

Commercial Drive Report

Introduction.

The philosophy of Harm Reduction, as a method of dealing with the growing Illegal drug use, has begun to be used alongside Law enforcement with greater frequencies. The recognition of the importance of establishing proper HIV and Hepatitis C prevention has helped bring this about, as peer education networks are proven to be successful models in teaching marginalized people. Vancouver British Columbia is home to a disproportionately high hard drug user population. This population is represented by the Vancouver Area Network of Drug Users (from here on Vandu) located in the Downtown Eastside.

Vandu is an illegal drug users non-profit advocacy organization. Vandu holds regular meetings in the Downtown eastside where local users come together to teach and support each other on issues of health, specifically about Hepatitis C and HIV. These meetings are just one of the ways that Vandu fulfills its mission statement to improve the lives of drug users. Another would be through their establishment of peer-to-peer needle distribution. The regular participants in these activities reflect the neighborhood residential composition.

Recognizing that Vandu did not meet the needs of all the drug users of Vancouver, we set out to start another, smaller group for the mostly younger drug users in the Commercial Drive area. This would also present itself as an opportunity to document the process of establishing a users group.

The Vancouver Area Network of Drug Users (from here on known as VANDU) is Canada's largest drug user organization with a mandate to improve the lives of those people who do use drugs. It was therefore logical that Vandu try and replicate its successes as a Peer Education Network by starting a satellite chapter exclusive to the Commercial Drive area drug users.

Patterning itself on the methodology of the downtown group, the Commercial Drive chapter sought to bring into action the philosophy of Harm Reduction. This was achieved by having a three to four hour meeting every week. An average agenda consisted of Health and Welfare peer education, Addiction awareness, Open users forum, Community activity and our own Needle Distribution and Recovery Outreach program.

Two weeks spent doing Needle Distribution in the Commercial Drive area provided the opportunity to personally invite the people that accessed our services and hand out pamphlets to the curious. Before having been approved of a budget, the ideal spot to have the meeting was going to be the Mosaic center.

The Mosaic is a non-profit center set up to help new immigrants overcome marginalizing barriers. They have a community room that used as a day care in the daytime; it has all the amenities and infrastructure that we needed.

The Mosaic centers' main objective is the support and advocacy of immigrants and refugees to Canada yet it has a vision that we share. The Mosaic vision statement reads, " Our vision is of a Canada that welcomes all people; that supports their right to equality and choice as they determine their goals and aspirations; and that acknowledges their contributions in enriching and strengthening our communities." After hearing what we intended to do they whole-heartedly gave us free use of their community room.

There were certain conditions we had to adhere to though. We could not book the room for no more than two weeks in advance and there was a \$400 non-deposited retainer on the keys and a check list of items in the room. It was some of these items that made the room an excellent location for having our meetings. The main room itself comfortably held 20 people with two large couches, four tables, sixteen stacking chairs, a wall mounted dry erase board, a bar fridge, microwave oven, a TV/VCR, a washroom and even a kitchen sink. The room seemed to have been designed for our purpose.

The first meeting held on August 26, 2002 was the icebreaker. Fourteen people showed up each one having their own idea as to what the group was going to be about. Most people had heard about the meeting directly through Anton or myself inviting them. The group was made up of an equal portion of men and women with a variety of ages. A small percentage of First Nations people were among them.

It was decided that the best way to establish the group was to simply ask the people what they wanted to do and see happen in the area of Illegal Drug use. Discussing all the aspects of the ideas, whether based in reality or furthest fantasy, we talked about what we could learn and do. One of the members that first day brought along the original patent formula for Heroin in German, although this produced a few laughs it did however also spark a serious debate on the merits and possible reality of Heroin maintenance. So by simply adding the appropriate subjects to the regular agenda of the meeting the group can design their own meetings. The regular subjects that would be taught and discussed would be Health issues such as HIV and Hepatitis C, Welfare issues like Disability or Housing. Direct peer education concerning IV drug use Safety protocols and etiquette will occur weekly. Addiction issues such as Methadone and other pharmaceutical withdrawal management methods will also be dealt with frequently. The group revealed that they would like to get involved in community affairs something they would like to develop over time.

The initial joy of our progress and accomplishments were short lived however as we lost a member and a member lost a wife. Nothing now makes us fight harder than thinking about her.

