

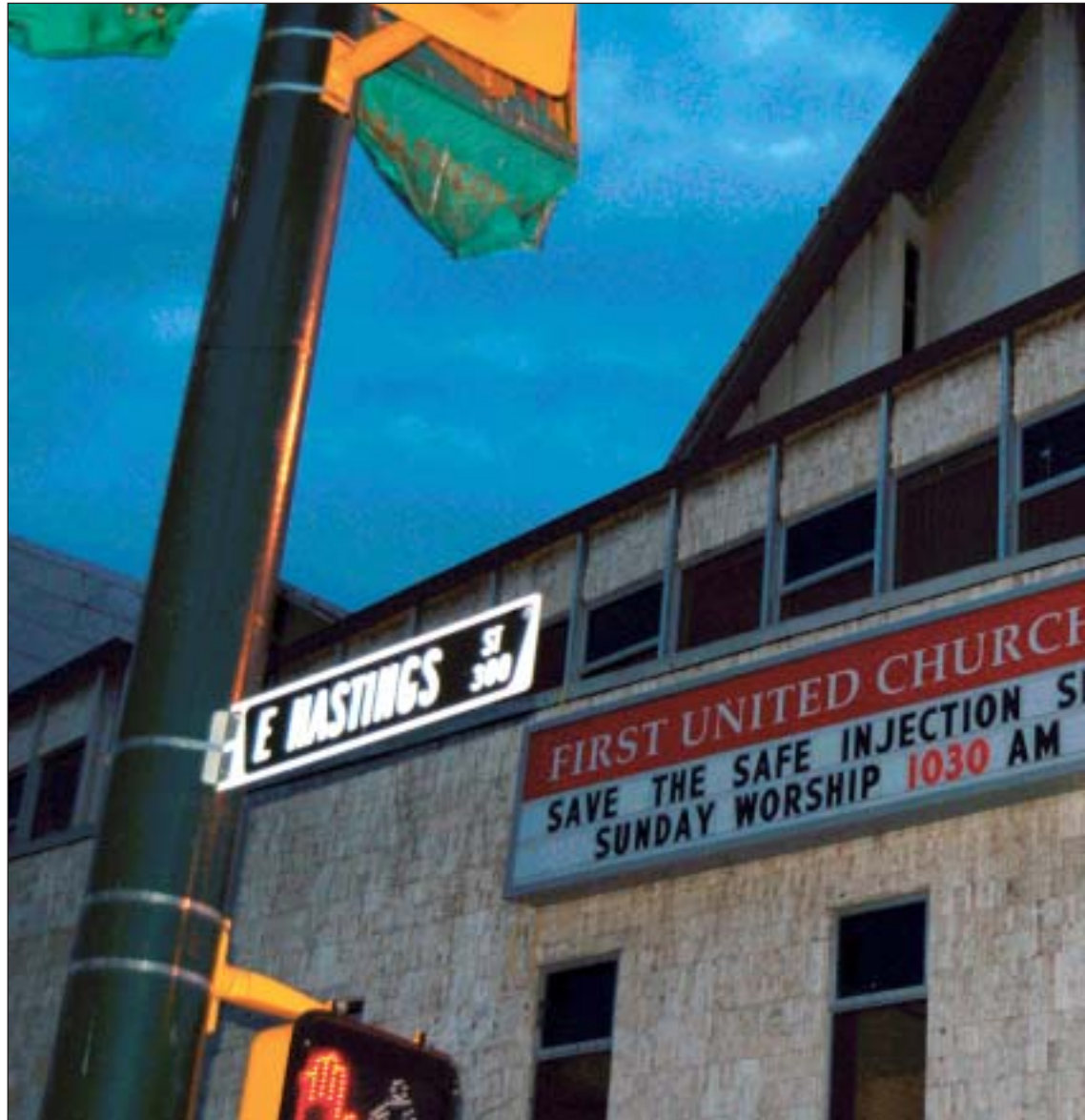
Harm reduction in North America has achieved remarkable progress since the first user groups risked their freedom for the right to save lives. **Sara Moralioglu** reports

