

LUPICK, from page 4

Vancouver Area Network of Drug Users. Was there a galvanizing event to push people to say enough is enough?

Travis Lupick: There was a unique group of people that arrived from different directions, and over a period of five to 10 years, increasingly worked with one another to address some really shocking problems that had developed during that time.

You had two groups primarily. You had the Portland Hotel Society, which was founded in 1991 by Liz Evans, and the following year with her partner Mark Townsend. And you had the Vancouver Area Network of Drug Users, (VANDU) which was established a few years later by Ann Livingston and Bud Osborne. And they were prompted into action and prompted to work together by a whirlwind of terrible problems that afflicted the neighborhood.

There was a sharp spike in drug overdose deaths. There was an explosion of infectious diseases, primarily hepatitis C. There was an absolute epidemic of HIV sweeping through the neighborhood. There was a whole lot of different health problems that all affected drug users especially hard and then again, health services were not yet there to respond.

J.Z.: And these were people living in that community, correct? This isn't people looking in from the outside measuring statistics. This was from the inside out.

T.L.: Exactly. These were residents of the Downtown Eastside. Which is a small neighborhood, it's only really 10 to 15 square blocks. And within this tiny neighborhood, there was such a massively disproportionate number of overdose deaths. And the spread of HIV you could see in a tangible sense. These problems were so big and affecting an area that was so small, that Liz Evans often recounts in the early 1990s, she would respond to overdoses just walking to work each morning.

J.Z.: Your dedication in the book does not mince words. "Our governments and police have waged a war on people who use drugs. This book is for their victims, for those in prison and for those whom they have pushed into the shadows, and for those who are no longer with us." It says right off the bat that in this book, the drug itself isn't the real bad guy here. It's government and policy.

T.L.: That's exactly correct, and where it comes from, I think, is an understanding of harm reduction, the concept that the book seeks to explain through an anecdotal narrative, that dedication comes through an understanding of the roots of harm reduction that it is not necessarily the drugs themselves that hurt a user the most. Rather, it is the fact that drugs are illegal and it's the persecution of drug users that can inflict the most harm on an individual that uses drugs.

As easy example is the spread of an infectious disease like hepatitis C. It is not cocaine or an addiction to cocaine that will infect a cocaine user with hepatitis C. It is the lack of access to clean needles that will facilitate the spread of that infection. By applying harm reduction, you would supply a drug user with clean equipment and thus



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Members of the Vancouver Area Network of Drug Users, shown here in a file photo, were revolutionary in making sure drug users had a say in Vancouver policies affecting addicts.

removing the risk of infection. It's very similar with an injection site. Rather than forcing a drug user to use drugs in an alley where they resort to using dirty puddle water and have to rush their injection for fear of persecution by police. An injection site offers them a safe environment with clean water and no risk of arrest by police, where they can inject drugs more carefully and in a slower, calmer, cautious manner. It removes the harms of prohibition.

J.Z.: Part of the harm reduction model is recognizing that addiction is a health care issue. But there is an attitude out there that those negative consequences are a deterrent to drug use, and if you remove those deterrents you're not giving anyone any incentive to not use.

T.L.: I understand the logic. It is intuitive that by enforcing penalties against drug users that we instill a message that they shouldn't do that. Unfortunately, the data doesn't really bear out that that is actually the effect of punishment. The war on drugs is almost 100 years old in North America, and drug use is higher than ever, or close to as high as ever. One hundred years of police officers chasing drug users down alleys and locking people in prison hasn't stopped people from using drugs.

A big part of Insite's founding was the research component. You have this really great research team of health care researchers and scientists in Vancouver who worked with Insite's founders around the era when it opened in 2003, and they studied drug use in the Downtown Eastside, before and after North America's first supervised injection site opened. What they found is that giving people a safe place to use intravenous drugs, that is, opening Insite, did not increase drug use in the neighborhood. And what actually happened to a small degree, was that drug use actually declined. And they attributed that to Insite serving as a gateway to the health care

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providers. They could be connected to services for detox and treatment. Obviously those services did not exist in the alleyways where they were using the drugs before.

