HOPE EMPOWERMENT education
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HEALTH

Creating Vectors of Disease Prevention:

Empowering Drug Users

A project of the Vancouver Area Network of Drug Users

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Empowering networks of drug users

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VANDU Mission Statement:

The Vancouver Area Network of Drug Users (VANDU) is a group of users & former users who work to improve the lives of people who use illicit drugs through user-based peer support & education.

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and do not necessarily reflect the official policies of Health Canada.

All Nations Hope

Unified Networkers of Drug Users Nationally
UnDuN

CACTUS
Montréal

The Project

VANDU is a locally focused, humbly funded, user-run drug user group situated in the Down Town East Side (DTES) of Vancouver. We embarked on a very ambitious National Capacity Building Project in 2003 - 2004 with the goal of meeting with and building the capacity of people who use illicit drugs in only four places in Canada. At the completion of the project we had gone to thirteen Canadian cities to meet with drug users, AIDS Service Organizations and other groups that provide support to injection drug users and crack smokers.

Dwayne Fiddler, Capacity Enhancer - The Prairies (Regina)

During my years of working with people who use illicit drugs, I have had the privilege of traveling with them to conferences and meetings in other cities. I observed that drug users find each other and they find places to buy drugs quickly no matter which city we were in. This is a remarkable networking skill and I thought it should be used as a "junkie" asset – public health initiatives are wise to encourage these networks and use them to create networks of disease prevention.

Vancouver has an epicenter of drug use and disease in its downtown eastside where VANDU members have focused most of their efforts enhancing the "voice" and social networks of drug users. It is tragic that almost half of our ~ 1400 members are HIV positive and virtually all have Hepatitis C. People shooting dope and having unprotected sex are at extreme risk of seroconverting or getting sick with the other five epidemic diseases "down here". On the other hand, this same high concentration of drug users and disease and overdoses in this one neighbourhood, made opposing the formation of drug user group impossible – even people against drug users and user groups appear unethical and mean-spirited if they oppose the efforts of drug users who are earnestly seeking to improve their community.

VANDU is seen as successful at pressuring government to open more appropriate harm reduction facilities such as the supervised injection site. In other places in Canada, the voice of drug users has not been so clearly unified and heard. VANDU is perhaps then in a position to - even obligated to - move the agenda forward for drug users across Canada. If Vancouver can send sick people home on the "infection road" to die in their home communities, then perhaps we can also spread the word amongst drug users that they can get organized to stop the spread of disease. Most importantly, VANDU can let drug users everywhere know that they are citizens who deserve to be treated with dignity and respect by police, by hospitals and by service providers.

Adam Pierre, Capacity Enhancer - Alberta

The Problems With The Project: Incorrect Assumptions

This project was designed to attract VANDU members who knew of communities where disease was spreading and who were willing to go to these communities as "experts" in networking with users in their "home" communities to build "vectors of disease prevention". These visiting VANDU members would educate and organize drug users to take action in their community much as VANDU members have done in the DTES of Vancouver. However this project structure had some serious flaws.

Paul Levesque, Capacity Enhancer - Quebec

It turns out that:

- Despite their best intentions, people addicted to illicit drugs do not want to leave an area with relatively cheap abundant drugs to travel to an area with virtually no good heroin (except in Montreal). Pharmaceuticals are the only opiates widely available across Canada but they are costly and difficult to inject. Cocaine is available everywhere but is usually more costly outside of Vancouver.
- People who used illicit drugs in their "home" communities are hesitant to return there because:
    - The police harass them which is why they left and moved to the DTES;
    - There is a non-returnable warrant for their arrest;
    - They have bad relationships with family, who they may owe money to;
    - They borrowed money from other users or have "drug debts" waiting at "home."
- People on methadone are usually unable to get "carries" – methadone – to take with them and must see doctors daily in the city they are visiting and buy their "juice" at pharmacies. In some cities, such as Sydney NS, there is no methadone available at all.

The Dynamics Of A Users-Run Drug User Group: What Was Going On In VANDU That Impacted This Project

Ann Livingston, Capacity Project Coordinator

The proposal for this project was written in October 2002 and was accepted for funding in April of 2003. During this time, the VANDU board, for the first time since its inception, had a board president who was suspicious of the non-user staff at VANDU. The VANDU staff was virtually censured and did not speak at the VANDU board meetings for some 6 months. This was at the time this project was accepted for funding so the board had almost no information about the project.

The roof in VANDU's office leaked in January of 2003 forcing us to "camp out" in the *Life Skills Center* in a small windowless office until August of 2003. This unavoidable crisis made work and communications chaotic and challenging for the staff and volunteers alike.