## Streetwise Stateside

The downtown Eastside in Vancouver is home to an estimated 5,000 drug users. Between 1991-2003 there was an average of one overdose per day in the area – an area that only covers ten square blocks. In 1997 injecting drug use was costing the British Columbian government an estimated \$96 million. As a result of this massive problematic drug use in the area, and the high number of deaths, Vandu – the Vancouver Area Network Drug Users – was born. It is one of the world's most powerful drug user groups.

When you speak to Anne Livingstone the founder of Vandu, you can understand why their work has been so effective. She takes no prisoners when it comes to fighting for the justice of drug users. 'I'm not afraid of getting arrested for the work I do', she exclaims on the phone to me. 'They can go ahead and arrest me – for what? Trying to save lives!' It's a powerful start to our conversation about the work of Vandu.

The group started in 1994. Livingstone had received \$100 from the City Youth Board to try and



organise drug users in Canada's most impoverished area. She bought pop and pizza and invited drug users to a meeting. In 1995 there were only 20 members of Vandu, but by holding meetings and actually asking drug users what they felt would better the situation, this number grew and to date there are more than 1,600 members.

Livingstone has worked hard to encourage drug users to have the confidence to voice the problems they face in a bureaucratic setting. This has been vital in Vandu's work and key in opening North America's first Supervised Injecting Room 'In Site' in 2003, set up as a pilot project. Vandu campaigned for the site for 12 years; it now receives an average of 607 visits per day and there are currently 7,278 drug users registered at the facility. In the first two years of running there had been 500 overdoses – but no fatalities. It is proven that visitors to 'In Site' are more likely to enter detox programmes. Despite the project's success, it was initiated as a three-year pilot and in 2006 was up for review; the government

only granted another year's permit.

Although Livingstone considers the opening of the site 'a political victory', it is still not enough to save lives, she claims. 'They really need to open three more centres here – that is how big the problem is in the area'. The situation in Canada however, is vastly different from the picture in the United States.

In the US to this day, 50 per cent of all needle exchange centres are running illegally. More than half of the estimated two million people in prison in the US are there for drug-related charges. Since 1990 the number of adults incarcerated has tripled and the majority of those people are African American, Latino and other minorities who have been disproportionately affected. 'That is the USA's "War on Drugs"', says Allan Clear, Director of the Harm Reduction Coalition, based in New York City – where overdoses kill more residents than suicide or homicide. In cities such as San Francisco and Portland, it is the leading cause of death.

Allan Clear set up one of New York City's first



drug use, was director of a Spanish Harlem Methadone Programme, and worked for the State Department of Health. 'We would spend our Saturday mornings looking for drug users, chatting with them and giving them clean needles', she says. 'I got a great deal of satisfaction from giving out the syringes'.

Eventually, in 1992, legislation passed allowing needle exchanges to run legally in New York. In 1990 to 1992 half of all injecting drug users in New York City were HIV positive. By 2002 it had dropped to around 15 per cent. 'When I heard those statistics I almost cried', says Stancliff. 'The difference the programmes had made was remarkable.' By 1994 the Harm Reduction Coalition was officially recognised as a non-governmental organisation (NGO).

Stancliff started running overdose workshops with fellow volunteers. They set up their booths on street corners, storefronts and out of vans in 13 areas in New York including the Lower East Side, the South Bronx, Harlem, Williamsburg, Queens, Brooklyn, and East New York. Groups of known drug users or those affected by drug use in the area would be invited to

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needle exchange programmes on the Lower East Side. It was 1990 – a time when HIV and Aids were rapidly spreading and when running a needle exchange centre was illegal. Clear opened knowing full well that the population of injecting drug users was rapidly dying as a result of sharing needles and lack of education.

