



# ABBOTSFORD DRUG WAR SURVIVORS' HARM REDUCTION CONSULTATION REPORT

*“Harm Reduction to me is safety, all in a nutshell, it means safety for all of us”*

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## EXECUTIVE SUMMARY

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### BACKGROUND

Since the formation of the BC/Yukon Association of Drug War Survivors (BCYADWS) in 2009, the main focus of the Abbotsford Chapter (which, with membership close to 300, is nearing the size of other major BC drug user groups that have been functioning for more than a decade) has been on improving the social and physical health of its members. The group has identified the City of Abbotsford's 'harm reduction definition' bylaw as the single most detrimental public policy issue impacting member health. The bylaw has not only curtailed the provision of harm reduction services and supplies to drug users, but it also sends the message to drug users and other citizens of Abbotsford that drug users are second-class citizens – that, in fact, the City of Abbotsford would rather have them dead than living within the city limits. Therefore, it has been the central aim of the Abbotsford Chapter to challenge the bylaw and all that it represents in the production of harm and stigma.

In response to a World Hepatitis Day rally arranged by the Abbotsford chapter of the BCYADWS and the Vancouver Area Network of Drug Users (VANDU), the City of Abbotsford brought forward a survey to research the effects that the city's bylaw has on drug users and those that provide services to them. The survey was deemed to be inaccessible to those most affected by the bylaw – drug users. Therefore, the Fraser Health Authority and the Pacific Hepatitis C Network, with in-kind participation of Abbotsford Community Services, funded the Abbotsford Chapter of the BCYADWS to conduct a consultation process with the drug using community in Abbotsford.

### PROCESS

The consultation occurred over eight meetings (4 focus groups averaging 11 participants, and 4 town hall meetings averaging 32 participants) from February – May 2011. 34% of participants in town hall meetings were women. 66% were men. The average age of attendees was 47. Approximately 40% identified as injection drug users.

### KEY FINDINGS

Participants in the consultation process indicated that the bylaw contributes to the "cycle of harm" that drug users are exposed to – adding burdens of coping with barriers to safer drug use and inhibiting capacity to deal with anything other than issues related to survival. Key burdens and inhibitors identified were:

- Having limited or no access to a safe place to purchase, acquire, use and dispose of drugs or safer drug administration supplies.
- Being subject to confiscation or arrest for possession or distribution of drugs or safer drug administration supplies – placing users in harm's way in order to purchase or acquire these materials again.
- Being subject to citizens, police, and health and social service providers with unrealistic expectations of their ability to cope without drugs – due to the effects of physical addiction, trauma, mental illness, marginalization and other issues that can make permanent abstinence an impossible or overwhelming immediate goal.

### RECOMMENDATIONS

It is the recommendation of this report that the 'harm reduction definition' bylaw be rescinded and that the implementation of evidence-based harm reduction initiatives, including the provision of services and supplies and cultural competence training, be taken up in collaboration with the Abbotsford Chapter of the BCYADWS.

## BC/YUKON ASSOCIATION OF DRUG WAR SURVIVORS - ABBOTSFORD CHAPTER

The Abbotsford chapter of the British Columbia/Yukon Association of Drug War Survivors (BCYADWS) was formed in the summer of 2009 after the Pacific Summit on Drug User Health, a three-day conference that brought together nearly 100 drug-user activists from across BC and the Yukon. Since its inception, in July 2009, the Abbotsford chapter of the BCYADWS has held bi-weekly meetings with current and former drug users in Abbotsford, averaging between 20 – 40 participants per meeting. To date, the Abbotsford chapter of the BCYADWS is the one of the largest drug user organization in BC, approximately 300 members strong, and continues to strive for social justice and advocate for the health, safety and human rights for people who use drugs in Abbotsford.

## THE CITY OF ABBOTSFORD'S HARM REDUCTION BYLAW

The main focus of the Abbotsford chapter of the BCYADWS over the past two years has been to challenge an Abbotsford zoning bylaw amendment that was adopted in 2005. Referred to by the City of Abbotsford as the 'harm reduction definition' bylaw, this amendment states:

