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**RESPONDING TO AN EMERGENCY:  
EDUCATION, ADVOCACY AND COMMUNITY CARE  
BY A PEER-DRIVEN ORGANIZATION OF DRUG USERS**

**A CASE STUDY OF VANCOUVER AREA NETWORK OF DRUG USERS  
(VANDU)**

Prepared for:

Hepatitis C Prevention, Support and Research Program  
Hepatitis C Division  
Population and Public Health Branch

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*Répondre à l'urgence par l'éducation, l'action sociale et les services communautaires :  
portrait d'un organisme dirigé par des utilisateurs de drogue. Étude de cas du VANDU  
(Réseau des utilisateurs de drogue de la région de Vancouver)*

The views expressed herein are solely those of the authors  
and do not necessarily reflect the official policies of Health Canada.

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December 2001

*The Vancouver Area Network of Drug Users (VANDU)  
is a group of users and former users who work to improve  
the lives of people who use illicit drugs through  
user-based peer support and education.*

From the mission statement of VANDU

This document is dedicated to our brothers and sisters  
who have paid the ultimate price.

The VANDU Board of Directors

The VANDU Board of Directors would like to thank everyone who  
contributed to the creation of this document, including the drug users  
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## Executive Summary

The Downtown Eastside of Vancouver, Canada has long been the centre of the city's illicit drug using community. The neighbourhood is among the most impoverished in Canada, and overdose deaths and other health complications of drug use have been observed in this neighbourhood since the 1970s.<sup>1,2</sup> Despite the presence of a needle exchange program that provided access to sterile syringes through several means of exchange, an explosive HIV epidemic, that remains among the highest ever observed in the developed world, was documented among the neighbourhood's injection drug users in 1997.<sup>3</sup> In addition, hepatitis C has spread rapidly, and more than 90 percent of persons who inject drugs in Vancouver are believed to be infected.<sup>4</sup> Since the early 1990s the Vancouver region has also experienced an alarming rate of illicit drug-related overdose fatalities, averaging more than 300 per year since 1996.<sup>5</sup>

In 1997, in response to the emerging health crisis among people who use drugs and to government inaction, a group of individuals gathered in Vancouver to form a user-run organization. Collectively, the group felt that too little had been done in response to the well-documented health emergency among people who use drugs and that the voice of "users" had not been heard by those responsible for coordinating a response. This group eventually became the Vancouver Area Network of Drug Users (VANDU), and with more than 1,000 members VANDU is believed to have the potential to become one of the most organized drug users' associations in the world.<sup>6</sup>

With support from government and local health authorities, VANDU has grown considerably in both membership and activities. The organization now maintains a 25-member board of directors consisting exclusively of drug users, and an office staff of three. The mission statement of VANDU is:

*The Vancouver Area Network of Drug Users (VANDU) is a group of users and former users who work to improve the lives of people who use illicit drugs through user-based peer support and education.*

While the early work of VANDU focused primarily on political activism and advocacy work, over time VANDU increased its capacity and expanded its activities. In addition to ongoing political activism and participation on community and government task forces, VANDU is engaged in public education efforts and the provision of various care and support programs for drug users. Current activities include support groups for persons with hepatitis C, women with HIV, and methadone users, as well as a syringe exchange and recovery program, alley patrols, and street-, hotel- and hospital-based programs.

The purpose of this case study was to document the genesis, evolution, organizational structure, and activities of the Vancouver Area Network of Drug Users (VANDU). In accordance with VANDU's philosophy of "user involvement and empowerment," we employed a community-based case study methodology to achieve these aims.

VANDU has demonstrated that people who use drugs can organize themselves and make valuable contributions to their community and the community at large. Through years of advocacy work, VANDU has repeatedly voiced the concerns of drug users in the political arena. As well, VANDU has performed a critical public education function by bringing policy makers, researchers, and other external stakeholders, face to face with the realities of the Downtown Eastside. It is also clear that VANDU has provided much-needed care and support in the Downtown Eastside. As Sam Friedman, renowned New York epidemiologist and recognized international expert in the field of injection drug use and HIV prevention, wrote in 1998, "VANDU is an extremely promising organization. It may become one of the strongest user organizations in the world."<sup>6</sup>

It is hoped that the strategies and lessons learned during the genesis and growth of VANDU can be applied in other cities where user groups are only now starting to mobilise. As the potential of these groups to reduce the harms associated with injection drugs is realized, these data may in turn be used to help organize a national network of user groups in Canada.

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## Introduction

Many strategies have been tried to reduce the high incidence of overdose deaths, HIV, and hepatitis C infection among persons who inject (illicit) drugs.<sup>7-9</sup> The most common intervention aimed at illicit drug use has been targeted law enforcement.<sup>10,11</sup> In addition, although still controversial in some settings, needle exchanges, where drug users exchange used syringes for clean ones, have also been set up.<sup>7,8</sup> Vancouver, British Columbia has experienced an epidemic of overdoses and blood-borne infectious diseases, and the targeted police efforts and needle exchange here have been augmented by several other services for drug users, including a street nurse program.<sup>3,5</sup> Most of these services operate under the “provider-client” model, in which care and service providers strive to meet the needs of the drug user clients.

In public health circles, the limitations of the provider-client model are becoming increasingly recognized.<sup>9,12</sup> These limitations include the difficulty that service providers have in reaching drug users on their own turf, difficult communication between providers and clients, and the fear among drug users that service use, such as needle exchange, may alert police to their activities.<sup>9,13,14</sup>

In response to these limitations and to the general lack of public health interventions for persons who inject drugs, formal organizations of drug users have emerged in several cities throughout the world.<sup>9,13,15</sup> These organizations have been of great interest to health policy makers because of their potential to address the limitations and gaps in service of the provider-client programs, as well as their potential role in stemming the rates of overdose deaths and blood-borne diseases.<sup>6,9,12,13,15-17</sup>

Among the drug user organizations that are most well known and respected internationally is the Vancouver Area Network of Drug Users, or VANDU.<sup>6</sup> Since its inception, the organization has grown to more than 1,000 current members. There is growing interest in how and why the organization emerged, how it has evolved, and how it currently operates. These are the questions that will be addressed in this case

study, with the hope that the strategies and lessons learned during the genesis and growth of VANDU can be applied in other cities where user groups are only now starting to mobilise. As the potential of these groups to reduce the harms associated with injection drugs is realized, these data may in turn be used to help organize a national network of user groups in Canada.

## **Case Study Methodology**

The purpose of this case study was to document the genesis, evolution, organizational structure, and current activities of the Vancouver Area Network of Drug Users (VANDU). In accordance with VANDU members' demands that all projects offer them experience and training, we employed a community-based case study methodology to achieve these aims. Peer researchers worked with external researchers in gathering data using various methods and sources, including structured and unstructured interviews, organizational documents and records, educational materials (e.g., pamphlets), photographs, and participant observation. The case study report was then prepared by the external researchers and reviewed by the peer research team and several key informants who were interviewed during the data collection period.

### **The Peer Research Team**

Prior to initiating the work of this project, it was agreed that VANDU members would participate in all phases of the project. After some discussion with the VANDU executive, it was agreed that a minimum of three members would be appointed by the VANDU board to work in partnership with the external researchers. The external researchers then attended a VANDU board meeting to describe the project and facilitate a discussion about how to establish a fair process for selecting the peer researchers. After some discussion, a group of approximately thirty-five members agreed that a subcommittee should be formed to interview all interested members. There was a great deal of interest in the project, and eventually four members were selected to participate in the project as peer researchers.