At that same time Dr Sharon Stancliff – newly arrived in New York City – had quickly acquired a set of patients who had HIV and Aids; 'Within five or six years all of them had died'. 'Until 1996 there really wasn't much doctors could do for patients with Aids', Stancliff explains. Aware that most of her patients were injecting drug users and had contracted the virus from sharing dirty needles, Stancliff felt propelled to visit the needle exchange centre that Clear was running.

Stancliff volunteered as an outreach worker and from that point on for the next seven years. She worked every Saturday handing out clean needles. This was done while she did a Fellowship on Aids and

come with the incentive of a \$4 transportation card. The groups learn what to do in the event of an overdose. Stancliff then prescribes Naloxene – otherwise known as Narcan – a drug that can reverse an overdose situation without side effects.

Until April 2006 doctors were not allowed to prescribe the drug that could save lives because of a legal loophole – namely, it would be illegal for a physician to prescribe it to someone for whom it was not intended. At the Harm Reduction Coalition a large group of workers from needle exchange centres throughout New York lobbied to legalise prescribing the drug.

By the time the law had changed, Stancliff had already openly prescribed Narcan to approximately 1,000 drug users. 'I was very open about it; I had friends at the Department of Health in New York City joke about how I would look in an orange suit in jail.' In the South Bronx – a hot spot for overdoses – Stancliff and volunteers would stand on the street corner with their table. 'It is rather extraordinary

when people come back to you and say they did a reversal for an overdose victim', she says.

Currently the Harm Reduction Coalition is preparing an anti-stigma campaign aimed at educating healthcare workers on addiction. They hope to change the views of many doctors and nurses who only come face-to-face with drug users in emergency rooms. One key part of this campaign is training doctors to give overdose kits with Narcan at the Columbia University Hospital.

Luciano Colonna, originally from New York, moved in 1997 to Salt Lake City, Utah – the State he describes as 'middle America – the fly over state', and 'home base of George Bush's flag waving conservatives and the Mormon Church'. Colonna became the executive director of the Harm Reduction Project in Salt Lake City. The project was given some office space in a medical clinic working with the homeless. There, Colonna set up an illegal needle exchange, which is still running – illegally.

With small grants they would provide programmes for sex workers, native Americans, methamphetamine addicts, heroin addicts, crack addicts, African Americans, Mexicans 'undocumented workers', homosexuals – anyone who needed their help. This was in 1997 to '98; at the time, says Colonna, they were noticing high numbers of overdoses and many addicts with abscesses from using dirty needles.

In such a conservative state, the challenge was to reach the right people and to educate them. In 1999 the Harm Reduction Project received funding to set up an overdose hotline: 1-866-STOP-ODS. They would receive calls and confidentially inform users on overdoses, how to use Narcan, resources and treatments available.

In 2001 Colonna was asked to set up a similar harm reduction project in Denver, Colorado. 'It was flattering because it is rare that other states ask agencies outside of their own state to aid in setting up an NGO', explains Colonna. The Denver office offers many of the same programmes and is faced with the same problems of lack of understanding on harm reduction and drug addiction.

Salt Lake City and Denver differ from working on the east or west coast of the States, as they encounter different trends in drug use. Middle America is where methamphetamines first became a real problem in the US, says Colonna: 'In the mid-'80s this was the capital for production of methamphetamine. Now many of those production labs have been busted and have moved down to Mexico, but it still affects many drug users here.'

As a result of their expertise on the subject of methamphetamine, the Harm Reduction Project organised the first ever Methamphetamine Conference in Salt Lake City last year, and most recently in February this year, attended by more than 800 specialists.

The harm reduction organisations in North America have had a massive impact in the last 15 years. These groups have operated illegally, risked incarceration, and despite obstacles have carried on operating out of sheer willpower to change public opinion, legislation, and ultimately to save lives.

*Sara Moralioglu is a freelance journalist.*