**"HARM REDUCTION USE MEANS THE GROWING, PRODUCTION, MANUFACTURE, SALE, DISTRIBUTION OR TRADE OF DRUGS LISTED IN SCHEDULE 1 OF THE CONTROLLED DRUGS AND SUBSTANCE ACT INCLUDING CANNABIS MARIJUANA OR ANY BY-PRODUCT OF CANNABIS MARIJUANA OR ANY SUBSTANCE HELD OUT TO BE CANNABIS MARIJUANA, METHADONE TREATMENT CLINICS AND METHADONE DISPENSING FACILITIES, EXCEPT WHERE ADMINISTERED BY A PHARMACIST REGISTERED WITH THE BRITISH COLUMBIA COLLEGE OF PHARMACISTS, NEEDLE EXCHANGES, MOBILE DISPENSING VANS, SAFE INJECTION SITES OR ANY OTHER TYPE OF SIMILAR USE OF FACILITY AND EXCLUDES SECOND STAGE HOUSE USE, RESIDENTIAL CARE USE, PERSONAL CARE USE AND DETOXIFICATION CENTRES."**

This bylaw has effectively made harm reduction, including the distribution of clean syringes, illegal within the City of Abbotsford.

For the remainder of this report Abbotsford's 'harm reduction definition' bylaw will be referred to as the "harm production" bylaw. This term is being used because it acknowledges that by prohibiting harm reduction provisions for drug users in Abbotsford this bylaw is actually "producing" harm.

The potential results of this "harm production" bylaw<sup>1</sup> are becoming clear. The Fraser Health Authority, despite being the largest health authority in BC, has the lowest rates of needle distribution recorded in the province<sup>2</sup>. Additionally, Fraser East, the region that includes Abbotsford, has the third highest rate of hepatitis C in the province.<sup>3 4</sup> These potential effects align with a large body of scientific evidence that illustrates the negative

<sup>1</sup> The term "Harm Production" has been used by activists working on the harm reduction bylaw in Abbotsford. It is referenced in Toth, Christina. 2010. "Cries for Clean Needles." *Abbotsford/Mission Times*, May 21st. Retrieved April 29, 2011 (<http://www.abbotsfordtimes.com/story.html?id=0a0e93fb-d1ed-4bb5-a35c-d69eef83cde3>).

<sup>2</sup> BCCDC, harm reduction supplies ordering data - extracted April 5th, 2010

<sup>3</sup> Hepatitis C Information – April 2010, The Hepatitis C Council of British Columbia, [www.bcheppcouncil.ca](http://www.bcheppcouncil.ca).

impacts of legislation prohibiting syringe distribution. Specifically, this research shows that higher levels of both syringe sharing and HIV infection exist among injection drug users in areas where there are legal restrictions on syringe distribution as compared to areas without such restrictions.<sup>5</sup> As harm reduction is an internationally recognized, scientifically proven public health approach<sup>6</sup> that has been acknowledged by the Fraser Health Authority<sup>7</sup> and embraced by the Vancouver Coastal Health Authority in Vancouver with the opening of North America's first supervised injection facility, opposition to Abbotsford's approach was in many ways inevitable.

In recognition of 2010 World Hepatitis Day the Abbotsford chapter of the BCYADWS and the Vancouver Area Network of Drug Users (VANDU) held a rally to draw attention to the city's "harm production" bylaw and high rate of hepatitis C infection. This action, in combination with continued pressure by activists, lawyers and representatives from the health authority and public health advocacy agencies has resulted in growing public attention and support for legal action challenging the bylaw. In response, Abbotsford City Council promised the bylaw would undergo review. The City of Abbotsford announced a consultation consisting of a survey to research the effects that the city's "harm production" regulation has on drug users and those that provide services to them.

The Abbotsford chapter of the BCYADWS, the Pacific Hepatitis C Network, the BC Centre for Disease Control and the Fraser Health HIV/AIDS/Hepatitis C Regional Advisory Committee (RAC) objected to this process stating that it was inaccessible to those most affected by the bylaw. In response to this objection, the Fraser Health Authority and the Pacific Hepatitis C Network funded the Abbotsford chapter of the BCYADWS to conduct a more suitable and accessible consultation process with the drug using community in Abbotsford. This would therefore provide a more accurate reflection of the realities people who use drugs in Abbotsford face when trying to access health care such as harm reduction services.

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<sup>4</sup> Hepatitis C is regularly transmitted through the sharing of drug equipment. In fact, "most new infections in BC occur through the sharing of drug use equipment." (Hepatitis C Information – April 2010, The Hepatitis C Council of British Columbia, [www.bchepcouncil.ca](http://www.bchepcouncil.ca)).