The peer researchers began meeting with the external researchers on a weekly basis to discuss the project methodology and the roles of the various members of the research team. Together the team (external and peer researchers) developed interview questions and identified people to be interviewed and relevant documents to be collected. As time progressed, group meetings were required less often, as peer researchers were busy conducting individual interviews and accumulating the necessary documentation. In the final phase of the project, the peer research team provided feedback on the first and all subsequent drafts of the case study document.

### **Individual Interviews**

During an initial meeting, the research team agreed on the number of interviews that would be required and who should be targeted for interviews. It was agreed that two interviews would be required to gather data on the original genesis and evolution of VANDU, and that these interviews would involve two original VANDU founders. To gather information about the inner workings, governance structure, decision making, and activities of VANDU, two members of the VANDU executive, three current VANDU members, and one VANDU employee were interviewed.

To gain insight into how VANDU contributes to community care and support, members of the research team interviewed two local service providers who work closely with VANDU in providing care and services to people who use drugs. To better understand VANDU's advocacy work and its role in external policy development, two policy makers from the municipal and federal levels of government were interviewed. Finally, to understand VANDU's role in larger funding schemes, a funder from a federal agency was interviewed. Because it was agreed that an impartial or external interviewer would be likely to elicit more candid responses from the policy makers, funders, and service providers, the external researchers conducted these interviews. All remaining interviews were conducted by peer researchers. In summary, the interviewees included:

- 2 members of the VANDU executive
- 2 founding members of VANDU
- 3 current VANDU members
- 1 VANDU employee
- 2 policy makers
- 1 funder
- 2 local services providers

### **Organizational Documents and Records**

All available historical documentation was compiled and reviewed in order to derive information about the origin, evolution, and ongoing activities of VANDU. Print materials included original proposals, a procedures manual, business plans, general, board and committee meeting minutes, harm reduction educational materials, letters of support, and other written documentation. The task of gathering these documents was undertaken by a peer researcher and one of the external researchers.

### **Participant Observation**

The external researchers also engaged in participant observation throughout the data collection period. In addition to attending several VANDU board meetings, both researchers attended various VANDU care and support initiatives in the community. For example, one researcher completed a six-hour shift at the VANDU table at the corner of Main and Hastings Streets in Vancouver (Downtown Eastside), where VANDU provides a needle exchange service and oversees public toilets. The researchers also attended various local meetings at which VANDU representatives actively participated. Field notes were taken during or following these events, as appropriate.

## History

*“Revolutions begin when people who are defined as the problem achieve the power to redefine the problem” – John McKnight (A careless society: Community and its counterfeits)*

The Downtown Eastside of Vancouver, Canada has long been the centre of the city’s injection drug using community. The neighbourhood is among the most impoverished in Canada, and overdose deaths and other health complications of drug use have been observed in this neighbourhood since the 1970s.<sup>1,18</sup> It is estimated that there are approximately 5,000 drug users living in the area, and in 1989 a needle exchange program began operating in the neighbourhood as a public health intervention aimed at preventing the spread of blood-borne diseases among injection drug users.<sup>19-21</sup>

In 1997, despite the presence of a needle exchange program that provided access to sterile syringes through several means of exchange, including exchange vans and several fixed site exchanges, an explosive HIV and hepatitis C epidemic was documented among the neighbourhood’s injection drug users.<sup>3,22</sup> Specific local factors, such as the prevalence of cocaine injection, which may involve as many as 30 injections per day, and the lack of additional prevention measures such as safe injecting sites and accessible drug treatment programs, have been suggested as contributing to the epidemic, which remains among the highest ever observed in the developed world.<sup>2,23</sup> In addition to the HIV epidemic, since the early 1990s the Vancouver region has experienced an alarming number of opiate-related overdose fatalities, averaging more than 300 per year since 1996.<sup>5</sup> The blood-borne infectious disease outbreaks (e.g., HIV, hepatitis C) and the overdose crises among injection drug users prompted the Vancouver/Richmond Health Board to declare a public health emergency in 1997.<sup>2</sup>

In response to the declared emergency, members of various peer support projects in Vancouver, including drug users, artists, health activists, and others, came together

to discuss forming a user-run organization to address the health crisis among drug users. This organization would eventually become the Vancouver Area Network of Drug Users (VANDU). Collectively, the group felt that too little had been done in response to the well documented health emergency among drug users, and that the voice of drug users had not been heard by those responsible for coordinating a response. The urgency of the situation was noted by one founding member who stated that “VANDU came out of the horrific situation with regards to overdose deaths and several epidemics that were roaring through the Downtown Eastside.”

Various individuals involved in developing VANDU had already gained experience advocating in the context of “consumer advocacy” and peer support groups. Many were also well acquainted with the growing body of research documenting the efficacy of drug user organizations in combating drug-related overdose and HIV infection, and in providing outreach services to members of the drug using community. Others had been members of projects that had previously promoted the concerns of drug users in Vancouver: for example, *IV Feed* and the *Political Response Group*. *IV Feed* briefly ran an illegal safe injection site in Vancouver’s Downtown Eastside from April 1995 until it disbanded sometime in 1996. The groups and projects initially involved in discussions about forming a user-run organization included: *MindBody Love* (a peer-based group providing outreach to youth using illicit drugs, including those actively involved in the “rave scene”); *The Hype* (a newsletter written for and by injection drug users); *HCV+IDU* (a peer-based group providing information sessions for people who use drugs and live with hepatitis C); and the *Compassion Club* (an organization that provides medical marijuana to various members of the community).

Initially, these groups began meeting in various locations to discuss plans and strategies for forming a drug user organization. Very early on, the individuals involved developed a mission to “improve the quality of life of people who use drugs by providing user-based peer education and support.” The objectives associated with this mission were outlined in the minutes of several early meetings and funding proposals. Among the more consistently mentioned objectives were:

- To break down social isolation and stigma associated with drug use;
- To provide opportunities for drug users to educate themselves and each other about health risks associated with injection drug use;
- To invite drug-using communities in Vancouver who include drug use as part of their lifestyle to participate in the development of a peer-support/mutual aid network;
- To advocate for drug policy changes at the local, provincial and federal levels of government;
- To consult with drug users in a safe environment, free from discrimination, to uncover what specific, immediate concerns they face;
- To develop a plan from a peer perspective to address the concerns raised.

Over time, some groups became less involved while others assumed more of a leadership role in forming what would eventually become VANDU. For example, after hosting and attending several initial development meetings, representatives of the *Compassion Club* became overwhelmed by the demand for their service and were unable to continue actively contributing to VANDU. Another critical development occurred when Kenn Quayle, a member of *MindBody Love*, was hired as an education coordinator for a federally funded drug user organization in Australia. Ironically, Kenn Quayle and Brian MacKenzie wrote the first funding proposal on behalf of VANDU, but both were out of the country when the funds were eventually disbursed. Prior to their departure, both Quayle and MacKenzie had been key contributors to the vision of VANDU. It is also important to note the work being done independently by a fifth group, the *Political Response Group* (PRG). PRG was a political activist group that organized numerous political demonstrations in Vancouver, such as “detox not jail,” as well as the first 1000 Crosses Event in the city’s Oppenheimer Park. Toward the end of its existence in 1997, PRG began advocating for recognition of the needs of drug users. Overtime, the various individuals and groups, including ex-PRG members, began working together to create a vision of what would eventually become VANDU.

