

The Province

The search for a vein of hope; Does our drug policy really have Four Pillars, or is there just 'one shaky toothpick?'

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Illustrations: Colour Photo: Gerry Kahrman, The Province / To prevent the spread of disease in the Downtown Eastside, free replacements are available for well-used crack-pipe mouthpieces like this one.

Colour Photo: Arlen Redekop, The Province / Critics say that harm reduction -- this needle depot is an example -- is the clear favourite among the Four Pillars.

It's Thursday night and Johnny Young is cruising back alleys of the Downtown Eastside where street lights shine on a woman picking crack from a palm, an addict with a needle rolling down his sock.

Everyone seems to know Young. The one-time addict spends hours every week trolling the dark heart of the drug ghetto. But he's not here to score. He's here to help.

Young's been a needle-exchange van driver for the Downtown Eastside Youth Activities Society for 10 years. The van runs 19 hours a day, every day of the year. Someone always needs needles.

In fact, the sheer volume of needles Vancouver's addicts go through is staggering. In the society's East Broadway office, a dozen plastic barrels tagged "Biohazard" are stacked by the door, each packed with hundreds of dirty orange syringes.

On this night, in less than an hour, Young gives out two dozen needles, plus alcohol swabs, crack sticks, mouthpieces, vitamins and handfuls of water packs used to cook drugs.

Several addicts don't ask for new syringes, but something more basic. "You got any snacks?" one man asks. "I'm all hungry," a woman laments. Young listens as regulars tell him about their HIV. He asks after an addict's mom. He tells another his sister wants him to call.

"People don't end up down here on drugs because they are happy, healthy people," he says. "You're really dealing with desperate people in desperate situations.

"There are a lot more drugs down here than there used to be," he continues. "They say the mark of a good society is how you treat your most vulnerable. To me, it appears society's disintegrated."

The burly, bearded man does his best to change that. He ends each encounter with a gruff and hopeful goodbye: "Keep safe, eh?"

How big is the drug problem in the Downtown Eastside?

It depends whom you ask. A 2004 B.C. Justice

Review Task Force report estimated there were 9,000 intravenous drug users in Vancouver. A 2001 Vancouver Coastal Health study estimated there were 4,700 in the Downtown Eastside and 12,000 in total. These conservative estimates don't include non-intravenous drug users, such as crack smokers -- and crack, experts agree, is now the drug of choice in the Downtown Eastside.

Who are these users? A B.C. Centre of Excellence in HIV/AIDS study of 1,400 addicts found intravenous drug users were mostly men (65 per cent), Caucasian (62 per cent), and aged 15 to 58. Three-quarters had been in prison. Two-thirds were on welfare.

There are three ways to look at the Downtown Eastside's drug problem: as a crime crisis, a health crisis, or both. But it is a crisis, and the drug use is highly correlated with criminal activity and poor health.

With so many users needing money to score, drug crime has plagued Vancouver's neighbourhoods. The Vancouver Board of Trade pegs our annual drug-related property-crime bill at \$125 million.

According to a 2003 Simon Fraser University/Vancouver Police Department study of 100 users, Treadmill of Addiction, almost half said they spent more than \$100 a day on illegal drugs. Sixty-one per cent said they regularly committed crimes to buy drugs.

If users aren't locked in a cycle of crime, they are trapped in a downward spiral of poor health.

The Downtown Eastside is a public-health nightmare. A 2008 study in the Canadian Medical Association Journal found that of 7,000 intravenous drug users in the city, 17 per cent had HIV and 88 per cent had hepatitis C.

Dr. Thomas Kerr, principal investigator of the Vancouver Injection Drug User Study and a senior scientist with the B.C. Centre for Excellence in HIV/AIDS at the University of B.C. and St. Paul's Hospital, estimates 25 to 30 per cent of Vancouver's intravenous drug users are now infected with HIV and 90 per cent are living with hepatitis C.

The city's current solution to the scourge of drugs and

related crime and disease in the Downtown Eastside is the "Four Pillars" approach.

The four pillars (policing, treatment, prevention and harm reduction) were introduced in a 2000 report and endorsed by city government. The pillars are supported by the Vancouver Agreement, enacted in 2000 and extended to 2010, which links three levels of government to tackle the "economic, social, public-health and safety challenges" of "addiction, homelessness and prostitution."

