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IN THE BEGINNING

The Downtown Eastside (DTES) of Vancouver is Canada's poorest urban neighbourhood. It was not always considered such. At one time, the area that we now refer to as the DTES was territory held for thousands of years by First Nations. Situated on the Pacific West Coast, the area was home to thousands of Coast Salish people. Colonization of the West Coast in the 1800s brought fur traders and entrepreneurs to the area, displacing them. Federal laws were enacted in the mid-1800s to regulate their lives, moving many, including Coast Salish people, to segregated reserves.

At the same time, in 1867, the Hastings Mill sawmill opened its doors in what is now the DTES. It became the hub for white settlers in the area, many of them hardworking single men. When the Canadian Pacific Railway (CPR) reached Vancouver in 1887, the terminal was built at the foot of Howe Street. The transnational railroad was built by the federal government of Canada to link the new nation from coast to coast. The DTES became a thriving retail area, and the streets were filled with businesses, residents and visitors. Main and Hastings, in the core of the DTES, was the heart of the city of Vancouver.

Subsequent debates that began about where commercial development should occur in the downtown of Vancouver resulted in the CPR moving west, closer to the Granville Bridge. Right up until the mid-1950s, over 65,000 streetcars a day flowed into the DTES at Interurban Station on Carrall Street. When the streetcar system in Vancouver was replaced by electric buses with a central station on the west side of town, the DTES suffered further decline. The city's demographics shifted as high-rise development on the west side of

Vancouver and suburban expansion drew residents and businesses away from the DTES.

Today the DTES is situated between the railway tracks and the waterfront of the Burrard Inlet in the north, Cambie Street to the west, Clark Drive in the east and Prior Street to the south. The area encompasses Strathcona, Oppenheimer, Thornton Park and Victory Square and includes Chinatown and Gastown. Currently about 16,000 people live there, a racially diverse population with a significant Aboriginal, Asian and Latino/a presence. The area is characterized by its single-room-occupancy (SRO) establishments and bars. However, the visible street scene in the DTES is directly related to poverty, gentrification and lack of access to private space, including affordable and stable housing. At the same time that welfare benefits were cutback, incentives for corporate development thrived.

For many contemporary readers, the DTES came to their attention in the mid-1990s when media reports about overdose deaths and out-of-control, visible drug use gained national attention. Contemporary claims about drug use in the DTES are not new. It has long been seen as a site of legal and illegal drug use, and historically, moral reformers and sensationalized media reports have served to "educate" Canadians about the area. However, it was not always viewed this way. This book invites the reader to see another side of the DTES: a place where community exists. A place where a number of diverse individuals and groups, especially drug users, created a social justice movement to stop the genocide in the DTES and to end punitive prohibitionist policy. This grassroots movement culminated in the opening of North America's first supervised injection site in September of 2003.

In order to understand how legal drug users became marginalized and criminalized in Canada, it is worthwhile looking at how our first drug prohibition laws were created. In the early 1900s, Chinese labourers were seen as essential to the building of a sea-to-sea railway in Canada, the CPR. This symbol of national unity was also considered a political necessity by the Canadian government and business elites to help suppress First Nations communities, encourage white settlement and facilitate transportation of the military

and the North West Mounted Police, renamed the Royal Canadian Mounted Police (RCMP) in 1920.

Following the railway's construction, many Chinese labourers settled in the Vancouver area. The completion of the railway was followed by an economic slump, and they soon became viewed as an economic threat to white labourers there. A labour demonstration turned into an anti-Asiatic riot in 1907, and Chinese and Japanese businesses were damaged. Canadian Deputy Minister of Labour Mackenzie King was sent to Vancouver to investigate and settle damage claims. King was approached by two opium merchants seeking restitution. When a few affluent Chinese residents complained about the opium industry in Vancouver, King quickly recognized a way of getting "some good out of this riot." In his report, King recommended that the importation, sale and manufacturing of opium be prohibited. No pharmacological evidence was presented to support drug prohibition. Rather, King relied on newspaper reports that depicted the smoking of opium as an evil and immoral activity that threatened the order of Christian Anglo-Saxon society. Chinese opium dens were depicted as racialized sites of immorality where white women and men were corrupted. On King's recommendation, and with no public debate, Canada's first narcotic legislation, the *Opium Act*, was hastily enacted in 1908. This Act criminalized sales of crude and powdered opium for other than medical purposes.

It is generally recognized that the later 1911 *Opium and Drug Act* became the framework for drug regulation in Canada by criminalizing cocaine and morphine and making possession of these drugs a crime unless medically prescribed. Law-abiding citizens became criminals overnight. During the 1800s and early 1900s, Canadian residents bought and consumed a wide array of elixirs, home remedies and patent medicines that contained opiates, cocaine and marijuana. Initial drug legislation did not criminalize the elixirs and patent medicines used liberally by white Anglo-Saxon settlers. Rather, Canada's early narcotic legislation centered on regulating "foreign others." In the early 1920s, media-fuelled drug scares, citizen groups and moral reformers contributed to our misunderstanding of drugs and the people who use and sell them. Emily Murphy, a

juvenile court judge and the author of the 1922 book *The Black Candle*, educated Canadians about “deranged” Chinese and black men who she described as “agents of the devil” who lured innocent white women and men into addiction, and deprivation. During the 1920s, Canada’s drug laws became increasingly harsher and police powers broadened.