## **The Downtown Eastside Drug User Discussion Group: A Methodology for Organizing Drug Users**

One of the early events that defined the path of VANDU occurred when ex-PRG members Bud Osborn and Ann Livingston and past members of *IV Feed* organized the first “Downtown Eastside User Discussion Group.” Osborn and Livingston had begun combining the influences of popular education, community development, and Liberation Theology to create a method for organizing drug users in the Downtown Eastside. Livingston, a non-user and single mother living on social assistance, had long been involved in advocacy work, first as a mother of a child with cerebral palsy, and later as an advocate for drug users. Livingston was a founding member of *IV Feed* and a past member of the PRG who brought an interest in popular education and community development to the approach. One of Livingston’s early influences was the work of Cantera, a Nicaraguan organization committed to popular education approaches to community development. According to Cantera: “Popular education is a method of education that involves people identifying the problems and issues in their lives, and working together to solve those problems. The method also involves a very sharp critique of the structures of society and is motivated by a radical and deep desire for change.” Another defining principle of Cantera that applied to and was endorsed by Livingston involved acting as an agent or servant to the community. As Cantera notes: “We are agents in the community as facilitators, but we are not at the same level as community members. ...We don’t take sides in the political debates of the community. This allows us to work with the ideas and join around the community issues.”

Bud Osborn was a well-known poet and activist in Vancouver. He was a founding member of the PRG, a former drug user, and one-time member of the Vancouver/Richmond Health Board. Osborn brought the influences of Liberation Theology to the method being employed. Liberation Theology is a movement within the Roman Catholic faith that focuses on the political emancipation of the poor from the oppression of social and government power structures. The movement was developed in Latin America and combines Christianity and Marxism as means of promoting the



legitimate participation of the poor in religion and politics. According to Osborn: “The voice of the poor is the voice of God, and what was most denied and repressed in society is the collective expression of pain. There are so many institutions that privatize pain and keep it hidden, whether it is the psychiatrist’s office, the mental health system, or bars. Facilitating the public expression of pain was the most subversive thing we could do.”

The method that was developed to organize drug users in the Downtown Eastside involved a series of steps. The first action involved placing posters throughout the community that invited drug users to a ‘discussion group.’ The meetings were organized in a convenient location in order to attract as many people as possible. During the initial meetings, those in attendance were invited to identify the issues faced by drug users in an open discussion format. At times, the facilitators would ask for comments “one person at a time,” as this would ensure that everyone had an opportunity to speak. All comments were recorded on flip chart paper and reviewed after the discussion group. Toward the end of the first discussion group, the focus would shift to a conversation about “how to get more people out to the next meeting,” and those expressing ideas were invited to come to a planning meeting that would take place before the next discussion group. According to Livingston and Osborn, this provided an opportunity for drug users to begin to “own” the meetings as facilitators and organizers. After several of the discussion groups, the people attending began to say that “all we do is complain here.” It was at this point that the facilitators would provide a summary of the concerns expressed as a means of creating a focus for action. All suggested actions were recorded, and the many ideas that were not acted upon remained in the records and lists. For example, the suggestion that users get CPR training remained on the flip charts for a year before it became a reality. The actions varied and involved organizing demonstrations, creating peer support initiatives, and inviting guest speakers to come to meetings. When issues or actions reflected the interests of subgroups (e.g., rice wine drinkers), a subcommittee was created. This type of activity led to the formation of various groups including the British Columbia

Association of People on Methadone. After any action was taken, the individuals involved engaged in “reflection and analysis,” during which people would evaluate the action and make plans for modification.

The very first discussion group took place in Oppenheimer Park in the Downtown Eastside, which had become one of Vancouver’s busiest open drug scenes. The organizers set up the discussion group in the middle of the park and asked the small group of users in attendance to voice their concerns and needs. According to one of the founders, the first questions put to those in attendance was “what are the issues facing drug users?” and “what would most help you now?” The facilitators then documented the concerns on flip chart paper. These concerns were then presented at meetings of the Vancouver/Richmond Health Board (V/RHB) by Bud Osborn, who helped organize and facilitate the drug user discussion group meetings. This was the first of what would later become known as a “VANDU general meeting.”

Prior to these meetings, drug users had little input into discussions about the “health emergency” and the proposed responses. As one founder stated, “the voice of drug users had never been heard in government places, health offices, and higher bureaucracies.” By bringing the meetings to drug users and allowing all to participate, no matter how high they were or how bizarre their behaviour, the organizers were able to successfully document users’ concerns using a low threshold format. One founder noted that “it was almost a spiritual thing that we had talked about, that the cry of suffering users themselves, if that could be heard publicly, that was the most powerful weapon of all.” For the voice of users to be heard, a process of “demarginalization” first had to occur. As a founder stated: “The biggest obstacle to



“A war against drugs is a war against the poor” reads a sign behind drug users settling for floor space at an early VANDU meeting held at the 4 Squares Street Church

making the situation better was the marginalization of drug users, and the distance that addicts are from society. So the first thing we got involved in was the demarginalization of drug users.”

Minutes and sign-in records from early meetings indicate that attendance grew dramatically, from 20 to 100 people within the first few months. As well, there was considerable interest in the meetings among funders and policy makers. As one policy maker stated: “I went to one of the early meetings in Oppenheimer Park when Bud Osborn was convening meetings and Ann had a flip chart in the middle of the park. The old guys were playing chess over here, and the dealers were yelling comments onto the flip chart paper from over there, and the users were over in the middle.” After a while, the group was in need of a space to run meetings, and Bud Osborn was able to secure a space on Hastings Street at the 4 Squares Street Church where hot dogs are still given out every evening. While organizers initially used money they received from income assistance cheques to provide sandwiches and pop at the meetings, a modest “development grant” disbursed by the V/RHB soon allowed the group to give out \$3 stipends to users to cover transportation costs. Within six months, organizers were turning people away, as they were only able to provide stipends for 100 people.

## VANDU: A Beginning



Program Coordinator Ann Livingston addresses members at an early VANDU meeting. Flip chart paper in the background lists users' concerns.

In January 1998, VANDU received funding from the V/RHB through the Community Health Innovation Fund. The initial funding was for a total of \$62,500 for a 15-month period. Together, members of the various groups working to organize drug users (e.g., *MindBody Love*, PRG) created a vision of VANDU. The original proposal was ambitious, and stated that the funds would be used to continue consultations with drug users, to develop

peer support networks and partnerships with service agencies, and to create a strategic plan that would address the concerns of drug users. The original proposal, which requested four times the amount that was ultimately granted, also made repeated reference to the establishment of a drop-in centre for drug users. For the funds to be disbursed, VANDU needed a sponsoring agency, as it did not yet have non-profit or charitable status. Fortunately, the group managed to negotiate a sponsorship through the Lookout Emergency Aid Society, and the funding was soon granted.

Once the funds were received, the meeting organizers began asking the users attending the meetings to join a steering committee that would decide how the funds would be used. While the general meetings continued running on Saturdays, the steering committee began meeting every Thursday. Minutes of these first meetings indicate that the group began discussing avenues for advocacy work and options for peer-based care and support activities. While the steering committee initially placed more emphasis on planning and carrying out political demonstrations to express the urgency of the situation, the meeting minutes from this period indicate that the members were also expressing interest in providing outreach to the most at-risk drug

users by patrolling the alleys – areas where other service providers would not venture. As well, this acting board appointed Ann Livingston as their only employee.

Soon after the funding was received, VANDU opened its first office above The Living Room, a drop-in located in the Downtown Eastside for persons with mental health challenges. A small room was rented for \$450 per month, and the group also had access to a larger room where meetings took place.