"Thanks! It was a great experience for the users in my community & for the workers that attended. There needs to be some follow-up work and a plan to get the info back to the people who participated."
Project Participant - Toronto, ON

What Was Going On In The DTES of Vancouver That Impacted This Project

At the same time as VANDU staff was silenced at board meetings, many of our "old" board members became employed at various initiatives that VANDU had lobbied hard to get opened and lobbied even harder to get VANDU members (users and former users) "real" employment at. The *Washington Needle Depot* hired two board members as supervisors, the *Commercial Drive Peer Needle Distribution Project* was funded hiring the then president of the board of VANDU, and four VANDU members were hired at ***insite,*** the supervised injection site when it opened in September 2003. The hiring of VANDU members at these initiatives is a major victory for VANDU but it left the VANDU board and this Capacity Project an odd vacuum of highly capable volunteers.

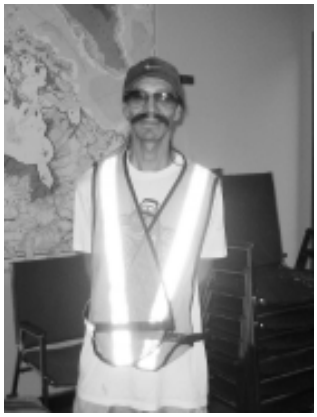
Downtown Eastside, (Hastings, Near Main)

On April 7th, 2003, fifty additional police were added to the DTES of Vancouver . We at VANDU felt that a "deal" we had brokered with the City of Vancouver and Health Canada had been violated – police were to be added to the DTES only upon the opening of the supervised injection site. VANDU protested vigorously and many of our staff and members participated in setting up and running a completely volunteer run guerrilla safe injection site that was opened from 10 PM to 2 AM every day. Even though many volunteer hours were diverted away from our other initiatives, such as this Capacity Project, it proved to be a worthwhile strategy as the official safe injection site, ***insite,*** opened in September of 2003 and we were able to shut the guerrilla site in October 2003.

Did VANDU Have The Capacity To Take On A National Project?

VANDU operates successfully despite the effects of the extreme poverty, squalid living conditions and addiction on our volunteers. It took courage, hard work and investment for VANDU to proceed with this ambitious national project.

VANDU has been funded since 1998 and has some 1400 members. We have a board of directors that meets weekly and core funding of $166,000, which pays for 1.5 staff, an office and provides stipends for our many volunteers to participate in our projects. As the staff person centrally working on this project, I found some of the entrenched dynamics at VANDU perhaps detracted from our effectiveness with this project more than with our other projects.


Arthur Bear, Capacity Enhancer - Prairies Region, ready to go on alley patrol

Each meeting at VANDU is stipended as is each task – this is a good and tried method we have developed over six years to ensure participation of Vancouver's most "at risk" drug users. If stipends were not provided, it would be very difficult for VANDU members to take time out of their daily activities (standing in food line ups, for example) to attend meetings or perform tasks. However, what can happen is a kind of exploitation of this system.

Crises and problems are sometimes 'created' so that a meeting is called to help 'solve' the proble, which, of course, provides stipends for meeting attendees. In this way,

Cristy Powers, VANDU staff Capacity Builder - Alberta

members may 'milk' the stipend system. During this project, the board enagaged in persistent discussion of firing and/or disciplining the senior staff; I finally understood this behaviour as a chance for the board to hold an extraordinary "in camera" board meeting each week, which is worth $10 to each participant. Many members of VANDU are in constant need of extra money as they live on less than $200 per month.

Sometimes, VANDU members are unable to follow up on commitments made at meetings because they are living without telephones in horrible conditions in single room hotels without kitchens, bathrooms or showers. Under these conditions a task, very simple to a person living in the circumstances most Canadians are accustom to, like making contact with harm reduction services in another city, becomes complex and nearly impossible.

We at VANDU have become expert at removing barriers for the "marginalized" through empowerment. This project showed our weakness because we had tight timelines and a rigorous reporting schedule. However, we eventually more than succeeded with this ambitious project, reaching our project goals and more than surpassing them.

The Capacity Building Project Regional Committees

On July 12th, a VANDU general meeting was held to announce and explain the Capacity Project and to invite all interested members to participate. Five regional committees were formed, participants filled out a survey and a regular weekly meeting time was announced. The committees met on Wednesdays after the Regional Capacity Committee leaders met and a mission statement for the project was created.