In Canada, no provisions (such as drug treatment, detox or drug maintenance clinics) were set up for people addicted to narcotics following criminalization. Doctors interpreted the new drug laws as discouraging maintenance, (at that time, the law prevented doctors from providing “narcotics” for self-administration), and they became active in helping the police prosecute other doctors who they believed were prescribing maintenance doses of narcotics. A notable exception to this policy was E.E. Winch, a Co-operative Commonwealth Federation (CCF) member of British Columbia’s provincial legislature who advocated in the 1950s that Canada adopt the “British System” and allow doctors to provide legal drugs to people addicted to narcotics so that people could lead stable and normal lives.

Drug prohibition in Canada was not followed by a decrease in the use of these newly criminalized drugs. Instead, a black market emerged selling newly criminalized drugs at inflated prices. The police and the RCMP became active in arresting both users and sellers. Following World War II, the number of drug convictions increased rapidly in Vancouver. At that time, the DTES was home to a large body of working-class single men who worked seasonally in isolated areas as loggers, fishers and miners. Responding to the rise in drug convictions and the plight of people addicted to narcotics, The Community Chest and Council of Greater Vancouver special committee on narcotics was established. It was chaired by Dr. Lawrence Ranta who outlined in the Ranta Report of 1952 their recommendations for legal maintenance programs to be set up in Canada. Their recommendations were rejected by the RCMP and members of parliament. The term “criminal addict” was adopted by law enforcement, and “addiction” was seen as secondary to what they described as “criminal” tendencies. They argued that people addicted to narcotics would continue to prey on “society” regardless

of whether they were provided legal drugs or not. The RCMP rejected any attempts to offer services and maintenance programs.

A Special Committee on Narcotics was also set up to study the problem of narcotic addiction in Vancouver. The researchers associated with the study identified the presence of what they referred to as a “drug addict colony” that was primarily Caucasian in the Eastside of Vancouver. Their 1956 report, *Drug Addiction in British Columbia: A Research Survey*, also recommended that drug maintenance programs *not* be established. Rather, abstinence programs and harsher penalties for drug traffickers were advocated. The 1956 report informed policy and practice in the DTES and the rest of Canada. Law enforcement agents used the report and the authors’ testimony against drug maintenance to push for harsher drug legislation, the *Narcotic Control Act* of 1961.

In the 1960s, white middle-class youth began to experiment with drugs such as marijuana and LSD, and arrest rates skyrocketed by the end of the decade. The federal government established the Commission of Inquiry into the Non-Medical Use of Drugs (more commonly known as the LeDain Commission) in 1969 to make recommendations about drug policy and law. The LeDain Commission was critical of law enforcement and recommended less severe penalties for marijuana offences. They also recommended that prison time for possession of criminalized drugs such as heroin and cocaine should end and that the federal government provide assistance for provincial treatment programs and methadone maintenance programs. In 1972, four methadone maintenance programs were established across Canada. Slowly methadone maintenance and drug treatment programs and services expanded throughout Canada; yet they failed to meet the needs of drug users. Lack of federal, provincial and city funding, shifting and punitive policy, wait lists, lack of bed space and alternative programs, especially outside of city centres, contributed to a dire situation for drug users. All recommendations by the LeDain Commission to reduce drug penalties were largely ignored by the federal government and law officials, and prohibitionist policy continued to shape drug services, treatment programs and the lives of illegal drug users in Canada.

The DTES has a long history of social and political activism that

was re-ignited in the 1970s. Residents came together to redefine their community. The Downtown Residents Association (DERA) advocated for social housing. The Downtown Eastside Women's Centre, Crabtree Corner, Carnegie Centre, Downtown Eastside Youth Activities Society (DEYAS), Vancouver Native Health Society, Drug Alcohol Meeting Support for Women (DAMS) and Portland Hotel Society were early community activists groups that emerged at this time. Since these groups formed, others have emerged in response to the failure to consider alternative policies with regard to criminalized drugs and health care for drug users. From the early 1980s, poor women, many Aboriginal, associated with the DTES went missing. Twenty years passed before one man was charged with the murders of 26 of the missing women; however, later he was only convicted of six counts of second degree murder. The investigation is ongoing, and poor women remain vulnerable to male violence.

The DTES also made headlines throughout the world in 1997 when a public health emergency was declared in response to the growing rates of HIV, hepatitis C and overdose deaths among drug users in the area. This book elaborates the community response to this preventable tragedy, a tragedy that is plaguing communities and drug users globally.

Many brave individuals and groups played a role in the social movement for change in the DTES. The struggle to open the first official safe injection site in North America is a story that can be told from many vantage points. In Vancouver: drug users, the coroner's office, health care workers, Portland Hotel Society, mayors, journalists, lawyers, local businesses and many more stakeholders helped to create a social justice movement for change in the DTES. Dan Small from Portland Hotel Society, and a leading player in the social justice movement, has written about the culture change that occurred in Vancouver, where individuals and groups came to understand that drug use and addiction is primarily a health, social and human rights issue rather than a criminal justice issue. Prohibition is a costly failure that produces significant health and social harms.

This book tells a story about early community activism that culminated in a social justice movement that exposed the harms of prohibition and rallied to open the first official safe injection site. Our

story is unique; it is told from the vantage point of drug users, those most affected by drug policy. It also provides a montage of poetry, photos, early Vancouver Area Network of Drug Users (VANDU) meetings, journal entries from the Back Alley, the “unofficial” safe injection site, and excerpts from significant health reports and media reporting in the 1990s. The harms of prohibition, and resistance, hope, kindness, awakening and collective action are chronicled in these pages.