<sup>5</sup> Beckwith, C. G., Moreira, C. C., Aboshady, H. M., Zaller, N., Rich, J. D., & Flanigan, T. P. (2006). A success story: HIV prevention for injection drug users in Rhode Island. *Substance Abuse Treatment Prevention and Policy*, 1, -.  
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<sup>6</sup> <http://www.who.int/hiv/topics/idu/en/index.html>

<sup>7</sup> Fraser Health. (September 2010). Annual Population Health Report: Partnerships to Health.

## ABBOTSFORD DRUG WAR SURVIVORS' HARM REDUCTION CONSULTATION PROCESS & PARTICIPATION

The Abbotsford Drug War Survivor Harm Reduction Consultation process occurred over eight meetings from February – May 2011. Four meetings were small focus group meetings with the steering committee members of the Abbotsford Chapter of the BCYADWS and four meetings were large general members meetings with up to forty participants, welcoming all drug users in the Abbotsford area. Four questions guided this consultation. Each question was discussed at both a small focus group meeting and a large general members meeting. The following questions guided this consultation.

- What do service providers and drug users understand and believe about harm reduction?
- Do service providers and peer leaders practice harm reduction in Abbotsford and if so, what activities?
- What benefits and risks are associated with various harm reduction activities?
- What effect does the City's harm reduction regulation have on service providers, peer leaders, and their clients?

Participation at these meetings averaged 11 members at the small focus group meetings and 32 members at the large general meetings. In the large group meetings, approximately, 34% of participants were women, 66% of participants were men, and the average age of attendees was 47. This consultation reached a range of drug users who identified using a variety of drugs. The drugs identified were crack and powder cocaine, heroin, crystal meth, various prescription pills, methadone and marijuana. When asked, "What drug is being used the most in Abbotsford?" There seemed to be a consensus that crack cocaine was the drug most widely used. Approximately 40% of participants at the large meetings identified as injection drug users.

## THE RESULTS

### WHAT DO SERVICE PROVIDERS AND DRUG USERS UNDERSTAND AND BELIEVE ABOUT HARM REDUCTION?

"A safe place to buy your drugs, a safe place to use your drugs, and a safe place to get medical attention if you need it. And, somewhere to put your rigs so they don't end up on the street."

Harm reduction was described and defined in many different ways by participants during this process. What is clear from the discussion is that drug users in Abbotsford want to be able to live their lives safely and have the resources, supports and autonomy to do so while using drugs. Participants described this as having access to safe equipment/supplies including syringes/injection equipment, condoms and pipes/safe smoking gear.

*"Why can't I just buy my rock beside my case of beer at the liquor store?"*

A safe location to purchase and use drugs was also identified as an important part of harm reduction. A concern was brought up that there are few locations to do drugs in private, without being observed by the general public. Participants said that a location to consume drugs safely and comfortably is needed in Abbotsford. This discussion also brought up the larger issue of how the enforcement of drug laws inflicts harm on drug users. For example, when drug users are arrested and their drugs and paraphernalia are confiscated it "causes a cycle of harm" as they then need to acquire funds by whatever means necessary, potentially participating in risky activities that may put them in harm's way, in order to purchase drugs again.

Participants described harm reduction as “helping” drug users who need it and “meeting people where they are at.” Drug users in Abbotsford want access to safe services, medical treatment and housing options that treat them with respect and dignity. Many participants described experiencing discrimination and stigma when seeking support and treatment from service providers in the community.

*“They’re not listening to what you have to say, they ignore you.”*

There was a general consensus that service providers and health professionals who are “closer to the ground” or “closer to the experience” and/or are committed to understanding the lived experience of drug users treat people better.

Education was highlighted as a key component of harm reduction. Participants described this as education for both drug users and those who work with them. Education for the health care system, service providers, hospitals, churches and cops about drug use, and the lived experience of drug users was identified as harm reduction because it works to prevent ignorance that can lead to the mistreatment of drug users. Also, education for drug users about safer injecting, safer crack smoking, needle distribution, safe needle disposal and infection/disease prevention (HIV, Hepatitis C, bacterial infections) was described as an important form of harm reduction.