In September 1998, VANDU registered as a non-profit society, and in December 1998, VANDU held its first annual general meeting. It was at this meeting that VANDU elected its first official board of directors. The board consisted of a president, vice-president, treasurer, secretary, and 21 directors at large. In October 1999, VANDU moved from its space on Powell Street above The Living Room to a new, large office space on Hastings Street at the corner of Cambie Street. The VANDU general meetings have continued to this day, although with less frequency. Based on rough counts done at consecutive meetings, VANDU staff estimate that one-third of the VANDU membership are women, and one-third are of First Nations descent. As well, while most members are between the ages of 30 and 50, currently the youngest member is 18 and the oldest member is in his 70s. At this point there are no formal data that describe the demographic characteristics of the VANDU membership. VANDU still regards consultation with the broader drug-using community as a priority. As one member of the executive stated, “we record everything that is said at the Saturday meeting and that’s how we can see what is needed and what we are doing and how we are helping – by going over those flip charts afterwards.”

Funding from the V/RHB has gradually increased, and recently VANDU also received funding from Health Canada (for a three-year period) to run a hepatitis C support group to help improve the health of persons infected with hepatitis C and to educate members about harm reduction. As well, VANDU has recently received a small grant from Health Canada’s AIDS Community Action Program. These funds have been used to temporarily increase staff hours.

## Philosophy

This case study revealed several consistent themes regarding the philosophy and mandate of VANDU. First, the organization tries to be inclusive of all drug users and former drug users. For instance, in placing volunteers into limited work spaces, such as alley patrol duties, priority is always given to drug users who have never volunteered previously with VANDU. This strategy aims to prevent VANDU from becoming a small elite group distanced from the group they seek to represent and serve. Second, the organization is user-driven, and a democratically elected board of drug users and former drug users makes organizational decisions. Third, VANDU endeavours to improve the lives of drug users through a peer mentorship policy which involves pairing someone who has experience or skills in a particular area with someone who is interested in learning those skills. It was widely reported that this system of peer mentorship is an effective means of self-empowerment and organization among the members of VANDU. Finally, harm reduction is the core principle of VANDU. The VANDU website ([www.vandu.org](http://www.vandu.org)) explains harm reduction and the organization's position in relation to it:

*Harm reduction is a set of practical and proven strategies with the goal of meeting drug users "where they are at" to help users reduce harms associated with their drug use. Together with the citizens of Vancouver VANDU works to minimize the harmful effects of drug use by calling for effective, well researched interventions such as legal maintenance of drugs, housing for users, safe fixing sites, employment opportunities and accessible detox and treatment.*

The mission statement of VANDU is as follows:

*The Vancouver Area Network of Drug Users (VANDU) is a group of users and former users who work to improve the lives of people who use illicit drugs through user-based peer support and education. The population we serve includes people in the Downtown Eastside who self-identify as drug users, people on methadone, and street users of prescription drugs. Many VANDU members have HIV/AIDS, most have hepatitis C, and many are from a multi-cultural background. The health of our participants is enhanced by including users and former users in decision-making and task fulfilling opportunities which build self-esteem, trust, informal networks of support, and a sense of community. We advocate for "harm reduction" services for people who use drugs. VANDU is a voice for users in the community to aid in the reduction of overdose deaths and the spread of disease.*



VANDU members carry a coffin to the steps of the provincial parliament buildings in Victoria

VANDU's stated objectives are:

- To provide an organized user response to issues on the street as they develop; so far, these issues include overdose death prevention, housing, police violence, methadone treatment, hospital problems, and access to training;
- To aid users in the creation of and participation in the communities in which they live in such a way as to continually improve the skills and quality of life to the users involved, and to educate professionals involved in providing services to people who use drugs;
- To identify issues facing users weekly, discussing and analyzing these issues, and planning actions to stop overdose deaths and the spread of HIV/AIDS, hepatitis, and other infectious diseases;

- To advocate for sensitive, inclusive, and humane policies and treatment of people who use drugs.

The VANDU website also lists the organization's guiding beliefs, which state that VANDU:

- Is committed to increasing the capacity of people who use drugs to live healthy productive lives; we do this by affirming and strengthening people who use drugs to reduce harm to themselves and their communities; we organize in our communities to save lives by promoting local, regional and harm reduction education, interventions and peer support;
- Challenges traditional client-provider relationships and empowers people who use drugs to design and implement harm reduction interventions;
- Believes in every person's right to health and well-being; we also believe that all people are competent to protect themselves, their loved ones and their communities from drug related harm;
- Understands that some ways of using drugs are clearly safer than others;
- Recognizes that the realities of poverty, racism, social isolation, past trauma, mental illness, and other inequalities increase people's vulnerability to addiction and reduce their capacity for effectively reducing drug related harm.

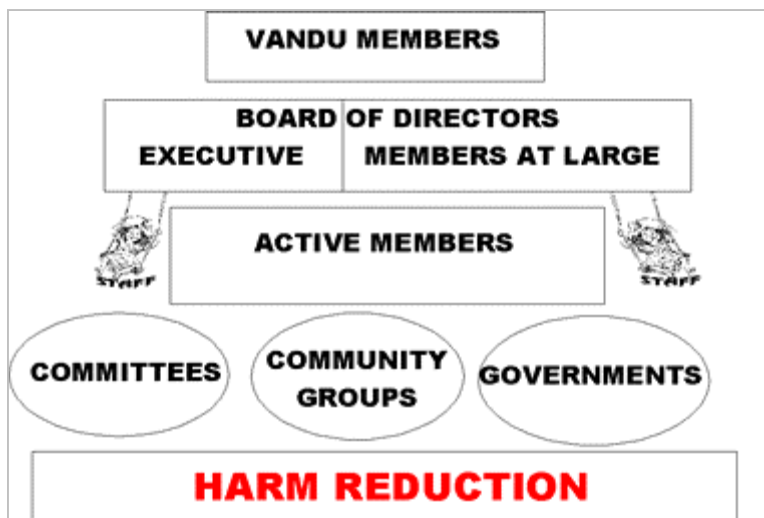


## Governance

*“VANDU – man, they go to a shitload of meetings every week. If anything is happening, it seems that it is probably going to need VANDU’s okay. VANDU is always at the table.” – a VANDU member*

The constitution of VANDU allows for two types of memberships. The first, full membership, is reserved for people who presently use or formerly used illicit drugs. These members have both a voice and a vote at all meetings. The second type, supporting membership, is given to any person who has not formerly used and is not presently using illicit drugs. These members can express their views but cannot vote at meetings. To date, most supporting members have been parents or friends of drug users who want to contribute to the activities of VANDU. The constitution also stipulates that the number of supporting members shall not exceed ten percent of the full membership. Anyone interested in becoming a member is advised simply to come to a VANDU-sponsored meeting or drop by the office to sign up and receive a membership card.

The first VANDU board of directors was elected in December 1998. Board members are elected each year at the annual general meeting. Only full members are permitted to sit on the board, which consists of an executive (president, vice-president, treasurer, and secretary) and a number of members at large. Although the constitution states that the board will consist of the executive and at least “one or more other persons,” VANDU has consistently maintained a large board of approximately 25 directors. When asked why VANDU has such a large board, one member explained that “people get sick, end up in jail, get jobs; they just can’t always be there.”



Board meetings continue to take place every Thursday and are well attended. The president presides over the meeting by establishing the agenda and facilitating the discussion and voting procedures. When dealing with more contentious issues that ignite heated debate, a member of the executive will keep a speakers' list to ensure that everyone gets a chance to speak and be heard. The board strives for consensus. As one member of the executive stated: "Consensus is reached through the board. Nothing is ever left unresolved, and once there is board consensus then a motion is passed." Another member of the executive also described the decision making power of the VANDU board: "No one person can say this is a new policy or this is a new program. Anything that happens here first has to go to the board." Board meetings always conclude with a moment of silence in honour of the "brothers and sisters" who have "paid the ultimate price."

