The city is the level of government which has the immediate responsibility to deal with many of the problems from psychoactive substance use and intoxication. From the 19th century temperance era onward, cities have thus often been in the forefront of experiments in ways of responding. In the current era of HIV/AIDS and other blood-borne diseases, it has been the experience in a number of countries that innovative and effective responses to the problems have often come from the city level.

This has been particularly true for responses to waves of use of illicit substances. For these substances, it is not only that the city is the first line of government response. It is also that higher levels of government are often compromised or paralysed. In particular, they are bound by the constraints of the international narcotics control system, and especially by pressures from the system’s mainspring, the U.S. federal government. Both in their domestic policy towards U.S. cities, and in terms of foreign relations, U.S. government officials have often expressed in vocal terms their disapproval of the kind of balanced response which is described in the paper by MacPherson, Mulla, and Richardson (this issue), and in particular of harm reduction or anything which might be construed as “legalisation”. Vancouver has felt the lash of such disapproval and scarcely-veiled threats, and it is to the credit of the city and its citizens that Vancouver has persisted in pursuing the kind of pragmatic path, aimed at a balanced, humane and effective response to substance use problems, which the paper describes.

As MacPherson et al.’s paper describes in this issue of the International Journal of Drug Policy, prevention is one of the “four pillars” of the approach adopted by Vancouver, but it has been the last of the pillars to be taken seriously and turned into a plan for action. Developing and adopting a comprehensive prevention plan is a major accomplishment, and it is good to see that it includes a commitment to proceeding on the basis of evidence of effectiveness.

But if there is one lesson of the evaluation literature on prevention initiatives for alcohol and drugs, it is that good intentions and effectiveness do not necessarily go together. In including recommendations on a public education campaign and for school-based education, for instance, the prevention plan is venturing into territory where it is very difficult to show lasting results. Vancouver will need to be sure that evaluation of its initiatives is built into its plans, and be willing to make changes as the evidence indicates, if it is to be sure that its prevention strategies are truly premised on evidence of effectiveness.

Reference