*“Treat people with respect – communication is a really important and good part of harm reduction.”*

## DO SERVICE PROVIDERS AND PEER LEADERS PRACTICE HARM REDUCTION IN ABBOTSFORD AND IF SO, WHAT ACTIVITIES?

*“I have not found too many places here where you can talk to a drug and alcohol counselor that will talk to you about harm reduction. They now have a nurse at Salvation Army, but they talk more about diseases and how they’re spread, things like that. The outreach workers are some of the only people you can talk to about harm reduction.”*

Harm reduction is occurring in Abbotsford, despite the bylaw regulation prohibiting it. However, it is extremely limited and provided either by service providers mostly covertly or by peer leaders helping their community. Drug users in Abbotsford identify that needle exchange and distribution of safer crack smoking equipment, including access to clean syringes, water, cookers, alcohol swabs, filters, vitamin C and mouth pieces is very difficult to find. Disposal of used syringes is equally if not more difficult to come across and of great concern to drug users in Abbotsford. It was identified that “dirty rigs” can be returned to only a few locations in Abbotsford. Drug users were critical about this because it places the responsibility on drug users to hold on to their used equipment until they can return them to the appropriate location, which can be difficult and unrealistic for many people.

The only sanctioned service provider agency that conducts full needle distribution (including mouth pieces for crack smokers) is the Warm Zone (a drop in facility for street engaged women). There are other service agencies that will hand out clean syringes (not all equipment and do not always collect used needles), but it is usually “done on the down-low,” which means it is not reliable or consistent.

*"How many people in the last month have re-used their own needles?" 6 participants responded "yes," with one stating, "You have to because sometimes you can't get new ones."*

*2 participants stated they had shared their needles in the last month.*

The main way that drug users in Abbotsford are accessing needle distribution (with full supplies) is through the BC/Yukon Association of Drug War Survivors meetings and secondary distribution by peer leaders in the community. 12 participants identified as being "secondary distributors" of clean needles. Participants described the many ways that drug users in Abbotsford are practicing harm reduction by helping each other be safe while using. Drug users in Abbotsford do this by supporting people to use drugs inside when possible (i.e. offering their homes if available), testing their drugs before consuming and reporting "bad dope" to other users, making sure to use in a "Buddy – Buddy" system, assisting each other with injections when needed, being a "spotter" (taking down the license plates of clients for friends that are participating in sex work) and being a first responder when someone overdoses.

Access to methadone maintenance programs in Abbotsford is limited. Participants identified three locations that will prescribe methadone, some being more accessible than others. Drug users described the process of accessing methadone treatment in Abbotsford as cumbersome and difficult.

"First you have to see a doctor to get assessed, then you go through a counseling process and 15 pages of documentation, promising that you will never divert the methadone, then you need to go for a blood test and are subject to urine screens."

## WHAT BENEFITS AND RISKS ARE ASSOCIATED WITH VARIOUS HARM REDUCTION ACTIVITIES?

This question was broken down into two questions for discussion: First, what are the arguments against harm reduction activities. Second, what are the arguments for harm reduction activities?

## WHAT ARE THE ARGUMENTS AGAINST HARM REDUCTION ACTIVITIES?

The main argument against harm reduction identified by participants was that "harm reduction enables, promotes and encourages drug use and says it's OK to use drugs."

*"If you see it you'll do it kind of thing."*

Drug users in Abbotsford describe this association with harm reduction as a moral argument that defines "Drug use as bad and Drug users as evil." Participants described this moral argument as the root of the discriminatory perspective that continually prohibits harm reduction in their community and negatively affects their lives. Some of the main perceptions and fears that are fueled from this perspective are that harm reduction costs too much, will increase crime and will bring more drug users to an area.

*"Moral Values – Fear and Ignorance – Drugs are evil – Drug users are bad"*

## WHAT ARE THE ARGUMENTS FOR HARM REDUCTION ACTIVITIES?

The arguments for harm reduction discussed by participants were diverse and extensive. Drug users in Abbotsford described how harm reduction is cheaper on the healthcare and criminal justice system. Participants described how harm reduction prevents disease transmission and various health conditions such as HIV, Hepatitis A, B, C, sexually transmitted infections, bacterial infections (abscesses, cellulitis, osteomyelitis & endocarditis), viral infections and vein damage.

*"A lot of people need help."*

Participants also discussed how harm reduction recognizes drug use as a health issue rather than a criminal one, which is cost effective as it lowers crime rates in the community because it works to engage and support drug users, not criminalize them. A participant argued that the cost of incarcerating someone is drastically more expensive than providing someone with housing and the necessary supports.

