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the economic and cultural heart relocated to the area around Burrard and Robson. Describing the Downtown Eastside in a 1965 report, city planner W. E. Graham called it "a backwash in the westward drift of downtown."

Though a 1958 MacLeans magazine article described Columbia and Hastings as "Canada's most notorious underground rendezvous", throughout the next two decades, alcohol was the undisputed drug of choice in the neighborhood. Specifically, it was beer and liquor for those who could afford it, and noxious substitutes like shoe polish and Lysol for those who couldn't.

Throughout the 1970s, one of the ongoing campaigns of the Downtown Eastside Residents Association (DERA) was to dry out the neighborhood. In practice this meant lobbying for more effective treatment centers, shutting the neighborhood's B.C. Liquor store, and in 1980, converting the dilapidated Carnegie Library at the corner of Main and Hastings into the Carnegie Community Center — one of the few communal spaces in the area where drinking wasn't allowed.

The ubiquitous and uncooled drug market that many now associate with the Downtown Eastside began to thrive only in the mid-1980s. It started with the pre-Expo development of Granville Street and continued with the displacement of sex-trade workers by West End community groups and the gentrification of Yaletown and Coal Harbour.

The drugs were different, too. Suddenly cocaine was everywhere, uncharacteristically cheap and dangerously pure. In the mid-1980s, South American production began to rise dramatically. With the increased flow of people and money into the city for the Expo, some of that supply made its way to Hastings Street.

Donald MacPherson, who would later go on to become the first drug policy coordinator of Vancouver, was a program director at the Carnegie Community Centre in the late 1980s. He says that abundance of cocaine changed the street scene of the neighborhood.

"You had so many more transactions and it was such a busy market," he says. "There was more crime, disorder and violence."

Whereas an addicted heroin user might need a few fixes a day, a cocaine high comes and goes quickly. This meant more frequent buying and using. The public health implications were grim. Anyone injecting the stuff — either as powder or, as became more frequent in the 1990s, as crack — might be slamming cocaine into their veins 20 times a day.

The Downtown Eastside Youth Activities Society (DEYAS) was one of the first community groups to respond to the surge in injection drug-use. Under the direction of John Turvey, DEYAS secured \$100,000 from mayor Gordon Campbell to operate Canada's first needle exchange in 1989.

Sadly, clean needles would do nothing to curb the rising trend of overdose fatalities across B.C. The most common culprit: a new grade of heroin, generically coined "China White." Ten times purer than anything that had been on the street a few years earlier, it began flooding into Vancouver in the early '90s.

Raising Cain

With the physical evidence of a crisis passing through his office everyday, B.C. Chief Coroner Vince Cain spent the summer of 1994 compiling a report. The previous year, there had been 331 fatal drug overdoses in the province.

Ann Livingston, who had recently moved to Main and Powell, recalls going to the final public hearing of the coroner's commission that June. She brought her kids along, towing them in a wagon to keep them quiet.

"So I kept going back and forth with the wagon at the back of the Carnegie Centre, listening to what all the people were saying," she says. "I think that must have

been one of the first times that drug users were asked what they actually thought about anything."

The Cain Report was published that September. With recommendations reminiscent of the 1952 Community Chest, Cain dismissed the war on drugs as "an expensive failure" and recommended, most controversially, the establishment of supervised injection sites.

While city hall was only beginning to mull over the implications of Cain's recommendations, some in the Downtown Eastside were already beginning to act.

In 1995, Livingston created the group IV Feed. Using funding from DEYAS, she rented a storefront at 356 Powell St. to set up a "drop-in center" for addicts. In reality, the Back Alley Drop-In was an injection site.

With no medical personnel, the underfunded and under supplied facility "had every kind of problem you can imagine," says Livingston. "It was like fear and loathing on Powell Street."

But it was still preferable to an alley, she says. This was a place where addicts could escape, to access clean syringes and to fix in a safe environment. The police, recognizing the benefits of having junkies off the street, mostly turned a blind eye to the operation.

The Back Alley lost its funding the next year. Livingston would go on to operate two more illegal injection sites-in 2000 and again in 2003, before Insite opened.

A growing epidemic

Along with the overdose crisis, it was also becoming clear that intravenous drug users were being ravaged by communicable disease.

Dr. Steffanie Strathdee at the BC Centre for Excellence in HIV/AIDS began to investigate this problem. In 1996, she helped set up the Vancouver Injection Drug Users Study (VIDUS), an ongoing health survey of over 1,000 local drug users. The 1997 results confirmed what many in the community already knew: the neighborhood was facing a severe epidemic. Nearly 90 percent of those surveyed had Hepatitis C, while more than one in five was HIV positive. Within the Downtown Eastside specifically, HIV rates hovered closer to one in three. The neighborhood, it was declared, had the highest HIV/AIDS rate in the developed world.

In September of that year, Vancouver's chief medical health officer, John Blatherwick, declared a public health emergency in the Downtown Eastside. The reminder was hardly necessary for many in the neighborhood.

In July of 1997, activist and health board member Bud Osborn planted 1,000 crosses in Oppenheimer Park for the drug users who had died across B.C. in the previous four years. A few months later, he and Livingston held the first public meeting of what would become the Vancouver Action Network of Drug Users (VANDU). An organization principally made up of current and former drug-users, it was legally incorporated and granted health authority funding the following year. VANDU would later play an instrumental role in organizing unrestricted needle exchanges and lobbying city hall for more action.