The purpose of the regional committees was to choose the people going on the site visit, to provide information and support to people going on the site visit and to enhance their knowledge of user organizing, harm reduction and the use of e-mail to communicate with networks of drug users as they are contacted across Canada.

Throughout September the regional committees began to meet when the project coordinator was unavailable –and although they received a $5 stipend each and a sandwich

Chris Livingstone, Capacity Enhancer - Nelson BC

Capacity Project Mission Statement:

"VANDU will use skilled peer educators from its membership to visit other communities across Canada with large IDU populations to teach IDU's strategies to prevent the spread of Blood Borne Pathogens (BBP).
We will work to create several local networks of IDU's so that they can disseminate health promoting strategies and information amongst themselves.
We will partner with local Aids Service Organizations (ASO's) & other groups that provide HIV/AIDS and HCV prevention and support in order to increase their capacity to reach IUD's."

and pop, they kept no notes and did not make decisions about where they were going, when they would go or who they were meeting with in their region.

By October no regional committee had decided when and where they were going and there were only six months left to accomplish five site visits. I assessed that strong direction was needed to accomplish the goals of the project. Therefore I announced that regional groups could meet anytime, but a stipend would only be paid if a staff member attended the meeting. The extra meetings stopped and staff facilitated a process of researching sites with each regional committee, making contacts with users and harm reduction services in each region and the decision making process moved forward.

Successes of the Project: Empowering Drug Users

Greg Liang, Project Enhancer - Ontario Region

Despite the many challenges we faced, the Capacity project was a clear success in many ways. The real success of this project lies in the vast scope of it. While this type of project usually entales a few training sessions with employees of AIDS Service Organizations , we were much more ambitious. We succeeded in visiting ten cities - Regina, Saskatoon, Winnipeg, Toronto, Kingston, Montreal, Quebec City, Halifax, Sydney and Calgary.

We met with hundreds of Canadians concerned with addiction issues in their personal lives and their work. We raised consciousness in communities across Canada and encouraged drug users to expand their expectations of what they deserve from the health care system and their communities. They now know what a user-run drug user group is and what a safe injection site is. In each of the ten cities we visited the local harm reduction organizations and drug users and detox and treatment people were given the opportunity to set up information tables in the lobby of cinemas and to focus the attention of the audiences and media on local issues of drug use and the issues they face as addicts or staff at facilities that serve them.

The effects of the project on VANDU members are not measured in numerical terms but are no less important. VANDU members that participated in site visits found their commitment and skills enhanced. VANDU members were trained in computer use, meeting planning, event coordination; in addition they participated in special educational events regarding the health effects and social issues related to illicit drug use. Overall any humble user run group can be inspired by our hard work, courage and thoroughness.

Jorge Campos, Capacity Enhancer - Quebec Region

The Role Of The Documentary Film *FIX*

By integrating the documentary film *FIX:Story of An Addicted City* into our Capacity project, we were able to maximize our resources and enhance our ability to reach the maximum number of people across Canada. *Canada Wild Productions* has hundreds of

contacts across Canada, and we used this resource to create FIX committees in each of the ten cities we visited.

"Overall I feel that this project has a lot of value for all involved. Personally I have benefited by participating in groups and projects that have positive outcomes for persons in addictions. I fully believe that I will help myself by helping others. I feel that this concept has a valuable effect as the more persons that become involved end up empowering themselves and others. The more that persons participate the more that they become productive members of society."
Greg Liang, Capacity Enhancer

In May 2003 VANDU held our first site visit in conjunction with showings of the film *FIX*. Some travel expenses and a lot of legwork were absorbed by *Canada Wild Productions* staff. The first site visit and film screening was an investigative mission to make sure that this method of outreach would be successful. We followed up this initial experiment with a report back to the Capacity Committee, and we agreed to continue using the same methodology throughout the project.

The Canada Wild Staff, working in conjunction with VANDU, arranged for local users, health professionals, police and harm reduction service providers to participate in Community Forums to be conducted after key screenings in every community. We had very limited money in our Capacity budget for travel and planned only four site visits. By involving *Canada Wild Production*s we were able to stretch our money, and share the work of contacting all the AIDS Service Providers and harm reduction agencies in each city. As well, on two other previous *FIX* showings that VANDU had participated in, a substantial involvement of local drug users at the theatre allowed the fledgling user groups to raise substantial sums of unencumbered money to begin their drug user group meetings, by passing a donations "popcorn bag" after FIX screenings.