The VANDU board could best be described as a "working board" as opposed to a "rubber stamp board," as many board members are also actively involved in various programs. As well, the president of the board typically acts as the spokesperson for VANDU and is frequently called upon to participate in media interviews. Recently a VANDU president participated on two federal policy making task forces. VANDU representatives also contribute regularly to a variety of local community groups and coalitions, including the Harm Reduction Action Society, the Coalition for Crime

Prevention and Drug Treatment, Community Directions, Community Health Committee #2, and British Columbia Association of People on Methadone.

In the past, conflicts and breaches of duty have occurred within the governing body of VANDU. Some observers reported that these events forced VANDU into its most introspective moments. These problems have, at times, led to the dismissal or disciplining of board members. Evidence suggests that the organization has typically dealt with these problems in a careful fashion consistent with principles of respect and fairness. In some instances, individuals external to VANDU, who are deemed trustworthy and impartial by the board, have been brought in as independent observers of the process. Because many of these situations have been handled well, some of the people removed from the board have maintained amiable relationships with VANDU and have even continued to participate as non-governing members.

## Operation

VANDU currently operates out of an office on the third floor of a heritage building on Hastings Street near Cambie Street. While the office is several blocks from the infamous corner of Main and Hastings, it is within walking distance of many Downtown Eastside locations and is directly across from Victory Square, another area where the drug scene is open and active. A staff member usually opens the office around 9:00 a.m. and the space is generally



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Program Coordinator Ann Livingston and former president Brian A. meet with students to discuss the problems faced by drug users in the DTES

closed for the night sometime between 4:00 and 6:00 p.m. Occasionally the office is used for evening meetings. The site has two small office spaces and a reception area with a

spare computer that members can use. In the centre of the premises is a large room with long tables and chairs. This room is used for various meetings and also acts as a drop-in space for the many members who come in to have coffee, read the newspaper, visit, or use the office equipment. The space is large enough to accommodate the 30 or more members who come to board meetings, but is too small for the general meetings that include up to 100 members of the community.

From January 1998 until September 1999, VANDU's funds were managed by the Lookout Emergency Aid Society, and since October 1999, VANDU's funds and accounting have been managed by the Portland Hotel Society. The change coincided with the move to the new VANDU office. Many of the members and staff of VANDU interviewed reported that this relationship is positive as it allows VANDU to have its books done for free, which in turn allows the organization to direct more of its limited resources to advocacy and care and support activities. However, others expressed the hope that VANDU would soon assume more responsibility for its finances.

Initially consisting of one program coordinator, the staff of VANDU has grown to include a full-time office manager and a full-time volunteer coordinator. Although the positions come with clear job descriptions, staff members share many duties and often must cover for each other. They also perform many functions that are not listed in their job descriptions. Perhaps most importantly, VANDU's employees provide a great deal of psychosocial support to the many members who visit the office each day. It should also be noted that none of the employees identify as current drug users. While this may seem unusual given that VANDU is a user-run organization, our numerous observations revealed that the staff commitment to the governance of the organization does, for the most part, allow VANDU to continue to be user-run. The staff members are highly sensitive to and respectful of the board's decision-making powers, and this is perhaps the sole, albeit fragile, determinant of the ongoing congruency between VANDU's philosophy and its operational activities.

## **Program Coordinator**

Ann Livingston has held the position of program coordinator since January 1998. The responsibilities attached to the position include attending community functions and meetings, coordinating VANDU member representation, ensuring that minutes and records are kept and accessible, organizing the various meetings and booking speakers with input from VANDU members, and managing finances. The role has evolved with the addition of new personnel, with more of the coordinator's time now dedicated to completing funding proposals and less time spent managing finances. According to the contract between VANDU and Ann Livingston, all tasks of the program coordinator are to be completed under the direction of the VANDU board of directors.

This position has been the subject of some controversy because Ann is not a current or former illicit drug user. However, observations and interviews with various members and founders suggest that concerns regarding this position reside primarily outside of VANDU. While some individuals external to VANDU have questioned the presence of a non-user in a seemingly powerful position in a purportedly user-run organization, the members of VANDU reject these concerns. As one member noted: "We trust Ann to get things done the way we want them to be done. Anyone who questions this just doesn't know what she does for VANDU. If people say Ann runs things around here, they are sadly mistaken. In fact, we have told her to do things that go against her beliefs, but she does it anyway because she believes in the voice of users." A founding member also cited the ongoing impact of drug laws and policies as a factor in selecting a non-user to act as coordinator: "If I had to explain to Health Canada why Ann was in her position, I would say it's because drugs are still illegal. How can you run an organization when people are dying, being imprisoned, evicted, and hospitalized? You need someone there who is not subject to the same instability."

## **Office Manager**

A half-time office manager position was created in March 2001. The responsibilities of this position include reception and clerical assistance in the VANDU

office. The current office manager has assumed some of the bookkeeping responsibilities on behalf of the organization, and administers petty cash, including keeping track of volunteer stipend payments. The office manager also plays a critical role in facilitating communications among members, staff, and external stakeholders.

### **Volunteer Coordinator**

The volunteer coordinator position was created in August 2001. The primary functions of this position, as described in the job summary, are “to coordinate the 100 or so volunteer members of this user-run user group, and to successfully define, evaluate and carry out VANDU’s volunteer activities using fair, transparent and empowering group processes.” The duties attached to this position include volunteer recruitment and training, as well as the facilitation of weekly volunteer meetings where volunteers sign up for programs and training opportunities. The volunteer coordinator is, with the office manager, also responsible for ensuring that volunteers receive stipends in a timely fashion.

## Programs

*“The beauty of VANDU is that it covers a lot of ground, from providing a place for a mentally ill drug user totally whacked out at a meeting to high level political activities on national committees.” – Policy maker*

*“Thank you for the washroom, thank you for the clean rig, thank you for helping me’. VANDU is saving a lot of lives and these people want to live.” – VANDU executive member*

VANDU has been, and currently is, involved in several education, community care and support, and advocacy initiatives. All programs are developed, organized, and implemented by the elected board and the participating volunteers. Although members provide their thoughts about needed programs or how programs could be improved, the 25-member board assumes the ultimate responsibility for determining which programs run and how the programs should continue. The board has sought to promote the organization’s “network” philosophy, and a review of VANDU’s activities indicates that the organization maintains partnerships with a range of service organizations and government agencies.

## Education

VANDU operates several formal and informal programs to educate drug users about important and specific health-related issues. The programs aim to foster peer-support, and many of the groups have developed advocacy activities specific to their shared concerns.

