

GETTING OLD - GETTING HIGH IN VANCOUVER

by Maura Drake, Vancouver Area Network of Drug Users (VANDU)

Born and raised as part of the privilege class I had few financial restraints on my life experiences. I was in my thirties before I really became involved in any serious way with drugs. Since money was not a limiting factor it was many years before I truly realized that I had a drug problem. Unwilling to admit to my family and the world that I was a drug addict by signing into one of those expensive rehab centres the cold turkey method was about all that was available to me in those days. Breaking the cycle was not easy but when I finally came to the realization that drugs were killing me I made up my mind that I had to make a choice between life and drugs. That was eighteen years ago. My fortunes have changed somewhat but my enthusiasm for living and learning has not.

I have from time to time used drugs for recreational use. It was when I was involved in one of my rare purchases on a Vancouver Street that I met some Users who were going for coffee to a place called VANDU. I went along and for the first time I was able to interact openly with others who had first hand experience with drug addiction. I also learned a great deal about drug addiction, alternative treatments being used in other countries and community attitudes that forced addicted people into criminal behaviour. I started attending the Saturday meetings of VANDU. I saw a definite need for an organization that provided a real voice for Users. I was the only member claiming to be a senior and recognized some of the additional problems facing older people addicted to street drugs.

There are very few services for drug addicts in Vancouver and if you are a senior with a drug addiction there is nothing. There appears to be unspoken attitudes that seniors should know better; why waste the few resources on those who will likely die soon, anyway; let seniors' organizations take care of them.

Only high functioning seniors get public housing and nursing homes deal only with those who have specific health problems. Since addiction to illicit drugs is not considered a health problem addicted seniors are faced with settling for dirty hotel rooms or the streets.

The health care industry tends to treat the individual problems that come with growing older and simply ignore the addiction. As a result the old addict is often hooked on prescription drugs as well as the street drugs. They are resented in Food Lines because they should be accessing all those senior services. The problem is that these services are not available or adaptable to addicted seniors who live such precarious and unpredictable lives in the country's poorest neighbourhoods. Because conditions are so harsh in high poverty areas like the Downtown Eastside where I live anyone forty-five and older is considered a senior and it is estimated that approximately 35% of the addicts are over 50 years of age.

There is a myth that drug addiction leads to an early death. There appears to be some truth to this belief given the present widespread addiction statistics. Incidents of overdose, disease and infirmities connected to "dirty drugs" is increasing at alarming rates. However for the long term addict it wasn't always that way. As a result many seniors have been addicted for twenty, thirty and even forty years. There was a certain level of trust involved in the purchase of street drugs and proper use of them was well known among the small User population. Drugs such as Heroin and Opium on their own did not induce health problems. As a result there are

many life long users who are now facing old age with addictions that make them extremely vulnerable in today's large and more violent drug culture.

Not all senior Users are long term addicts. Many have become users of street drugs because of addictions resulting from medical treatment. Others have become targets of prostitutes who show up when the pension cheque does and what starts as recreational sharing soon becomes an addiction. Many of the older women who are addicted to street drugs have histories of Valium and other prescription drug abuse that went untreated when they were wives and mothers. Many of these women are also addicted to bingo and gambling and their health deteriorates as their total income from all sources goes to feed their addictions.

Some of those income sources beyond the pension or welfare cheque includes prostitution, shoplifting and panhandling. They are also very vulnerable to the street violence that is so much a part of the street drug culture.

Long term drug addicts do not respond well to treatment such as Methadone and it is rare to see seniors in recovery programs, particularly those that demand zero abstinence from drugs. The best option would be to provide Heroin and Cocaine maintenance programs that would remove them from the violence and uncertainties of the street drug culture and allow them to access some of the programs designed for seniors in the areas of housing and recreation. Harm reduction programs that include addiction maintenance, safe fixing sites and practices, transitional housing and proper nutrition are desperately needed by all people addicted to drugs. If such programs were established in poverty ghetto areas like the Downtown Eastside in Vancouver it would allow addicted seniors an opportunity to live their remaining years with dignity and peace instead of the pain, hunger, homelessness and despair that has become their legacy.

There are many services for seniors in Vancouver but the stigma attached to illicit drug use and the lifestyle addicts are forced to live means that addicted seniors are refused access to those services. Younger addicts resent the old timers using the very few resources available to addicts and seniors become even more isolated even within the drug culture. When services are developed to deal with addiction it is almost always directed at youth with a strong emphasis on prevention. If real and sensible solutions were applied to drug addiction it would benefit all ages.

There is a desperate need for communal style housing for addicted seniors. The nature of addiction to illegal drugs is such that those addicted are reduced from poverty to destitution and destitute people are not often high functioning and focused. Isolated as they are, many are unaware of possible housing options. They do not have the ability to continue to follow up on applications, particularly when they are told that there are two or three year waiting lists. Destitute people end up in SRO hotels and it is a curious attitude that seniors in SROs are not so bad since that type of housing is temporary and so are seniors. More communal type of housing specifically designed for the senior users would provide stability, improved nutrition, companionship, lifestyle education opportunities and better health care.



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