While the use of *FIX* as an educational and fundrasing tool offered many advantages to the Capacity project, it was not without problems. Many VANDU members who were on the board and active volunteers during the filming of the documentary *FIX* felt part of the film, even if they did not appear in it, as it took many hundred's of hours of filming to get the 96 minutes that were captured. But most of this filming took place in 2000 and 2001 so, by the time the movie was being shown two years had lapsed and the new board members who did not participate in the project, took a dim view of what they saw as "an unimportant glorification of yesterday's news."

Local Capacity Building

Dean Wilson, Capacity Enhancer & Project developer

Skill building for local VANDU participants was a crucial component of this project. Workshops on Aboriginal Issues, Epidemiology, Prostitution, Vein Care and Mothers and Illicit Drugs were held along with weekly computer-skills workshops. Each regional committee was given information useful and relevant to people using drugs such as a complete list of prisons, a complete list of Aboriginal Reserves and the latest statistics available on drug use, seroconversion rates and prevalence rates of HIV and Hep C and illicit drug overdose statistics.

This project also coincided with a concerted effort to increase the capacity of the VANDU board. In the Fall of 2003 the VANDU board began a series of board development workshops. Although these workshops were not part of this project they did positively influence our organizational capacity. These board trainings has helped meetings run more smoothly and improved communication between the staff and the VANDU board..

VANDU Goes On The Road

The Prairies Region

June 2 to June 17, 2003

Regina SK, Saskatoon SK, Winnipeg MB

Although the rates of HIV amongst people injecting are low in Regina, Saskatoon and Winnipeg, there are a large number of syringes exchanged especially in the Regina region, which indicates a relatively large amount of injection drug use. The Regina region includes 17 nearby First Nation Reserves and it is estimated that almost 90% of people who inject are Aboriginal.

"VANDU's visit provided support for the work we are trying to accomplish in Regina around services & programs for active users who are not accessing existing programs/ services."
Project participant, Regina, Sask

Regina has the highest crime rate in Canada followed by Saskatoon, followed by Vancouver and this seems to reflect a high arrest rate amongst the high numbers of aboriginal people living in these centers. The prairie cities – Regina, Saskatoon and Winnipeg are loosely segregated by race, which I think can create useful pockets of "crime" for arresting police. Problems with the police and investigations into "midnight rides" which resulted in criminal charges being laid against police were covered in the local papers during our visit.

In Regina and Saskatoon drugs of choice are recently turning from injected Talwin and Ritalin to injecting morphine and cocaine. The drug use in these cities can take place in single room occupancy hotels but also in houses along treed streets in somewhat run-down neighbourhoods where many children are around their families and neighbours who use drugs. Issues raised by users in these places are child apprehension issues, grandparents as foster parents, fear of asking for help – even for food from a food bank – or you are suspected of using drugs and threatened with the apprehension of your children. Lack of family-based long-term drug treatment was also mentioned.

"We see the "infection road" from Vancouver to Regina. We see residents from [Saskatchewan] living in Vancouver since service / program provision is much more evident. Need for family based long-term treatment facilities."
Project participant, Regina, Sask

As in all major Canadian Metropolitan areas, cocaine seems to be the drug of choice in the Winnipeg area. Unlike Saskatchewan where most cocaine is in powdered form and has to be cooked by the individual, Winnipeg has both crack and powder readily available. From the users that VANDU talked to, injection cocaine was the choice of marginalized users in the city centre, and crack being smoked by most others. Heroin is almost nonexistent and only appears periodically with poor quality a major concern when it is in town. Most opiate users use morphine and Dilaudid as the quality cannot be adulterated but the high cost of these prescription drugs is a major concern. Methamphetamine is starting to become a major drug of choice of youth and the gay community and occasionally by cocaine users. Sniffing inhalants is also a problem with youth and the most marginalized in Winnipeg. Poly drug use is common and is predicated by economic constraints. Many users indicated that when they have money cocaine and opiates are the drugs they use and as their money is depleted they turn to alcohol and in the end of the month resort to huffing inhalants. (Dean Wilson, regional report)

"VANDU's visit was a great validation of other groups that are organized & politically active. "
Project participant, Toronto, ON

Unlike the AIDS groups in Vancouver and Victoria and Toronto, who are dominated by their gay male membership, the AIDS groups we met with on the prairies, were dominated by aboriginal people who use illicit drugs. *AIDS Saskatoon* assisted their members who are illicit drug users with collecting donations for a drug user group and with filing a constitution and by laws for their group; the *Saskatoon Area Network of Drug Users (SANDU)*.