Together these directives frame the approach to addiction in the Downtown Eastside. Simply put: harm reduction sees addiction as a health, not a criminal issue; the mission is to tolerate use, treat users and crack down on dealers.

It's an approach that's earned international attention recently as U.S. President Barack Obama's new drug czar voiced support in a United Nations report for a similarly public-health-focused tactic in the war on drugs.

Yet the practice has its critics.

In his book, *The Globalization of Addiction*, SFU psychology professor emeritus Bruce Alexander writes that it "provides no way of assigning funding priorities to diverse agencies, all competing for scarce public resources," so agencies "seem to work at cross-purposes."

Dr. Meldon Kahan, director of addictions medicine at St. Joseph's Hospital in Toronto, believes harm reduction is often code for giving up.

"If strategies such as safe-injection sites and heroin clinics aren't connected with treatment options, then they become 'palliative care' -- they have given up on patients ever recovering from their addiction and are attempting to keep patients safe while they continue to use drugs. The latter goal is fine, but the 'giving up' on patients is not," says Kahan, an associate professor of family medicine at the University of Toronto who has written books on addiction and has visited the Downtown Eastside.

Vancouver police union president Tom Stamatakis has charged that funding favours harm reduction over the other pillars, creating just "one shaky toothpick" -- "a strategy that's doomed to fail."

Vancouver Police Chief Jim Chu takes a politically neutral stance.

"If the medical practitioners think this is an important aspect to improving community health, then the police aren't going to comment."

But generally, Chu says, police support treatment.

"We believe treatment to help the addict and reduce their dependency on illicit drugs is a good thing. Our focus, a lot, is on chronic offenders, the addicts who commit a significant amount of property crime to fuel their drug habits," he says.

Increases in law enforcement can crack down on drug-related crime by rounding up dealers or running property-crime stings, and Vancouver police often do, but for all their effort, the question remains: Can you police away addiction?

According to a B.C. Centre for Excellence in HIV/AIDS report, the answer is no. It studied a 2003 Vancouver police crackdown that cost about \$2.3 million and involved 50 officers. In the first weeks of the operation, 236 trafficking charges against 162 people were reported.

The researchers found it had little positive effect on reducing drug use: it "did not alter the price of drugs or the frequency of use, nor did it encourage enrolment in methadone treatment programs" but rather displaced drug use to other areas.

Downtown Eastside police Sgt. Toby Hinton argues a police presence does make a difference.

"Public disorder, with police presence, is substantially cut. Public drug dealing, although some people might minimize it, is actually a festering ground for a lot of violent crime and criminal activity, and it's important for us to try and tackle and deal with that."

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People who live and work in the Downtown Eastside have a different view: open drug use is a nuisance, not a scourge; the real problem is poverty and homelessness.

"Residents who live there say they want more help for people who are street-entrenched and who are drug users, but they are not saying we need police to clean it up and we need to throw them into a community court system," says Streams of Justice's Dave Diewart.

There is support in the community for more treatment, detox beds and programs such as Insite. The B.C. Ministry of Health funds about 200 detox beds in the province and about 2,186 detox, treatment and recovery beds in total.

Insite, a supervised drug-injection site, opened in September 2003 on the advice of a 2002 Health Canada report with the aim of reducing disease transmission and overdoses. Its 12 nurse-supervised booths now serve 800 users per day and the Portland Hotel Society, which runs Insite, reports that 7,278 unique individual users are registered to make use of the service.

Since it opened, a million injections have moved from the street to Insite.

Ann Livingston, executive program director of the Vancouver Area Drug Users Network, says what's needed to get drug use off the streets is several more injection sites and places to smoke drugs safely, placed in facilities that already exist.

"Addicts are already out there using drugs. There isn't a place in this neighbourhood they're not using drugs, every inch of sidewalk and restaurant bathroom," she says.

"Let's do this as a way of creating outreach. Shooting dope in peace will get people in the door" so they can be exposed to services and "build a tiny bit of self-worth and believe they can have a better life."

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II The week's lineup

Tomorrow:

The imbroglio over InSite

Wednesday:

What we could learn from Vancouver's free-heroin trial

Thursday:

House of the rising sons

Friday: Our Unsung Hero, plus your feedback