- **Hepatitis C meeting:** VANDU runs a weekly hepatitis C meeting and provides refreshments and bus fare to all drug users who attend. At these meetings, invited guests, usually healthcare professionals, address the health issues facing HCV-positive injection drug users, as well as prevention strategies for people who are not infected.
- **HIV-positive women's group:** VANDU also runs an HIV-positive women's group. Although the format is similar to that of the hepatitis C meetings, this information and support meeting for HIV-positive women meets discreetly, since HIV-positivity remains highly stigmatized within the injection drug using community.
- **Website:** VANDU operates an informational website at [www.vandu.org](http://www.vandu.org). The website serves to provide general information about the challenges faced by injection drug users (e.g., health and legal issues, poverty), specific information about VANDU, and harm reduction education. Also included are poems and stories by various VANDU members.
- **BC Association of People on Methadone:** VANDU facilitates a methadone group that meets weekly and has now become its own society. The problems of BC's methadone program were a common topic at early general meetings, so this group was set up early in VANDU's history. At the meetings, concerns of persons on methadone are addressed and support is provided. The information gathered at these meetings is then conveyed to those overseeing the province's methadone program.
- **Newsletter:** VANDU produces a magazine-style newsletter called the *VANDU Voice* that provides information about VANDU, information relevant to drug users, and stories about drug use. The newsletter provides a space where users can express ideas or share art work.
- **Informal education:** VANDU also provides education through several less formal channels. As a service provider who was interviewed stated: "The whole area of injection drug use has been so ignored historically by all of us that the lack of understanding of the real dynamic of people who are getting up 20 times



a day on cocaine is so profound that we desperately need folks who can provide more input. They've also been good about welcoming people into the scene. Media, academics, any one who wants to come and try and understand the situation. They've been key to public education. 'You want to know? Come on down and we'll show you.'" VANDU has also on occasion given vital feedback to researchers and public health officials on studies and services by providing "rich" descriptions that are rooted in the culture and social organizations of the drug-using community. VANDU is, however, in this regard and beyond, an under-utilized resource. As researcher Sam Friedman noted, "users' groups can provide social and epidemiological intelligence about developments in the social organization of drug use and in risk and protective behaviours that alert authorities and/or researchers about situations that can lead to epidemic outbreaks before they occur."<sup>6</sup> Several university students have spent time at VANDU in an effort to gain more experience "on the ground." VANDU members have volunteered time to help organize and speak at various conferences and symposia on injection drug use in Vancouver, including "Out of Harm's Way" (1999) and "Keeping the Door Open: Health, Addictions and Social Justice" (2000). They have also made presentations at several national and international conferences, including the 2000 International Harm Reduction Conference held in New Delhi, India.

## Community Care and Support

Several VANDU programs provide peer-based care and support for drug users.

- **Alley patrols:** Members of the VANDU alley patrol program actively patrol the alleys in the Downtown Eastside in eight-hour shifts. The program provides outreach to drug users in the neighbourhood's back streets and alleyways. This outreach provides contact with those drug users who are thought to be at greatest risk for



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A VANDU alley patrol volunteer stops to exchange syringes and provide a kind word in a downtown alley

HIV infection and overdose. The VANDU volunteers provide sterile injecting equipment to help prevent the spread of HIV and hepatitis C, collect used syringes, and offer a kind word to the people they meet. As well, all alley patrol volunteers are trained in first aid and CPR. Alley patrols generally run when the needle exchanges are closed at night.

- **Syringe recovery:** VANDU volunteers are involved in the recovery of used



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VANDU street program volunteers work the VANDU table at the corner of Hastings and Main Streets

syringes from several of the neighbourhood's low-income hotels. A service provider noted, in reference to VANDU's efforts to clean up improperly discarded syringes in the Strathcona neighbourhood, that "they wanted to show that users could be part of the solution." A funder, in referring to the hotel

syringe recovery program, stated: “VANDU goes into hotels and picks up all the used syringes. They get these hard-nosed landlords who only care about the \$325 a month and teach them about harm reduction.”

- **After-hours toilets:** In response to increased concern about the limited access to basic sanitation for persons on the streets at night in the Downtown Eastside, VANDU lobbied the city to install portable toilets on the corner of Main and Hastings. These facilities are supervised by VANDU and Carnegie Centre volunteers during two shifts – from 6:00 p.m. until midnight and from midnight until 6:00 a.m., the time during which alternative facilities in the neighbourhood are closed. It should be noted that it was VANDU who first advocated for the placement of portable toilets at the corner of Main and Hastings Street. As a policy maker stated: “They’ve really had to push for a toilet, and that shows a real gap in our service provision down there. It seems so simple, but it (the provision of portable toilets) is one of the more profound things that has happened, sad to say.”
- **Syringe exchange:** VANDU’s members have raised concerns about the difficulty of getting syringes during the hours that the needle exchanges in the Downtown Eastside are closed. In response to these concerns, VANDU has attempted to make sterile syringes more accessible to injection drug users, and is currently exchanging syringes at the site of the after-hours toilets.
- **Hospital program:** VANDU’s hospital program arranges for VANDU members to visit and support hospitalized drug users: A member of the executive explained: “In the hospital program, we go up there one day a week to be there for our brothers and sisters and tell them not to leave early and to take all of their meds. We support them and tell them what is going on, on the street.”



An alley patrol volunteer helps ensure that used syringes are discarded safely

- **Peer advocacy:** VANDU also strives to help persons in need through one to one peer advocacy. Collectively VANDU members possess considerable knowledge and experience in obtaining limited services such as social housing. Peers commonly help other drug users with challenges including negotiating bureaucracies, completing applications, and overcoming legal hurdles. Given the potential of this unsupported resource, some of those interviewed expressed frustration that VANDU was not able to create a full-time position capable of addressing all areas of individual advocacy work, including problems with social assistance, jail, housing and access to methadone.

The review of organizational records and documents uncovered a few examples of programs that are no longer being run. For example, although VANDU continues to provide peer support and education through its meetings and outreach, a formal outreach project called the VANDU Health Network is no longer operating. The program was aimed at reducing blood-borne disease transmission and overdose deaths through a peer-driven educational network. During a three month period, members worked out of a storefront space on Dunlevy Street across from Oppenheimer Park's open drug scene, where the members were able to reach many street-based drug users and sex trade workers with both outreach and a drop-in service.

Lack of funding led to the eventual demise of the VANDU Health Network. While funding is always the major constraint, interviews and written documentation suggested other factors involved in programming changes. It was noted several times in interviews that activities emerge out of the needs expressed by persons involved with VANDU, and programs are aimed at addressing the most pressing issues facing drug users. As well, changes in VANDU's board and membership may be associated with reductions or increases in energy devoted to various activities, such as volunteer participation on advisory boards or other advocacy-oriented efforts. One service provider commented: "I think the hard thing for VANDU, which is where they've been amazing, is keeping some kind of format, which is really due to Ann Livingston in large, I think, and that has to do with the cycle of addiction. People may play a big role

and then it becomes too much for them and things fall apart for those folks, and then someone else has to step up, or things have to wait.”

VANDU is also constantly evaluating its activities through consultation with its members at board meetings. When concerns are raised by VANDU members or board members, these issues are tabled for discussion at the weekly meetings and board meetings. When the board passes a motion regarding the best way to resolve an issue, further activities are then refined on the basis of the board’s decision. While individual executive and board members may express their opinions about the way programs are being run, in the end, decisions are made democratically by the board as a whole, and no individual member’s opinion is given greater weight than that of any other, regardless of executive status or length of time in the organization. One member of the board explains: “We’re here for the community. Without the community, there is no VANDU. We record everything that is said at the meetings and that’s how we can see what is needed and what we are doing and how we are helping – by going over those flip charts afterwards.”

VANDU has also hired independent academic contractors to assist with formal program evaluations. Both qualitative and quantitative methods have been used in conjunction with community-based research approaches. For instance, a contractor was recently hired to evaluate VANDU’s hepatitis C meetings. This evaluation demonstrated that the drug users who attend these meetings find them helpful for social support as well as a source of education about either their illness or how to avoid contracting and transmitting blood-borne diseases. Evaluations of this kind have been required of VANDU in order to continue receiving the funding.

## Advocacy: VANDU's Role in the Community

*"We're here for the community. Without the community, there is no VANDU."* – VANDU executive member

*"You always need loud, vociferous folks out there on the edge so the centre moves ..and you can't ignore those guys. They're vocal, they're very passionate, and they are trying to hang on to the agenda until something significant occurs."*

– Policy maker



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President Earl Crow address the crowd outside of the Carnegie Center.