*"Provincial jail costs \$90,000 to house someone for a year while federal is around \$100, 000 per inmate per year."*

Drug users in Abbotsford identified how harm reduction is important because it supports a community of people who need it and have the right to live healthy lives like everyone else. Participants described how harm reduction teaches drug users that they matter and "wakes people [drug users] up to the idea that they have options." For many drug users, harm reduction is their first point of contact with the healthcare system and opens doors for other health care supports and treatment needed.

*"Accepting that this [drug use] exists and managing the situation and consequences, because people have a right to be healthy."*

## WHAT EFFECT DOES THE CITY'S HARM REDUCTION REGULATION HAVE ON SERVICE PROVIDERS, PEER LEADERS, AND THEIR CLIENTS?

*"There's a piece missing in the way services can be provided to people who use drugs."*

Drug users in Abbotsford described clearly how the city of Abbotsford's "harm production" regulation adversely affects service providers, peer leaders and the drug using community in Abbotsford. Participants described how the city's bylaw places service providers and agencies working with drug users in an "ethical dilemma" where they feel that their "hands are tied" because they want to do what is needed to help their clients but don't want to jeopardize the agency they work for. This becomes further complicated and awkward as some agencies are funded by the Fraser Health Authority and have a harm reduction mandate but are restricted by the city's regulation. The city's regulation inhibits and prohibits the development of services and supports for drug users in Abbotsford. It was identified that prohibiting services that support people while actively using drugs limits the accessibility and draw for drug users to access health services in Abbotsford.



*"The effect of this in healthcare is that many people are not accessing services until it's too late, or not at all."*

*"It creates a situation where the only way into recovery is abstinence based, and that doesn't work for everyone. We need to create a situation where people can take baby steps."*

Participants described some of the effects the city of Abbotsford's "harm production" regulation had on the general drug using community. It was identified that the restriction of services, including access to supplies and supports, places drug users in Abbotsford at increased risk as drug use is pushed further underground, of unhealthy and unsafe drug use, the spread of disease and infection and overdose. Drug users in Abbotsford identified that not only does the city's bylaw affect access to the supports they need, but it also affects "people's self worth by making them feel less than."

*"We're seen as having no rights."*

Peer leaders in the drug using community of Abbotsford identified that limited services resulting from the city's bylaw places increased pressure on them to support their community. For some they feel that this work can be physically and mentally stressful and become "a 24-7 part-time job that is unpaid, unrecognized, and involves a lot of counseling work." Others described how the city's bylaw instills a fear of arrest, profiling by authorities (i.e. police and the Ministry of Children and Family Development), a stigmatizing reputation in the community and relapse (for those who are in recovery) from distributing supplies. One person identified that there is a personal safety issue in distributing supplies in Abbotsford as there is a black market for supplies and some people engaged in this are not happy to see people distributing supplies for free.

*"By providing harm reduction supplies, I put myself in danger of being charged by the police."*

Drug users worldwide face discrimination and stigma in their daily lives. Drug users in Abbotsford feel that the city's "harm production" bylaw reinforces this experience through a "culture of stigma" in the community at large and from the service providers and medical professionals that serve them. Participants argued that the city bylaw supports prejudicial and discriminatory treatment from service providers. "It gives them a license to be mean and cruel." Some felt that the bylaw also supports a mentality in the larger community of discrimination and bullying. A few members told stories of violence and harassment that they have experienced from community members. Participants identified these acts as "vigilante justice" from the community.

*"I've been attacked by a mob of kids in the park before because their dad was against crackheads."*

## RECOMMENDATIONS

The Abbotsford Chapter of the BCYADWS has prepared 5 recommendations from this consultation process:

1. Removal, by Abbotsford City Council of the 'harm reduction definition' bylaw prohibiting harm reduction initiatives in Abbotsford.
2. Implement diverse, integrated, comprehensive and appropriate harm reduction initiatives in Abbotsford that meet the needs of the drug using community.
3. Consult directly with the Abbotsford Chapter of the BCYADWS about the development and implementation of any harm reduction initiatives and strategies.
4. Prioritize the Abbotsford Chapter of the BCYADWS as providers of harm reduction services, including the distribution and collection of safer drug administration supplies.
5. Recognizing that the drug using population comprises a distinct cultural group, work with the Abbotsford Chapter of the BCYADWS to develop curriculum and deliver cultural competence training to those who regularly interact with or provide services to drug users.

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*"We have the right to ingest or inject drugs or alcohol."*

The views expressed herein do not necessarily represent the views of the Fraser Health Authority, Pacific Hepatitis C Network, Abbotsford Community Services or any other funder or donor.