Ontario Region

October 13 to October 25, 2003

Toronto ON

" We need information on how to assist development of user-driven advocacy & support on issues surrounding drug use in prison."
PASAN member & Project partipant, Toronto, ON

The VANDU's Ontario Capacity Project Committee, which had only four members, decided since there did not appear to be any harm reduction conferences or other events that drug users and service providers would be attending scheduled in Ontario, they would go to Toronto and to Kingston on a site visit with *FIX* in October. We spent two weeks in Ontario and to keep costs down we stayed with folks at their homes some of the time and in hotels the rest.

"The users who attended the VANDU meeting at my agency left feeling elated. I wish there was a mechanism to continue contact."
Project participant, Toronto, ON

The drug scene in Toronto is spread out and different areas have different drug preferences although crack cocaine is the most prevalent. Drug prices are higher than in Vancouver. Heroin is scarce and its quality is poor, pills such as morphine, Percocets and Oxycontins are the opiates of choice. Powder cocaine is not as available as crack. The street scene is not as obvious; public use is minimal. Needle distribution is extensive; there were lots of agencies handing out rigs. Crack kits are also available but limited. It was interesting to meet two persons that outreached users by way of motorcycles. Users are not unified due to the fact that they are spread out across a large geographical region. The major problems cited by users were: stigma, homelessness, police brutality, and mistreatment by methadone clinics, doctors and pharmacies. (Gregory Liang, regional report)

Although the prevalence of HIV and Hep C is lower in Toronto compared to Vancouver and Montreal, it is considered to be the third highest in Canada and of concern to public health officials. There is an extensive and impressive network of Community Health Clinics in Toronto which all give out harm reduction supplies has perhaps contained the spread of blood borne pathogens.

Cindy MacIsaac, Directions 180 - Halifax Nova Scotia

The media portrayal of Regent Park as so dangerous that no one go there without getting shot is common. VANDU peer networkers visited this area with no problem and spoke to users and harm reduction workers with no problem.

The police in Toronto on the drug squad have recently been charged with dealing drugs. It is notable that as we went across the country the police in most cities were revealed to be involved in inappropriate behaviour.

Kingston ON

"The "professionals" in social work and medical community were supportive – but this impact was predicated on VANDU visit corresponding with public showing of FIX movie." Project participant, Kingston, ON

UNDUN (Unified Network of Drug Users Nationally) run by Brent Taylor and Deb Breau has existed in Kingston for a few years. They did the legwork and set up in Kingston for the VANDU user meeting/workshop by putting up posters and renting a fairly neutral venue – the former rectory of a United Church. UNDUN was reimbursed for expenses incurred at continued user meetings and to do speaking at social work and medical classes after we left.

Most addicts inject pills in Kingston as heroin is only sporadically available and can be of inconsistent quality. Cocaine is readily available and there is a busy needle exchange and methadone clinic.

There are seven prisons in Kingston and since many people who use illicit drugs end up in prison people feel certain that injection drug use is going on inside. Needle exchange in prisons is being pushed for but not nearly hard enough. It is not uncommon for addicts to start using opiates in correctional facilities because it is easier to get clean pee tests than with marijuana and guards have been charged with bringing heroin into correctional facilities in Kingston.

"The users in my community welcomed the opportunity to voice their concerns & share their thoughts & ideas." Project participant, Toronto, ON

PASAN (Prisoner's HIV/AIDS Support Action Network) helped VANDU get clearance for Ann, Greg and Wally to go with PASAN to Collins Bay Correctional Facility in Kingston – this was our biggest disappointment of the Capacity Project as there was a lock down due to a stabbing and we were cancelled. Communicating with people who are former and current users of illicit drugs in Canadian correctional facilities was something we hoped to do at least once. We were to visit an inmate at a Winnipeg's Stony Mountain Institution when we were there and also could not get in.

Deb Breau, User organizer- Kingston ON

Brent, User organizer- Kingston ON

Quebec Region

November 7 – 27, 2003

Montreal PQ

"In all collaboration with VANDU, I have felt a growing enthusiasm and conviction that a User Group here in Montreal is an absolute <<must>> and can happen...very, very soon."
Project Participant, Montreal, QC

In Montreal the drug trade seems very organized. It is territorial, the prices are high and there seem to be strict rules about turf. What costs $10 in Vancouver costs $30 in Montreal and both heroin and cocaine are not as available as in Vancouver. People are friendly, cooperative – it seems that the turf is well established so there is less conflict and competition. Cocaine in powder form is very popular. Rock is also popular but more difficult to find and about four times as expensive as Vancouver. Pipes that cost $1-2 in Vancouver are selling here for $10-15 on the street and people are also selling rigs. There is often blood on the walls inside bar bathrooms, indicating that people are using those places to fix. People seem to be well informed about safe injection practices, everyone wants a safe injection site to open. People are fixing in the open – using in doorways. (Paul Levesque, regional report)

"VANDU's visit allowed Drug Users to step out of the shadows and be heard. What a wonderful moment for me, for us. For once, we were not invisible."
Project Participant, Montreal, QC

There are estimated to be 15,000 injection drug users in the area and over a million needles are exchanged. The overdose rates are not well documented by the coroner but the user activists think it is unacceptably high and are pressuring the coroner to keep track. It is thought that the prevalence of HIV amongst injectors is second only to Vancouver and may be as high as 20%.