The Syringe Distribution program took a few weeks to get our own equipment as we initially tried to get it donated by Mountain Equipment Coop, this was not to be. Respecting the Exchange program run out of the Coastal Health Authority office on the 2nd floor of the Il Mercado mall, we did not pick Mondays or Fridays to do Distribution on. Using the rest of the five days we split the shifts in half and spread them out covering everyday. Now although this gave everyone a chance at a \$10.00, the time was too short and was given up. With Administrated Welfare cheques coming out every Wednesday it was decided that this would become the first permanent day on the schedule. The others would take a little longer. The route that we followed was slowly mapped out by listening to the local users talk about where the hot spots were in the neighborhood. Hotspots are the areas where used syringes are left out in the open, usually close to where some people score. We also used instinct concerning the parks and alleyways that housed hundreds of hiding places ideal for surreptitiously consuming IV drugs. After talking to representatives of PACE, a prostitute advocacy group, we started crossing over Hastings Street to patrol the warehouse district where a contingency of prostitutes work a stroll. The optimum times to encounter the maximum amount of people to do the maximum amount of exchanges is desired and different hours have been worked to find this out.

After three weeks the group got a cell phone. This allowed us print our phone number on the invitations that we handed out to people when we were out. This way until we have a regular permanent schedule, people can phone us to find out when and where they could hook up with us to obtain our services.

Everyone that has worked a Distribution shift has been personally taught the rules and best practices for volunteering with the Alley patrol. I have informed them that they will also have to get their 59 minutes to save a life Certificate in order to continue volunteering. Most people try and sign up right away.

The group has allowed a non-user to join as a supporting member. She is local business owner whose nephew is addicted to heroin. She says she wants to learn not only about what her nephew was experiencing but also about Harm Reduction in general. Over the first month it came to pass that her perspective as a Non-drug user added a wider dimension to the perspective of the group.

The general impression from the business owners encountered on the Drive as we do Syringe recovery behind their restaurants and stores has been a positive one. They all seem to be glad to see us there relieving a problem before it became out of control. Trying to develop a relationship with the business community as a whole we tried to attend the business improvement associations general meeting. This fell through however as the Coastal Health Authority on whose invitation we were going backed out at the last minute and the President of the Association Bob Forest did not return my phone call. We therefore did not attend. It was later revealed that only a handful of businesses made an appearance at the meeting and that this was the norm. It was then decided by the group that we would concentrate our efforts on winning over the business owners on a one on one basis talking to them and their employees always asking them how we can help in the neighborhood.

After four weeks the group had decided that it would like to put out a newsletter. It was discussed as to whether it would be for just drug users or for the community at large and decided that we would try and direct it to both. Looking at "Users News" out of Australia the group was dazzled that drug users could put out such a professional magazine that obviously reached a wide audience. Until access to a computer is a reality the Newsletter will exist as Ideas.

Having started the group in late August, after the first six weeks the membership began to wane as people began to move. The majority of our "squeegee punk" members is transient in nature and tends to move with the seasons. It was no surprise that as people moved away though new people moved here. This may keep the number of members steady but it breaks up the morale. This is most evident in that of the two members to first get their 59 minutes certificate one did not return.

The next two people to get their 59 minutes soon left the group under felonious suspicions. This was a difficult situation to deal with as it involved an accusation of using the name of VANDU for fraudulent reasons. The accuser was asked to provide proof as the two people in question denied the charges. This resulted in the accuser cutting off communication and the subject became moot. The two people left the group soon thereafter.

During the last week of November I had the honor of attending the first Canadian Harm Reduction conference in Toronto. There I was able to network with service providers, front line health workers, and educator's street nurses along with other drug user activist. For three day we attended different workshops on Harm Reduction, the Education and Prevention of HIV/AIDS and Hepatitis C along with a National Drug Users caucus. It was the Users Caucus that impressed me the most as there we were attempting to do what we are doing on the Drive, except on a National level. I took thorough notes at every workshop along with collecting as much information and as many new reports available to take back with me to share with the group.

It was at this time at the beginning of December that the group helped a member get off of the street. To maintain his anonymity we will call him Bill. For several weeks of that rainy autumn Bill was routinely encountered while we were out doing distribution. Bill would usually be huddled in the doorway of a closed business wrapped in layers of sleeping bags and plastic sheets. From under his heap he would retrieve his stash of needles and proudly tell us about how he now saves them for us instead of breaking off the tips and throwing them in the garbage. Every time we would do an exchange with Bill we would always invite him to the meeting highlighting our enticements such as snacks, coffee and bus fare but Bill was not interested. It was when we held a Thanksgiving meeting that we got Bill to show up, he liked that we had pizza.

Bill was a little shy with the group but slowly opened up to us during our open discussions. Soon Bill wanted to go out on distribution shifts. Although he was initially awkward wearing the equipment pouch along with the sharps bucket he fulfilled what he called his civic duty. Bill like a lot of other members of the group goes out on needle distribution not for the stipend but to pick up the needle they once discarded irresponsibly in they're past. It was now winter and the only thing interfering with Bills participation with the group were because he lives on the street making appointments on time proved to be difficult. After missing the class for 59 minutes Bill asked if we could help him get off the street. Since Bill displayed recognizable signs of mental illness it was decided that the Lookout Society would be the best group to help.