The Four Pillars Approach

On a rainy November day in 1998, the Portland Hotel Society (PHS) organized a public conference in Oppenheimer Park. Called "Out of Harm's Way," organizers had invited an international panel of drug squad cops, public health wonks and legal experts to speak authoritatively on the wisdom of supervised injection sites.

"I remember standing on the corner of Hastings and all these drug users coming up to tell me that this was just a terrible thing," says Mark Townsend, PHS executive director. "That this was like giving candy to a baby."

It was a familiar argument. When Townsend and his partner Liz Evans

founded the society in 1993, they were one of the first housing providers in the neighborhood to encourage safe drug use.

"That was seen as a devilish, evil thing to do," Townsend recalls. "Now most housing providers are more than happy to provide rigs."

Like that debate, the call for a supervised injection site just seemed to Townsend and his colleagues to be the logical step in addressing a health crisis. But if something so unfamiliar was to be opened in the neighborhood, Townsend knew he would need the community's support. About city hall, Victoria or Ottawa, he was not so concerned.

"People higher up in the government already understood," Townsend says.

One of those people was Philip Owen. First elected mayor in 1993, Owen was businessman of the center-right NPA, hardly the politician one would expect to stake his career on harm reduction.

But Owen's first term also coincided with the intensification of the public health crisis in the Downtown Eastside. Looking at the HIV epidemic and the overdose deaths in the Downtown Eastside, this much was obvious to him: "You can't incarcerate your way out of this problem."

In 1996, Owen created a committee tasked with researching alternative drug policies. The following year, he invited MacPherson to city hall, installing him as drug policy coordinator. In 1999, MacPherson self-financed a trip to Europe. He wanted a firsthand look at the best practices at work in harm reduction. The Netherlands had opened the world's first supervised injection site in the 1970s. Since then, dozens of sites had sprouted up across the continent.

"I knew what I was going to see there," MacPherson says today. "But I was still surprised at the thoughtfulness and the experimental approach. It was very different from the thinking in North America, where the primary objective is to punish drug addicts."

Upon his return, MacPherson was asked by the mayor to work on a report. In October of 2000, "A Framework for Action: A Four Pillars Approach to Drug Problems in Vancouver" was presented to the city council.

Under the plan, the city would focus on four areas of drug policy: prevention, treatment, enforcement, and harm-reduction. Though harm reduction — which entailed supervised injection sites and a heroin maintenance program — was only one of the four pillars, it received the most attention and generated the most controversy. The strategy was endorsed unanimously by the city council, but behind the scenes, there was dissent within the mayor's ranks.

"There was a great element of Stephen Harper-types on council," Owen says now. "They didn't understand addiction and they didn't want to learn."

Tensions between Owen and his caucus built until 2001 when Owen lost his party's endorsement for re-election.

Despite the best attempts of the NPA to sweep the issue under the rug, the Four Pillars plan had received enormous national attention upon its release, much of it positive. When Larry Campbell, the outspoken former coroner and cop ran on a harm-reduction platform with COPE, he beat the NPA's Jennifer Clarke in a landslide.

This was the moment, says MacPherson, when Vancouver "inverted the political risk" of drug policy. In any other city in North America, he says, running on a pro-harm-

reduction platform would end your political career. In Vancouver, it had become a political necessity.

The way forward

When Insite finally opened in September 2003, it was permitted to do so under the condition that it serve the purposes of research. From its inception then — through the election of the first Harper government in 2005, to the court battle that ensued between PHS and Health Canada in 2007, to the Supreme Court ruling last September in favor of Insite — the impact of the facility has been rigorously documented.

The results are unambiguous. Needle sharing, overdose deaths and the transmission of HIV and Hepatitis C are all down in the vicinity of the site. During its first year of operation, nearly 500 users overdosed within the facility. None of them died.

Of equal importance, says Russ Maynard, program director at PHS, is the role that Insite plays in bringing drug users into a network of other services. Those services include Onsite, the detox and treatment facilities located upstairs from the injection room. Each year, says Maynard,

over 400 users climb up those stairs. Given those numbers, it's hard not to see last year's legal victory as a conclusive vindication of harm reduction policy. In some sectors, the momentum for further policy innovation seems to be there.

Vancouver Coastal Health is now working to secure the authorization of a second, albeit currently operational, supervised injection site at the Dr. Peter Centre. But later on, says Patricia Daly, Chief Medical Officer at VCH, she hopes to see supervised injection incorporated into community medical services across the Lower Mainland.

A heroin-maintenance program, proposed off and on by reformers since 1952, was finally tested in 2005. The results of the North American Opiate Medication Initiative (NAOMI), published in 2008, showed, maybe unsurprisingly, that heroin addicts are more physically and psychologically stable when given heroin over methadone.

But for all that, Mark Townsend of PHS says he finds the political focus on harm reduction — the enthusiasm and demonization alike — "kind of annoying." It oversimplifies the issue, he says. And the debate over its merits distracts from a larger issues.

"The debate should really be about something more complicated," Townsend says. "The real issue is how people have gotten to where they are. How is it, for example, that a human being can start to drink hairspray?"

But sitting in the back office at Insite, looking at statistics with Maynard, it's impossible not to feel optimistic. Admittedly, a mirrored booth, the watchful eye of a nurse and some jazzy mood music piping over the injection room sound system will not make a person whole again. It is a very small step, but it is, one can't help but think, a very small step in the right direction.

"This has been a huge success so far," says Maynard with a wave of his hand. "But if that day ever comes when there aren't enough people coming in to warrant this place, we will throw a huge party before shutting it down."