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International Journal of Drug Policy 17 (2006) 70–72
THE INTERNATIONAL JOURNAL OF DRUG POLICY
www.elsevier.com/locate/drugpo

Response

"Speaking truth to power": The role of drug users in influencing municipal drug policy

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Received 7 September 2005; accepted 27 September 2005

> "The lower classes of the populace, forced to live on the margins of society and oppressed since time immemorial, are beginning to speak for themselves more and more rather than relying on intermediaries . . . They are less and less willing to be the passive objects of demagogic manipulation and social or charitable welfare in varied disguises. They want to be the active subjects of their own history and to forge a radically different society."
>
> Gustavo Gutiérrez

A question often asked by those who visit Vancouver and see our emerging municipal drug policy (evident for example in the establishment of North America's first supervised injection site), is "How did this happen?" It should be kept in mind that the developments which led to the establishment of Insite – the supervised injection facility – occurred in an environment where drug users faced a great deal of repression. While the Downtown Eastside (DTES) has become infamous for the epidemics of HIV infection and fatal overdoses, it is also home to large numbers of drug users and poor afflicted individuals. In 1997, people saw the 100 block of East Hastings Street (which runs through the centre of the DTES) populated with hundreds of addicts who were viewed as annoyances and irritants. What no one saw was that these were some of the sickest, most afflicted people in the world who use illicit drugs.

The situation in the DTES at that point in time was tantamount to genocide, with drug users dying in massive numbers. The word "genocide" (as coined and defined by Rafael Lemkin) means targeting a group of people for destruction in one of two ways; either deliberately killing them or a slow death through attrition by withholding the means of subsistence and existence (Lemkin, 1944). It was this second form of genocide that was occurring in the Downtown Eastside, because for ten years the Federal Government had been told that these conditions would bring outbreaks of HIV and no action had been taken. Something needed to be done to bring this cry of suffering and pain into the public realm. Bringing the voice of the users themselves and the cry of the pain, the anguish, the suffering, as loudly and broadly as possible finally brought a response.

Nothing would have happened in Vancouver had there not been drug users putting pressure on the local health authority, the Vancouver-Richmond Health Board. Someone once said, "The health board is not about health, it is about politics". The Health Board was destined to become the most powerful force in the Downtown Eastside. Motions were brought to every meeting from an addict who was a director on the board, and this was an important vehicle to advocate vehemently for addicts downtown. There was a voice there and users were always at the meetings. Hundreds and hundreds of addicts shared their thoughts regarding their needs, what would most improve their lives and what should be done about the catastrophic health and political situation that existed in the neighborhood. Because the Vancouver Area Network of Drug Users (VANDU) had begun organizing, many things happened that absolutely would not have been possible otherwise.

In the spring of 1997 there had been a report issued (National Task Force on HIV, 1997), which identified the marginalization of drug users as being a major obstacle in

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doi:10.1016/j.drugpo.2005.09.001

the fight against HIV/AIDS. It noted how drug users were marginalized from the healthcare system, from wider society and from the political arena where decisions were made. It asserted that users needed to be directly involved in making decisions about their own lives by playing an active role in determining what they needed. Consequently, one of the first priorities became to de-marginalize users. This process of de-marginalization began by inviting people to meetings on the 100 block of East Hastings Street. Health care professionals, politicians, media people, nurses, even police came to the places where the junkies lived, right on their block, on their turf. So users began to feel that these were their meetings, they owned them. All kinds of people were meeting together and began to know each other beyond the stereotypes.

The debate surrounding the health crisis in the DTES was really a war of words, a war of rhetoric. The members of VANDU were able to express themselves articulately, and behave with dignity at community meetings (in some cases far more so than their opponents). Anyone could be a spokesperson because a user would not only know the impact of injection drug use through their own firsthand experience, but they would also know what other cities had done in response. If you know what you are talking about then you can speak passionately to authority, rather than trying to avoid confrontation because you are a drug user. Slowly the rhetoric started to change and the marginalization began to decrease. People began to change as they became members of VANDU and saw that organized actions could have real impact. Their voices were finally heard and that made a great difference. It gave users a positive sense of themselves. That's the result of social activism, realizing that you can be of help and achieve change. Their voices were being heard as they helped each other, changed deadly circumstances, and saved lives. In terms of activism, the two most powerful elements were bringing an unheard cry of suffering to the ears of the public, and having a strategy, an actual concrete plan of actions that can implement change, and ameliorate and alleviate unnecessary and unjust suffering.

Now in 2005, there are a couple of hundred drug users employed through health and harm reduction programmes in the DTES. In 1997 that would have been inconceivable. It is now the politically correct thing to have users from downtown on committees and advisory boards. VANDU accomplished some real progress in the de-marginalization of drug users. There should always be people from the most impoverished and afflicted places with positions on the actual decision making fora. People who have these afflictions must be centrally involved in deciding and implementing the response to the problem, otherwise the problem won't get better, and the 'solution' won't have the desired impact. That's not to say that the solutions have to be centered on users, but users do have to be active in actually making policy decisions. There was recognition among the members of VANDU that if something worked and made life better for a user, but worse for the average citizen living next door or maintaining a business, then it was not really a viable solution. Solutions need to be for everybody, for the whole community and all its members.

Sam Friedman has pointed out the obstacles to organizing that exist for drug user groups around the world (Friedman et al., 1987). There are all kinds of hurdles to overcome, from marginalization and financial difficulties, to police harassment, being arrested at anytime, getting sick, dying (from overdoses, accidents, HIV/AIDS and other illnesses), being in the hospital, going to jail. However, the Health Board finally committed funding to VANDU. Prior to that point in time no health board in North America had ever funded an organization of active drug users (so the Board should be given credit for that). But even when a drug user group has funding, there is still a fundamental need to have allies who are not drug users. There have to be some people who are central to the organization who are not subject to the hazards that you are as a drug user. You need to have allies who are stable, but defer to your decision making. That is one of the central things about VANDU: it has an authentically democratic process.

The article by Kerr et al. in this issue of the International Journal of Drug Policy, which recounts the development and accomplishments of VANDU (Kerr et al., 2006) can only be of real help to people and groups elsewhere who want to be active in changing the circumstances of drug users and challenging the global nightmare of drug prohibition. The study favorably, but not unrealistically, represents a drug user group as a user run organization that catalysed unique change. That is what VANDU has been.

In closing, consider the following quotation which refers to the involvement of drug users in the advisory boards of syringe exchange programmes in New York State:

> This development has important implications with regard to the evolution of official drug policy, since it will be difficult in future to treat IDUs simply as the passive objects of state intervention. Whether as individuals or representatives of a wider population of illicit drug users, they have acquired a legitimacy and sense of personal worth which would have been unthinkable in previous periods. (Henman, Paone, Des Jarlais, Kochems, & Friedman, 1998)

The conclusion is equally applicable to the genesis of VANDU and its impact on the trajectory of drug policy in Vancouver.

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