The Lookout was able to provide Bill with not only immediate shelter but help him with welfare and if need be disability. Even though the location of the Lookout is in the Downtown Eastside Bill was still welcome to be a member. For the next few weeks Bills appearances became sporadic, when asked he said it was because his closer proximity too readily available crack he was bingeing. It was now just before Christmas and Bill asked the group what kind of help could we provide. We gave him all the support we could and helped him go over all of his options, weighing the pros against the cons. He eventually decided he wanted to go to a treatment facility outside of the city, something the Lookout would arrange. We told him he was always a member and always welcome back, using or otherwise. The last we heard from him he was living in a recovery house trying to get his GED.

Other members who had problems we assessed as beyond our capabilities we referred to organizations such as the Anti Poverty Coalition or The B.C. Association of Persons on Methadone. We considered the recognition of our limitations concerning advocacy an asset to our membership.

The public perception to us doing Needle Distribution has generally been a positive one with only a singular incident that was negative. While out on a distribution shift with one of our members who is considered a “squeegee punk” a gentlemen accused us of being drug dealers and tried to run away. Chasing after him I demanded an explanation. He stopped and looked at my distribution outfit, reflective orange vest and supply bag and asked if we were doing needle exchanges. I told him that we were and asked what the problem was. I was then told that the man had seen my partner selling drugs and that he was a dealer. I told the gentlemen that 70% of hard drug users sold soft drugs to supply their habit and that when working at distribution they are not allowed to even posses drugs let alone sell them. He told me he agreed with us picking up the needles but he was still suspicious of my partner.

After doing distribution in the neighborhood for the last six months now we have definitely affected the way some people now look at the drug users in their community. In fact some people are seeing drug users as members of the community.

By December 23 2002 when we had our Christmas party the group had begun to develop a core membership of six members. Unfortunately I would only trust one of them with supervising a distribution shift on their own. The group however still holds potential.

It was after Christmas that we found out that the proposal for our founding for next year had become the victim of a mix up and our financial future is in question. The group has discussed ideas of how we could continue; one of these would be to start a commercial cleaning business. Our supporting member who runs a local store informed us of the current rate being charged to power wash the fronts of businesses on the Drive. By obtaining water compressor and other equipment we figured it would cost us \$2000. And we would be able to charge half the average company. We would not only be providing low threshold employment to drug users but we would be providing an asset to the community.

Devon McFarlan, the Community Developer for the Coastal Health Authority was contacted in the New Year to sit in on our meetings and see how she might be able to help us. This has brought about her acting as a liaison to the community itself. In trying to establish a youth outreach program for drug users to teach Harm Reduction to teenagers in secondary school, Devon has been able to put us in contact with Head guidance counselor for the Grandview-Woodland School Board. This is one of the projects we would like to see continue if the project does not receive further funding.

The distribution program served the community in different ways then providing it with needles. By showing street level drug addicts that by banding together they can elevate themselves from their positions of oppression. Many transitional members used the group as a stepping-stone to abstinence even though this was not one of the objectives. With diseases such as Hepatitis C and HIV/AIDS life style directly affects longevity and well being. Addicts supporting other addicts bring a positive attitude towards living by simply elevating their sense of self-esteem.

Out of all of the guests that we had to our meetings the one that affected the biggest change was when the father of one of the users we regularly connected with. This man came and simply sat in on the group and observed how we had our meetings. It was during the break when the bulk of the group went outside to smoke that a little magic happened. Six street level hard drug users surrounded this man and not only tried to explain to him what his son was going through as a drug user but they wanted to know how he felt having a drug addict for a son. After the break was over the man told us he had a new deeper understanding of his son's situation and told us that he thought we were doing a wonderful thing. Unbeknownst to us he was a member of both "From Grief to Action" and "Parents are Forever" two support groups for the relatives of drug addicts. We later discussed the possibility of our respective groups having an evening of interaction an idea that one of our partners, the Portland Hotel Society, would help us to accomplish.

One of the disappointments with the group was that after all this time not one woman from the prostitution stroll ever attended a meeting. We regularly made sure that all the girls in the neighborhood were not only well supplied with condoms and other safe sex protection, we tried to keep them as informed as possible. We regularly handed out the bad date sheets printed by DEYAS along with any STD updates or bad drug warnings.

In conclusion after six months of coming into being we would like to thank Health Canada and the Aids Community Action Plan for allowing us the opportunity to have started this users group. As injection drug use is associated with serious harms to the users themselves and the community they live in, the creation of drug user organizations have been proven to alleviate those harms, particularly in areas of HIV/AIDS and Hepatitis C education. We feel that the drop in the amount of found syringes on patrols is just one sign that we have made an impact on the neighborhood.