The drug users in Montreal have not yet begun to hold the police accountable for how they mistreat "addicts" and many drug users also report being treated disrespectfully at hospital emergency departments. There are a substantial number of people on methadone in Montreal but not enough methadone-prescribing physicians are available to meet the demand.

Quebec City

There is no heroin for sale on the street in Quebec City and few other opiates are available. Cocaine is readily available as is PCP and it is thought that the "gangs" that control drug dealing in QC will not tolerate anyone selling heroin and have the turf tightly organized to the block.

Darlene Palmer, Network Enhancer - Montreal

The VANDU team observed that the average age of "street involved" drug users is much lower than the DTES of Vancouver and most other Canadian cities we visited. Issues are typically "bad treatment from the police" followed by the difficulty in acquiring either the funds to get drugs or the drugs on a regular basis. Punitive methadone programs and punitive doctors was also an issue.

British Columbia & Alberta Region

March 4 to April 1 2004

"VANDU's visit helped light a fire under the users' ass in the sense that they are not powerless and can create positive change."
Project participant, Nelson, BC

Edmonton AB

March 4-5, 2004

VANDU presented a workshop at the *5th Annual Alberta Harm Reduction Conference: "Harm Reduction: A Serious Fix."*
An impressive number of people who use illicit drugs played a central role in organizing the conference and had a health room for users and former users set up for conference participants.

Methadone has been available in a limited way in Edmonton for a few years and people had go to Edmonton to get it. In 2002, Red Deer and Calgary added methadone prescription to their harm reduction initiatives.

"VANDU's visit also provided drug users with a first hand account of how Users Group can benefit their community and that there is local support to help establish one. "
Project partcipant, Calgary, AB

People are injecting less Talwin and Ritalin and more cocaine and morphine. People report problems maintaining healthy veins and abscesses are common. Folks who have a script from their doctor for opiates will not go to that prescribing doctor with an abscess or they will be exposed as an injector and will be dropped as a patient.

Many nearby reserves are not acknowledging drug use or providing harm reduction services on reserve but it is understood that just over half the injectors in Edmonton are of Aboriginal decent or Metis. Almost 1 million needles are exchanged in Edmonton and 80% of injectors self-report having Hep C and about 20% self-report having HIV.

Nelson BC

March 24-25, 2004

Most of the people who use illicit drugs in the Kootneys are living in rural settings. The users find that there are long dry spells (no drugs in the area) and they have to travel long distances to buy drugs without vehicles or public transit between towns.

Susan Boyd, User Organizer - Victoria Workshop on Mothers and Illicit Drugs

VANDU: Building Community Capacity for Survival

"Most users were incredulous that a group of "junkies " could have accomplished so much. I felt that as the meeting went on that their self-esteem was raised exponentially as they realized that their voice could also make a difference. It astonishes me that users always rise to the occasion and the language that I use no longer feels foreign but takes on a life of its own and that they also feel ownership of that language."

- Dean Wilson, Project Leader

"We need to do media releases: Rallies, demos, protests to publicize the conditions addicts live in, the lack of methadone available and the way police violate drug users rights to be treated fairly."
Project participant, Edmonton, AB

Methadone is prescribed by only one doctor in the entire area and he is also very negative towards patients. Police put lots of "heat" on drug users and humiliate them with public strip searches in small town where everybody knows everybody. Hospitals, clinics, pharmacists. treat users poorly when addicts need help the most and there are lots of rivalries between users.

Calgary AB

March 29 – April 1, 2004

Calgary has a street that is now a dead end with a tree (near the St Louis Hotel and the King Edward Hotel) where users go to shoot dope outside that has been used for at least 25 years and is still being used. The methadone program in Calgary is very new and a relatively low number of needles (less than 500,000) are exchanged compared to Edmonton (almost 1 million). The seroconversion rate amongst drug users is also relatively low but is now a common way to get HIV when it used to be men having sex with men. There is a cluster of services for street people in downtown Calgary where you can get anything from a shower to a needle. Again heroin sold on the street is rare and people who inject are injecting pills and cocaine. Crack is also readily available.

