

PASAN

INFO BULLETIN # 3

THE POLITICS OF DRUG USE & MARGINALIZATION: IMPLICATIONS FOR SERVICE PROVIDERS

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PASAN is the only organization in Canada working specifically to provide advocacy, education, and support to prisoners and young offenders on HIV/AIDS and related issues. We're a small agency of 3 full time and one part-time staff, and since 1993 we have worked with over 170 prisoners living with HIV/AIDS. PASAN currently provides services to prisoners in over 40 adult and youth institutions around Ontario.

PASAN is unique among AIDS service organizations in Canada in that 99% of our clients have current or past drug use issues. Those issues are not limited only to injection drugs, but include crack, cocaine, marijuana, prescription drugs, alcohol, etc. For this reason, we've been able to develop specific expertise and experience on drug use issues and HIV/AIDS.

Before I can talk about some of our experiences in working with users, however, it's important to situate that work in a broader context. For PASAN, our approach to our programs cannot be fully explored without a discussion of the political and social context influencing that work.

As front line service providers, we work with people and communities which society sees as "marginalized". While I'm not completely comfortable with that term, I'm going to use it for lack of a better one.

Far too often, marginalization is characterized as a "social phenomenon". I reject this. To call marginalization a phenomenon is to imply that it is something which occurs naturally, or is inevitable, over which we have no control, and perhaps do not even understand.

Northern lights are a phenomenon. Crop circles are a phenomenon. Marginalization is not. Marginalization is a political process. It's an identifiable process. It's the end result of political and economic forces which make certain groups people expendable. This is not a natural or inevitable process.

Marginalization is the end result of injustice - of social oppression.

So why is this important? It's important because in order to work effectively with marginalized communities, we have to maintain a political understanding of the causes of marginalization, and its effects on our clients and on ourselves as service providers.

In Ontario today we live in a political climate which seeks to blame societal decay, poverty and disease upon those who suffer most under these social conditions. This is an ideological construction. We know that. It's a framework used to justify conservative

social policy. But the fact that we can recognize it as such does not mean we can just dismiss it or ignore it. It's the reality in which we live and work.

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As service providers, we can't ignore the effects of these broad ideological messages on us. We ourselves are not outside observers of society. We're all bombarded with the same messages, the same prejudices, the same moral judgements about drug use as everyone else. We as individuals are influenced by that - we can't help but be. We all internalize it to some degree. The question therefore has to be, "how do we deal with that?" Are we active and vigilant in fighting the imposition of those moral judgements upon our psyche?

We have to ask ourselves honestly what the effects of twenty years of intense "just say no" rhetoric have been on our own individual thoughts, expectations, and reactions to drug use. Unless we try to understand the way in which society impacts on us as service providers, we can too easily end up replicating society's own moralistic approaches to drug use - and then inflicting them onto our clients. Unfortunately, this can and does happen every day.

One common example of this is the setting of unrealistic or unattainable goals for our clients. all too often, we allow our own sense of a client's "success" and "failure" to be directly related to whether or not he or she continues to use. If we allow this to happen, we become conduits transmitting those moralistic political judgements to our clients. This is unacceptable and unproductive. We must recognize and accept the fact that abstinence may not be one of their goals - and that's ok. It's their decision. If we as service providers do not come to terms with this, we risk replicating anti-drug user prejudices in our own work.

We must also separate individual actions from societal determinants. we cannot impose bourgeois - "leave it to beaver" - standards of "success" upon people who have systematically been excluded from achieving those goals (even if they themselves aspire to those goals).

When we maintain these unrealistic expectations, we can often fail to recognize the real value of the achievements our clients do make.

For example, at PASAN it's not uncommon for us to work with a client for two years without ever meeting them face to face. This support work is conducted via telephone when they are in prison. During this period of time, the client may be in and out of prison several times, yet only call us after he or she gets arrested. Then, one day, that client walks into our office. This is a huge and important achievement for that person. That individual is reaching out to someone, and is taking the risk of trusting us. They are chancing possible rejection by coming in person. They may be making a first step towards dealing with their HIV status. These are all major achievements. As service providers, we need to recognize and validate that achievement with the client.

Another example is the client who continuously goes in and out of jail over a period of years. Again, it's not uncommon for us to have clients who haven't been out of prison more than a week at a time for the past five years or more. So what happens if the client gets released, only to be arrested again two months later? Is that "failure"? No, absolutely not. For the individual who's never been out for more than a period of days at a time, struggling and succeeding in staying out for two months is an incredible achievement. As workers, we cannot focus on the perceived "failure" - being arrested again. Instead, we must focus on the fact that the client was able to stay out for as long as they did. We cannot underestimate or dismiss the courage and determination it took that individual to accomplish that. It was a major step in that person's life, and if recognized and supported can be a significant step to staying out longer next time.

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Ultimately, we must understand and respect each individual's own goals, agenda, and timetable for their lives. We cannot and must not impose our own expectations or notions of "success" and "failure" upon them. If we do that, we are in our own way replicating systems of exclusion which we as activists must be opposing.

We must be also be aware of the dangers of living vicariously through our clients, or judging our own effectiveness as workers by

their actions. This is very much linked to our own issues of self-esteem and self-worth. All too often I see workers judging the value or effectiveness of their own work by the perceived "successes" and "failures" of their clients. This is a dangerous scenario. First, it puts unnecessary and undeserved pressures on our clients, which can ultimately lead poisoning our relationships with them. Second, it can lead to worker frustration and burn out. If we're setting unattainable goals for our clients, and then deciding that we're terrible and useless workers when they fail to meet those expectations, is it any wonder that so many of us end up feeling frustrated and cynical?

But whose fault is it?

We must all remember that our clients are individuals worthy of respect. Worthy of full participation in decisions about their own lives. Worthy of making their own decisions about their own drug use. Indeed, they have the right to decide to use drugs. It is not our place as service providers to say otherwise. People often use drugs for complex reasons, and it is not our place to decide whether those reasons are acceptable, or whether drug use is an acceptable or constructive course of action to deal with those issues.

Therefore, key to understanding and combating worker frustration is separating **our own issues**. We must look honestly at our own contributions to that frustration. Often I'm asked if I get frustrated by the fact that so many of my clients end up going back to jail. Of course I get frustrated. But my frustration is directed at a legal system which locks up my clients because they choose to use drugs not approved by the government. I get frustrated at a policing system which arrests my clients based upon their past convictions, not because there's any evidence they've been involved in a criminal act. I'm not frustrated with my clients, because I understand the broader socio-economic issues which influence who gets arrested, and who goes to jail.

The important issue is "how do we perceive our roles?" For me, I see myself as an activist. As a political person whose work is fuelled by broader political objectives. PASAN sees itself as an activist organization. Our goal is social change. Does this mean that we carry out our work without compassion? Of course not. But it means that our compassion and humanity is fuelled from a specific place.

We do not see our work as charity work. We're not in the salvation business.

Rather, our motivation is based on a political understanding of the effects of marginalization on the health of our communities - and our society - as a whole, and that the cheapening of one person's life is ultimately a cheapening of our own. The question then becomes not only "how do the forces of marginalization effect my individual client" but "how do they effect my community, my society, my sense of justice. Am I prepared to live complacently in an unjust society?"

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