VANDU is involved in advocating for the rights of drug users through several formal and informal activities. Members of the VANDU executive are continually involved with Vancouver's formal and informal drug policy planning meetings as well as provincial and federal harm reduction meetings. A service provider noted: "VANDU is the voice of users, and I think that is an enormous service to the community at large. They're there at every conference, you see those guys in Ottawa, in India." As well, a funder stated: "They are seen as the voice of IDU, and that voice is being listened to

because it is rational and passionate. If there was not VANDU, then how would the IDU community communicate? They would suffer a lot.”

VANDU organizes and participates in peaceful marches and demonstrations in order to draw the attention of health policy makers to the problems of illicit drug use. Indeed, one service provider noted: “I just think of some of the fabulous demonstrations they put on, marching into City Hall, the 2000 crosses that were erected in Oppenheimer Park. It had nurses in tears, it was incredibly moving.”



Founder Bud Osborn speaks out on the steps of the legislature in Ottawa

VANDU members provide direct advice to local and federal government departments on programs for injection drug users. Vancouver’s Drug Policy Coordinator notes: “They are definitely an ally. It’s helpful to have a fairly large, well organized group of individuals supporting our initiatives, saying ‘yes, this would help’.” In referring to VANDU’s role at a recent conference on drug use in Vancouver, a funder noted: “VANDU contributed a lot to that conference, the reality of it.”

Public education was also identified as a primary role for VANDU in the community. Several persons interviewed mentioned the role VANDU had played in changing people’s perceptions about drug users. A funder noted that “VANDU has helped a lot of people erase the stereotypes,” and described the experience of having a VANDU member on the conference organizing committee: “People on the board started seeing [name removed] as a person rather than just a drug user.”

Almost everyone interviewed agreed that VANDU's primary strength is its ability to engage users on their own turf. This was a common theme that emerged from discussions with VANDU members and non-members alike. The belief is that because VANDU is driven by drug users, it is well positioned to help users in many ways. A funder noted: "VANDU is ideally positioned for secondary and tertiary prevention."



VANDU members interrupt a Vancouver City Council meeting after the Mayor announces a 90 day moratorium on the creation of new services for drug users. The Mayor halted the session and gave VANDU members time to voice their concerns

VANDU's activities affect the drug using community in many ways. The aforementioned programs target needs in a specific and planned way and provide benefit to the drug using community at large. A further benefit is that the drug users directly involved in VANDU enjoy the social support that arises from peer-based participation. An example of this type of support is

illustrated in the comments of a past board member who stated: "I didn't stop using drugs, but the caring of people at VANDU when you get in the room all together with your peers — VANDU has done a whole lot for me." Beyond the direct social support provided by members, it seems that VANDU provides opportunities for users to realize their worth beyond the stereotypes imposed by mainstream society. As one member noted: "[VANDU] gives people the experience of having a job and taking on responsibility. All the negative things that have been fed to them as being an addict goes away and shows them that they are competent. It helps people grow and understand themselves and that they have choices." In realizing that drug users can make a difference through choice, members are able to reinvent or reframe themselves in a more positive and productive light that stands in stark contrast to the disabling



stigma typically afforded to drug users by society. This point is articulated well by a founding member:

*“It brings together a collective experience and wisdom, but also you begin to get a different feeling about yourself. To become part of something for who I am and not for who I am not. For who I am as an addict, I’m poor, I’ve got hep C, I lived in wretched housing and all this, and then someone says, ‘Yeah, that all makes you a really valuable person. You have a lot to contribute to try to help people and to save other lives, and your experience can do that.’ Then I get a different feeling about myself.”*

## **Lessons Learned**

Many lessons have been learned since a small group of individuals gathered to form what would eventually be called the Vancouver Area Network of Drug Users. Most importantly, VANDU, like other user-run organizations, has demonstrated that drug users can organize themselves and make valuable contributions to their community and the community at large. VANDU has, through years of advocacy work, repeatedly voiced the concerns of drug users in the political arena. As well, VANDU has performed a critical public education function by bringing various outsiders, including policy makers, researchers, and other external stakeholders, face to face with the realities of Vancouver’s Downtown Eastside. It is also clear that VANDU has provided much-needed care and support in the Downtown Eastside. As one founder noted: “The user group will accomplish things no other health professional ever can. That’s a lesson learned.” VANDU members themselves also gain a great deal through their participation. As one founder stated: “You learn so much at VANDU. You learn how to facilitate a meeting, how to talk to government people, media people, and then you can go off and do these things elsewhere.” Beyond the acquisition of skills, it seems that participation in VANDU also gives many members a sense of self-respect and purpose. As a member of the VANDU executive noted: “VANDU gives us a little dignity. It gives us a reason to get up in the morning.”

There is little doubt about the extent to which VANDU has helped to reduce the harm of drugs among its members through its education, care and support activities. However, members also expressed the belief that their educational messages are heard by the larger, external community of persons who use drugs. Furthermore, for those directly affected by VANDU's outreach efforts, whether by being reminded not to inject alone, or by receiving sterile syringes through their alley patrols, the amount of harm that has been reduced has no doubt been substantial.

VANDU has also experienced its share of challenges over the years. Lapses in funding and the ongoing loss of members to overdoses, accidents, HIV/AIDS and other illnesses have weighed heavily on the organization as a whole. As well, the modest amount of funding VANDU receives, coupled with the members' desire to do so much, has, at times, stretched the human and financial resources to the limits. Staff put in countless hours of unpaid overtime and make midnight visits to the corner of the Downtown Eastside's Main and Hastings Streets to oversee street program shift changes. Further, devoted members work shift after shift, often at odd hours and for nominal stipends. One individual noted: "It's hard for staff to slack off when completely volunteer people around you work so hard and with such passion to save a few more lives. We are drowning in death down here." Despite the devotion of the volunteers and staff, one policy maker expressed the fear that "they will implode because of their broad scope and lack of support." It is true that many VANDU programs have come and gone, while others have faded only to be fully revived months later. Maintaining and sustaining all activities in the future will likely require either a substantial increase in funding or a reduction in the current scope of programs and activities.

The organization reports having no regrets, and given the opportunity to start over VANDU would only hope that "policy makers and outside agencies would be more willing to respond to the problem as opposed to just talking about it," as one member noted. The internal health and functioning of the organization has also been well maintained, and problems one might expect to find in an organization run by

people who use drugs have not been prominent. For example, with regards to violence and crime within the organization, the experience at VANDU would appear to refute many of the stereotypes about people who use drugs, as one board member noted: “Peer respect prevents that kind of hostility between us. Even if an issue is being hotly debated around the board, by the end no one will go away really angry.” As well, another member pointed out that “there is no more theft at VANDU than you would expect at the public library if you left your stuff unattended for too long.” VANDU members could best be described as devoted to the VANDU mission, and therefore problems related to commitment and reliability rarely arise among the organization’s volunteers.

While the involvement of non-users in operations may seem controversial, some of the members interviewed feel this is an asset. It seems that the staff at VANDU provide continuity and steadiness for an organization that is often disrupted by the instability that affects the lives of many of the members. However, it may be that VANDU has simply been lucky to this point. VANDU has been very fortunate to have employees who are philosophically committed to the principles and values espoused in the VANDU mission and objectives. Observations of the inner workings of VANDU suggest that the staff’s use of popular education and group facilitation methods serves to minimize their influence and maximize the input of the people who use drugs. In another environment with less committed individuals, this fragile equilibrium could be lost. As one funder stated, in the end “it must be drug users organizing themselves.” Replacing the current staff could prove difficult for the organization. Ultimately, the task would be undertaken by the board of directors, and care would have to be taken to ensure that new staff are equally committed to VANDU’s mission and values.

