

The BC-Yukon Association of Drug War Survivors

Provincial Priorities

The BC-Yukon Association of Drug War Survivors (BCYADWS) works for health, safety, and social justice for people who use drugs. This summer, we visited seventeen communities around BC to ask drug users the following question:

What do you need to be healthy in your communities?

This report outlines eight answers to this question that were shared by drug users across the province. These priorities (which are in no particular order) will guide BCYADWS as it moves forward. It was written for the drug users of BC, but we hope it will be of use to allies as well.

Priority 1 – Improve interactions with health professionals

"The hospital won't let you in if you're a drug addict. They put you to the back of the list... You have to be dying to get in."

Drug users around BC told us that the health care they receive is not good enough. Many could not access medical care. Sometimes this was because doctors would not agree to take them as patients ("red-flagging"). Sometimes they would be made to wait so long in the emergency room that eventually they would give up and leave.

When drug users do get to see their doctors, they often face discrimination and judgement. The main issues are in getting pain medication and accessing good quality methadone treatment. While doctors were the biggest problem because they have so much power over drug users' lives, nurses and pharmacists also sometimes stop drug users from getting the health care they need. Many users in small towns do not want to talk to providers about drugs because they are worried the information will not be kept confidential or that they will not have anywhere else to go if the provider starts treating them badly because of it.

Some doctors, nurses, pharmacists, and other health care providers do work well with drug users. Even one or two of these in a community can make a big difference, especially if they are willing to speak on behalf of drug users to other providers. Street nurses, in particular, are an example of health care professionals who treat drug users with respect and help them to be as healthy as they can be.

Priority 2 – Promote access to a range of housing options

"If you're a drug user you're discriminated against, even if you're trying to get clean. You're in a situation where all of your neighbours are using because there's nowhere else that will rent to you."

Housing — good, clean, safe, affordable housing — is hard to find for drug users across BC. Shelters have rules that keep the most vulnerable from going to them, and even the best shelters are not the same as permanent housing of one's own.

Some users need housing that allows them to use in their own rooms, so that they will not have to risk using in public places. Some do not want to have staff members watching when they go in and out or placing restrictions on the visitors they can have. Others want more structure and a no-using policy so they know that their neighbours will not trigger them. Many communities have only one type of housing, as if all drug users were the same. They are not, and the housing available needs to reflect that.

Priority 3 – Improve treatment by police

"The police always harass you, pull up on you, ask you what you're up to, even if you're just sitting there."

In the long term, drug users' health will be most improved by changing the laws so they will not be criminalized for what they put in their bodies. As it stands, police and public health services are often not working as well together as they could, and it is drug users who lose out.

In the short term, the police (especially, we were told, the RCMP) need to better follow their own codes of conduct. Drug users are harassed when they are in public places and treated poorly when they are taken into custody. There are exceptions: in some towns, the officers of the drug squads believe in harm reduction and treat users with respect, showing that good relationships with the police are possible.

Priority 4 – Ensure harm reduction best practices are followed everywhere

"You give back your rigs and you get another one, but they don't give you enough. They only give five needles and they're closed weekends. A regular user uses more than five in a weekend. I ended up sharing with someone else because they were dull."

Harm reduction is of proven benefit in protecting the health of drug users and engaging them with essential services. Where best practices are being followed (as specified in Best Practices for British Columbia's Harm Reduction Supply Distribution Program, available from www.bccdc.ca/prevention/HarmReduction/), harm reduction is helping drug users to take care of their health. But these best practices are not followed in all parts of the province.

Some needle distribution sites (also called needle exchanges) limit the numbers of needles given out to users and require that they bring used needles back before they can get new ones. In small towns, there are concerns about confidentiality and being marked as a drug user because the needle distribution sites are plainly visible to others. And many areas have few or no supplies for crack users, which means this group misses out on the benefits of interacting with harm reduction workers.

Priority 5 – Connect with illicit drinkers

"Do they have a safe injection site in Vancouver?"

"Yes."

"What about for people who are alcoholics? They should have a building for people who drink outside, so they can be safe inside."

Most drug user organizing is focused on people who use illegal drugs, which means those who drink alcohol are not included. We found that many of the issues faced by drug users are the same as those faced by marginalized drinkers: poor housing, harassment by police, problems finding good health care, and so on. As well, many drinkers use drugs from time to time, and most drug users drink alcohol regularly, which makes distinguishing between the two groups difficult.

Drug user groups and those working with them need to think about how they can reach out to drinkers. Given that many marginalized drinkers are Aboriginal, this strategy will help to make sure that drug user groups include more Aboriginal people.

Priority 6 – Improve social assistance

"As soon as dentists figure out you're on social assistance, they don't want to see you."

Across the province, we heard that social assistance (welfare) does not support drug users to live healthy, happy lives. This is partly because the amount received is not enough to pay for housing and food, which leads to dependence on social housing and food banks. As well, dental and other needs such as transportation for medical care are not covered well enough, often forcing people to go without.

The other part of the problem with welfare is that drug users must convince the people controlling it that they are worthy in order to access certain benefits such as crisis or clothing allowances. If users do not know their rights or the social assistance worker sees their drug use as a moral failing, they can easily be denied benefits which they should be able to access.

Priority 7 – Support user-run organizations

"It's powerful to gather. I've never heard the words 'drug war survivors' before – I'm walking out of here today taller than when I walked in."

There is a great need for groups that are run by drug users, for drug users. These groups allow users to have control over the things that affect them. Users have told us that they value being able to "give back" to their communities through these groups.

Drug user groups can support ex-users, as well. Ex-users told us that they appreciated being in a group that would still support them if they began to use again. They can be very useful in organizing groups, especially ones that are just starting, while still having first-hand knowledge of the issues drug users face. It is important, however, that the issues of active users are the top priority of the group.

Priority 8 – Engage with and encourage allies

"If you go to this one clinic, they'll assist you if you have an abscess. They'll lance it right there. They won't look down on you. They're developed from an Aboriginal point of view. At the hospital it's terrible – white people are always the first to get treated, you have to wait for six hours because they push you right aside, and if you need painkillers they won't give it to you because they think you're a drug user."

Some organizations treat drug users with the respect they deserve. We heard that drug users want to work with and support these organizations, but they want to do it as equals, not token representatives of their communities.

Drug user allies who are working in all kinds of organizations can find it difficult to do their work. We hope these allies can find ways to support one another. Drug users themselves hope to support their allies by communicating what they need so their allies can help work for change.

We were told that drug users around BC want to engage members of the public as allies. This means challenging discrimination and showing the ways drug users care for each other and their communities.

Drug users deserve to survive and thrive with their human rights respected and their voices heard. The eight priorities for action in this document highlight a vision shared by drug users around the province for how they can make that happen.

To learn more about the BC-Yukon Association of Drug War Survivors, please visit www.drugwarsurvivors.org or contact the Vancouver Area Network of Drug Users at (604) 683-6061.

For more information about BC Harm Reduction Services, which supported this work, please visit www.bccdc.ca/prevention/HarmReduction/.

For more detail on this report or to learn more about how the information here was collected and analyzed, please contact Alexis Crabtree at alexiscr@interchange.ubc.ca or (604) 992-7256.