J.Z.: And overdoses?

T.L.: Significantly fewer overdose deaths. An injection site does not necessarily prevent overdoses, although it does because people are using slower without fear of police, but what a safe injection site really does is prevent an overdose from turning into a fatal overdose. Insite's been open since 2003 and there has never been an overdose death on the premises.

J.Z.: You mentioned 100 years now of the war on drugs. Historically, have we seen anything like the opioid epidemic we have now?

T.L.: Nothing close to this extent. Nothing close to an epidemic problem that is this scary. Vancouver's crisis of the '90s was deemed so terrible that it eventually revolutionized how all of Canada responds to addiction. The worst year of that crisis was 1998, when there were 400 fatal overdoses across British Columbia. And last year in British Columbia, there were 1,448 fatal overdoses. What's happening now is an overdose epidemic so much more terrible than anything that we ever could have conceived possible. And it's not just B.C. of course, it's all across North America.

J.Z.: What has been the response from medical and pharmaceutical communities on this issue?

T.L.: B.C. has pushed harm reduction further, significantly further, than any other jurisdiction in North America. Unfortunately it took the crisis for that to happen. In 2003, we established North America's first injection site. And that's all we did. We only established one in a province that's roughly the same landmass as the state of California. So obviously a lot of people didn't have access to that one site. It was finally in 2016

when additional, similar facilities were brought on line. Since the winter of 2016, however, we have done a lot. Naloxone (whose brand name is Narcan) is freely available over the counter at most pharmacies. We've flooded the streets with it. You see little Narcan/naloxone kits affixed to people's belts when you walk around in town. There's more than half a dozen mini injection sites. We call them overdose prevention sites, which is a little bit different than an injection site, a sort of stripped down injection site. And the police have taken a softer approach to hard drugs. It would be going too far to say we've decriminalized them, but every year for the past several years now, Vancouver police are arresting fewer people for hard drugs, the idea being that hopefully people will be more likely to use drugs in the open where someone is present and can intervene in the event of an overdose.

J.Z.: The last chapter is about fentanyl, which is frightening. And recently you wrote about testing what was brought into Insite, and there was a lot of fentanyl in products that people didn't realize.

T.L.: Those tests are still going on today. There were 1,448 overdose deaths in B.C. last year and more than 80 percent were associated with fentanyl. So while many areas of America see prescription opiates as the largest problem in their overdose crises, B.C.'s problem is illicit fentanyl. Where there's a demand, organized crime will rise to meet that demand with supply. The economics around fentanyl are astoundingly strong. I think regardless of who supplies it, it's a problem that's here to stay.

J.Z.: What do you see as the solution?

T.L.: I think that if you acknowledged two basic facts, I don't know what else you do but legalize and regulate drugs. Those two facts are, first, people have always used illegal drugs, all the way back to before the Romans, and I believe, for better or worse, always will use drugs.

And the second fact is that all of North America's drug supply is hopelessly polluted with dangerous, synthetic drugs like fentanyl, that these overdose numbers are going to remain as high as they are unless we do something about supply. And I don't know what we can do but legalize and regulate. I know that's a scary idea that will sound radical, but fentanyl, on the scale of North America's opioid epidemic, is a radical problem to which we need to apply new ideas.

J.Z.: Who's the audience for this? For a lot of readers, this is not a sympathetic issue.

T.L.: "Fighting for Space" recounts a Vancouver story, but I tried to tell it with audiences of other jurisdictions in mind. North America is in the grips of a terrible opiate epidemic, and 20 years ago, Vancouver struggled through a similar problem and we made a lot of mistakes, we learned a lot of lessons, and we also accomplished a lot. So my hope is with this book that other jurisdictions can learn from Vancouver's experience from the '90s, apply those lessons and hopefully save everybody some time and save a lot of lives.