## **Future Directions**

The future for VANDU may, by necessity, be much like its past. The ongoing public health crisis among drug users and the associated government inaction at all levels has been well documented.<sup>2,3,24,25</sup> As one policy maker stated: “The whole

public health emergency has come and gone. Nothing significant has happened. VANDU keeps bringing it back by saying, 'You come downtown and we'll show you the same conditions that existed in 1997.'" There is no indication that VANDU will cease its activities. As the comments of a member of the executive suggest, "there are many problems down here and it's VANDU's vision to battle everyone." Part of the battle will include continuing to fight for the many things that VANDU has always fought for. An executive member expressed it this way: "The board's vision is to have safe injection sites, better living conditions, to stop the death and disease ...and a long life for the people we speak for." Another member of the VANDU board noted that because one third of the membership is of First Nations descent, there is also a desire to develop new activities to support these members.

Another future activity may include opening a storefront space closer to the open drug scene. Past experience with the VANDU Health Network demonstrated that a storefront space on Dunlevy Street was well used by VANDU volunteers and many of the street-based drug users and sex trade workers. Indeed, one member of the VANDU executive stated: "The only change in service that I would do is a storefront, where the people are. Like Dunlevy is what I am talkin' about. That changed a lot of people's lives. If we had money, I think people would want to open a storefront. Right now, we are sitting on the borderline of Gastown, and not many of our brothers and sisters come up this far." Another benefit of the storefront site was that VANDU members were able to accommodate more women. Because the drop-in was located across from Oppenheimer Park and open all night, sex trade workers and others were able to drop in for a moment of respite from the visible drug scene.

Other future directions may involve revisiting the original vision of VANDU as a network of peer-based groups for drug users. Right now, the activities are centrally located within the Downtown Eastside group. However, it is well known that drug using communities exist throughout the Lower Mainland.<sup>26</sup> Undoubtedly, these communities could gain much from a mentoring relationship with VANDU. VANDU's emerging role in the national debate on drug use has led the group to seek contacts

throughout the country, with the long-term goal of VANDU being a part of a national network of persons who use drugs. “Whether it’s MANDU in Montreal or WANDU in Winnipeg, we’re interested in a national network eventually, and a national harm reduction strategy.” That national strategy, the group claims, would include establishing safe injection sites where users would have access to sterile injecting equipment, treatment services and medical staff, as well as implementing opiate and stimulant maintenance programs. Despite these far-reaching goals, the organization remains focused on the present challenges with the belief that long-term goals will be accomplished by taking one step at a time, whether that’s taking members of parliament on a tour of the Downtown Eastside’s alleys, or pressing the municipal government to provide washroom facilities to people on the streets at night.

Service agencies and providers stand to gain a great deal from VANDU, as one founder noted: “I think there is a hesitancy amongst agencies to make use of VANDU to the capacity that they could. If they actually had adequate support, they are far more capable than has yet been realized.” Indeed, Sam Friedman, in his review of the HIV prevention efforts in Vancouver, recommended that:

“[u]sers who have experience in harm reduction activities can also accompany outreach workers, nurses, and others on the street and into hotels. This will have several advantages. It will enhance the credibility of the staff members to the users they encounter. It will help train them in street realities. To the extent that it relieves the perceived need for staff to operate in pairs for safety (since the user accompanying them can help protect them), it can also increase the impact of the outreach and other programs.”<sup>6</sup>

Most importantly VANDU’s future may be contingent upon developing creative ways to support the membership and staff. Since its inception, this organization has assumed considerable responsibility with little support, financial or otherwise. While the rewards enjoyed by staff and members are obvious, they come with a cost. It seems unlikely that the current level of work by VANDU could hold up under such

challenging circumstances and continued government inaction. With adequate support, VANDU may perpetuate and extend the unique and invaluable work it has done in response to ongoing public health crises. As Friedman has written, “VANDU is an extremely promising organization. It may become one of the strongest user organizations in the world, particularly if given funding and assistance by the health authorities.”

## **Implications for Future Study**

It was the objective of the present case study to document how VANDU has evolved from the meetings of its earliest founders, to become the active network that exists today. While the present research project will provide insight into how VANDU came to be, many questions will arise regarding how VANDU could be better incorporated into the public health framework that aims to reduce the harms associated with illicit drug use. These questions are particularly pertinent, given that the public health model, as it presently exists, has not adequately prevented the spread of hepatitis C and HIV, or greatly reduced the number of overdose deaths and other drug-related harms. Given the complexity of drug user organizations and the ongoing health crisis among people who use drugs, health policy makers may be particularly interested in gaining a better understanding of organizations such as VANDU.

For instance, few studies have sought to examine the effect of participation in a drug user group on those individuals who are actively involved with such organizations. It is noteworthy that incidences of fatal overdose are extremely rare among members of VANDU, whereas overdose deaths are commonplace among non-members. It is also noteworthy that, in the present study, several of the members interviewed suggested that participation in VANDU also helped them to decrease behaviours that put them at risk of contracting blood-borne diseases, which has significant implications regarding the transmission of hepatitis C, HIV, and other infectious diseases. In addition to these unanswered questions, other questions pertain to the additional health and psychosocial benefits that members may enjoy as a result of participation in VANDU.

A similar topic that has also not been evaluated is VANDU's impact on people who use drugs who are not members of the organization. Through its outreach and support initiatives such as the street program and alley patrol, VANDU's members make daily contact with people who use drugs. However, the impact of these efforts on the lives and risk behaviour of non-members is in need of urgent evaluation, as this may reveal untapped potential for further harm reduction and health promotion activities.

Future investigations should seek to involve VANDU members in all aspects of any research initiatives, and there is no question that VANDU is sufficiently well-organized and mobilized to effectively contribute to these types of activities. For instance, during the present case study, several members of VANDU expressed interest in preparing a "how-to" manual that could be made available in print and on their web site, in an effort to help facilitate the creation of a national network of people who use drugs. Given the experience acquired by VANDU's members, a simple manual which provided examples of forms, posters, and instructions on how to become registered as a society could obviously be invaluable to persons who may presently have limited experience organizing people who use drugs, or navigating their way through bureaucratic hurdles.

Finally, given the close and daily contact that VANDU has with the people who use drugs in the open drug scene, they are ideally positioned to gain information about the needs of the most marginalized drug users. For instance, there is presently a national debate regarding the implementation of supervised or safe injecting facilities.<sup>11</sup> Unfortunately, information from individuals who may be most likely to use such facilities may be most difficult to obtain through conventional research initiatives. However, with its close contact with street-level drug users, there is no doubt that VANDU could contribute to feasibility surveys prior to the implementation of new services such as safe injecting facilities.

Excerpt from: **Complaint of an Advocate**

and I remember  
this junkie in the downtown eastside  
who has aids  
and who came up to me recently  
after our dopefiend discussion meeting  
where we discussed  
fighting towards a life-saving  
and enlightened place  
he'd been very articulate during the meeting  
he understands the situation  
in his flesh  
in his misery  
in his anger  
he understands  
how other people hate him  
and wish he'd just  
go away somewhere out of sight  
and die  
he said to me  
you know how cynical I am  
about anything good  
happening for us  
but this meeting today  
it gives me  
a ray of hope  
and I see his face  
illuminated for a moment  
with that most alien and elusive  
expression  
hope

– Bud Osborn



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