The Maritimes

May 9 - May 15, 2004

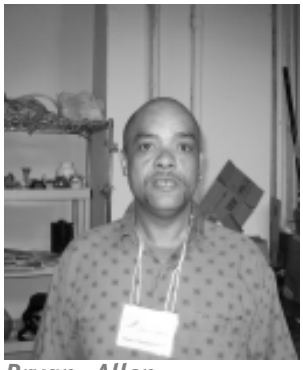
Halifax NS, Sydney NS

May 9 – 15, 2004

"Although our program is peer-driven & user directed VANDU's presence had a huge impact in empowering drug addicts to become involved."
Project participant, Halifax, NS

There has been a great deal of publicity about deaths due to drug overdose in Nova Scotia particularly in Sydney and Cape Breton. There were 16 deaths in 22 months, which is high given the small population.

The people inject diverted pharmaceuticals as they do in most of Canada; Dilaudid, Oxycontin and morphine. Some think that the high numbers of people with cancer in the Cape Breton region is one the reasons so many prescriptions for opiates for pain are written. Methadone has just recently been made available in Nova Scotia but only in Halifax and only at one clinic: *Direction 180.* It seems essential that methadone be made more widely available throughout Nova Scotia and the rest of the Maritimes as it is the only drug treatment program available in Canada for opiate addicts who cannot "kick." Our visit revealed enthusiasm for forming a user group especially in Halifax/ Dartmouth so that action can be taken on the urgent health issues of addicts – action that many service providers and their employees feel they cannot take.



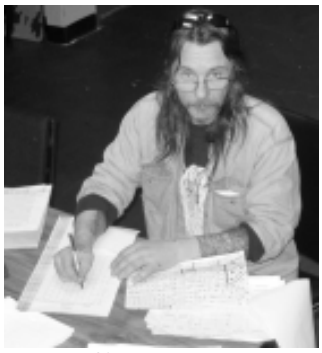
Bryan, Allen, Capacity Enhancer - Maritimes

Sharp Advice Needle Exchange (SANE) in Sydney uses a "natural helper" model where users who distribute needles and other harm reduction equipment carry business cards to show police if they are stopped and eyed with suspicion because of hanging around users and having many needles with them. This is an excellent way to begin to work with police and to educate them about harm reduction.

Conclusions

"A network of drug users would help to build a greater community/ movement of which users may feel welcome, excited & well understood. The question is how do we maintain contacts in a way that is practical/ goal oriented & sustainable."
Project participant, Toronto, ON

"VANDU has created an expertise which we need to refer to in facilitating at a more local level and nationally. It is time to build towards a national Drug User's Group for both the French and English Users."
Project participant, Montreal, QC



Lee Weibe
VANDU Board Member

Did We Do What We Said We Were Going To Do?

This Capacity Building Project was huge and successful even though it appeared at times to be too challenging for VANDU. We succeeded because we were able to persist despite difficult dynamics and to adapt our methodology until we found a way, to not just reach our goals, but to do much more than we set out to. Instead of visiting four sites across Canada we went to 13 and we covered all five regions of Canada and put on drug user meeting/workshops in ten cities, met with many service providers and participated in and hosted over fifty public forums on illicit drug use.

Why Do User-Run Drug User Groups Not Pop Up On Their Own?

While working with drug users in the DTES of Vancouver, the high rates of disease, the extreme poverty drug users live in and the squalid conditions of their single room occupancy hotel accommodation seem to be the worst in Canada. But it is a mistake to assume that drug users in the DTES are the worst off. What this project revealed is that people who use illicit drugs all across Canada are facing horrible odds; of getting Hep C and HIV, of having their children apprehended, of going to prison, of being illegally searched by the police, of being turned away from an emergency ward at a hospital, of living on less than $200/month, of injecting or smoking unknown poisons they bought as drugs on the illicit drug market, of being alienated from their family, of being denied pain medications, of being beaten or killed while selling sex to get money for drugs, of being ashamed and isolated even from other people who use illicit drugs and of dying of overdose. The conditions the marginalized drug users live in prohibit them getting organized without "outside" facilitation and people who use illicit drugs who are not marginalized are unwise to "out" themselves as hiding their drug use is often the reason they are not marginalized.

Why Do We Need User-Run Drug User Groups?

