestyle change, that was a fact of life. So if users were going to use, why not make sure they did so in a safe manner? This line of thinking is what led to the birth of Insite.

Insite is a safe injection site for heroin users that opened in 2003. Staffed by nurses and social service workers, Insite provides 12 booths for heroin users to shoot up. Staff provide clean needles to users, and nurses keep a watchful eye to see if any clients are on the verge of overdosing. For those looking to give up the drug, rehabilitation and detoxification services are also offered.

The facility opened amid a storm of controversy. Advocates argued that the Downtown Eastside needed the facility to relieve the strain brought to the health-care system by heroin users who overdose or contract diseases. Opponents argued that the clinic was enabling people to use illegal drugs. In the end, the advocates won the day by arguing for, and receiving, an exemption from federal drug legislation. In other words, harm reduction, and the corresponding health benefits, trumped laws regarding illegal drugs. Heroin users were allowed to go to the clinic to shoot up.

Since 2003, Insite has received one further exemption and, when it looked like the Harper government was not going to grant a third one, the administrators of the clinic took the federal government to court. Eventually, the British Columbia Supreme Court ruled that those who frequented the clinic had a constitutional right to safety and security and that Insite provided that service as a health-care clinic. Certainly Insite has not fought its last fight for survival. Police agencies argue that the harm-reduction policy just worsens addiction and encourages illegal drug use. Insite counters with the fact that clinic staff have intervened in 400 overdose cases and that overdoses in the Downtown Eastside are down 80 per cent since the facility opened its doors.

Activity

Some advocates for harm reduction claim that the campaign needs to go beyond safe injection clinics like Insite. In 2008, the North American Opiate Medication Initiative (NAOMI – www.naomistudy.ca) released two studies:

- The first dealt with a group who were prescribed heroin by researchers, allowing users to bypass street dealers.
- The second involved a group of drug addicts who were given free heroin.

In both instances the lifestyle of the drug addicts improved. They were able to focus more on improving their lives, keeping their jobs, and paying their rent. The studies also found a significant drop in criminal behaviour in the study groups.

Question to Consider

Is the next step in harm reduction prescription heroin or free heroin? You be the judge!

Your Task

1. Form a group of three or four. Make a point-form list “for” and “against” the ideas put forward in “Question to Consider.” Use the organizer below to structure your ideas.

Minimum: 10 points “for” and 10 points “against”

2. Decide where your group stands. Are you “for” going beyond Insite and into prescribing or giving heroin to addicts or are you “against” the idea? Share your position with your classmates in a class discussion.

Extension Activity

Write a 150-word summary of your position. Be prepared to share your views in a public debate with your peers.

Arguments for prescription or free heroin	Arguments against prescription or free heroin

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Activity: Drug Education

Members of the Odd Squad designed their program to teach elementary and high school kids about the slippery slope from drug use to drug abuse. The goal of their program is education. Your task in this activity is to educate people your age about the dangers of drug abuse.

Form groups of four.

Select a topic from this *News in Review* story. Topics include:

- Substance Abuse in Canada
- The Body and Addiction
- Vancouver's Downtown Eastside
- The Odd Squad
- Vancouver's Supervised Injection Site

Prepare a drug-education project that provides the following information:

- A clear description of your topic
- A message warning people your age about drug use and abuse
- Suggestions on how to avoid falling into the trap of addiction

Feel free to make any other relevant points but make sure you cover the three points indicated above.

Project Format

Your project should be in one of the following formats:

- Newsletter (minimum of two pages)
- Brochure/Pamphlet (minimum of six sections)
- Video documentary
- Audio podcast (report or interview)
- Poster (minimum 33 cm by 43 cm)

Follow-up

Present your completed work to the class in a seven- to 10-minute presentation. The goal of the presentation is to educate your classmates and encourage dialogue.