Harm reduction workers feel they are not in a position to actively politically lobby for safe injection sites, heroin prescription or even methadone programs or the funding to their own program may be cut or they may be fired. They worry that clients will not seek medical help for frighteningly serious abscesses for fear of losing their script for opiates and they fork over personal money so a sick client can "score" to get on the methadone program, often driving them to a scoring corner. They come to know and care for "clients" only to hear they have become HIV positive, died of a drug overdose or that they have been murdered or "disappeared" from a stroll. This project revealed that HIV/Hep C prevention initiatives do reach drug users with needles, harm reduction equipment and pamphlets but are ineffective at doing what makes a more profound difference to people using illicit drugs. AIDS Service Organizations (ASO's) despite including people "infected and affected by HIV/AIDS" do not see themselves as advocates for people who use illicit drugs specifically as they also work with other "at

"A unified voice is much more stronger than one voice in a region. A National voice that is well networked in Canada is needed to address the "bigger pictures." Project participant, Regina, SK

risk" groups. They are loath to get involved in initiatives to stop the police from harassing and using inappropriate violence against people who use illicit drugs or lobbying for changes to Canada's drug laws so that addicts are no longer criminals. The people who use or used to use illicit drugs are perhaps more appropriate to lead this "Social Justice" movement and this is the role a user-run user group would have in enhancing HIV prevention. It is no longer true that people using drugs cannot get needles and are therefore becoming HIV positive (except in prison). What is true is that the squalor of their lives and the self-hatred that being criminalized by society creates, sets up the conditions in which people who use illicit drugs become HIV positive. Belonging to a user-run user group gives users a sense of themselves as responsible citizens who lobby for change because they begin to see them selves as deserving of proper and respectful treatment.

What Is Next?

"An aim towards developing a national drug strategy that includes crack users is needed and VANDU's success gives me hope that this can be attained. " Project Participant, Toronto, ON

It is important that the momentum and lessons learned from this project are promptly followed up on. VANDU has created an extensive communication network with users and former users of illicit drugs and also with people who provide harm reduction services to people who use illicit drugs in 17 Canadian cities including Ottawa, Kamloops, Victoria, Nelson, Calgary, Edmonton, Toronto, Kingston, Sydney, Halifax, Montreal, Dartmouth, Regina, Saskatoon, Winnipeg, Nanaimo and Quebec City. In all these cities there are people willing and ready to begin organizing a National Group for Users and Former Users of Illicit Drugs so that a national voice for drug users can be created to bring solutions forward.

Mel Hennan, Capacity Enhancer - Edmonton, Alberta

Recommendations

"VANDU's visit also provided drug users with a first hand account of how Users Group can benefit their community and that there is local support to help establish one. " Project participant, Calgary, AB

- Capacity building with people who use illicit drugs should include those that are "street involved" and the rigorous evaluation structures put onto projects by funders such as Health Canada need to respect that when coaxing frightened, criminalized, often very ill people into a "workshop" for capacity building the first thing you do NOT do is a "pre-workshop knowledge check." I recommend that capacity building projects that include "street involved" people negotiate a softer evaluation strategy and that we are not forced to pretend to use the usual methods.

- The organizing of marginalized people who use illicit drugs is not just a good idea –it is essential to stopping epidemics of hepatitis C and HIV. This important work can be more generously funded either by making the funding allotted higher or by purposely networking between pots of money so that a national project receives funding from more than one program in a coordinated way.

- It may be helpful for Health Canada to provide optional contract guidelines or fill in the blank contracts for the subcontracting of evaluators so it is clear that the evaluator cannot copy write the evaluation and must return data.

"The number of participants exceeded my hopes/ expectations. Great support and guidance from members of VANDU." Project partcipant, Montreal, QC

- It is essential that a national group of people who use or formerly used illicit drugs be formed and funded to network users across Canada, to help seed user run user groups and to create and implement a strategy to demarginalize people who use illicit drugs so that the root causes of the epidemics of Hep C and HIV are solved.

- It may be possible to have Health Canada support people who are on methadone when they travel so that they can actually travel and are not humiliated by being given carries that do not cover the length of their trip putting them into methadone withdrawal. This could perhaps be negotiated with the body governing methadone prescription in each province. Not getting carries of adequate methadone to travel is a huge barrier to building the capacity of people who use illicit drugs.

"For drug users, it was encouraging for them to know that there are people who care and are willing to assist them in fighting for their rights. It also made them aware that their "voice" carries power. For the service providers, it made it clear that we can do so much more for our drug using community." Project participant, Sydney, NS

- Health Canada can play an important role in brokering and facilitating entry into federal penitentiaries for groups like VANDU for the purpose of capacity building with users and former users of illicit drugs.

Working for healthier communities! VANDU Board - November 2004