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Research paper

The establishment of North America's first state sanctioned supervised injection facility: A case study in culture change

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Abstract

The serious adverse health consequences associated with illicit drug use in Vancouver has brought international attention to the city. It is now widely recognized that innovative and bold strategies are required to confront epidemics of drug overdose, HIV and Hepatitis C infections, and injection-related bacterial infections. The establishment of North America's first supervised injection facility (SIF) required a major cultural shift in the way drug addiction is viewed. The story behind the SIF in Vancouver is a complex and interconnected series of events brought about by the activities of advocates, peers, community agencies, politicians, journalists, academics and other key players to bring about social change. The aim of this narrative is to highlight the ideas, processes and historical events that contributed to a cultural transformation that was critical to opening the SIF in Vancouver. By doing this, we hope to encourage other communities to take the bold steps necessary to reduce the devastating health and social consequences of injection drug use.

Keywords: Injection drug use; Supervised injection facilities; Harm reduction

"The philosophers have only interpreted the world in various ways; the point is to change it." (Marx, 1888; 1980)

Introduction

The serious adverse health consequences associated with illicit drug use has brought international attention to the city of Vancouver and in particular to the Downtown Eastside (DTES) neighbourhood. HIV and Hepatitis C infections, fatal drug overdoses, public drug use and injection-related infections have been well documented in this community (Strathdee et al., 1997; Tyndall et al., 2001). In order to make basic healthcare contact with a group not reached elsewhere, the opening of a supervised injection facility (SIF) was planned. Similar sites were operational in numerous European cities, as well as Sydney, Australia (de Jong and Wever, 1999; Dolan et al., 2000). The aim of this paper is to provide an impressionistic account of the ideas, processes and politics that led to the opening of North America's first SIF.

This account focuses on culture change with regard to the SIF as a public initiative that exists in a cultural "zone of friction" where different meanings, identities and levels of power encounter one another (Ortner, 1997). We define culture as the process of negotiating meaning with respect to constantly changing implicit and explicit values that underpin the moral fabric of social action or inaction. The establishment of the SIF was culturally momentous, a massive undertaking, that was more like building a cultural railroad from coast to coast than establishing a local pilot project.

Aside from the importance of culture change, three theoretical concepts are useful for understanding the creation of North America's first publicly authorized SIF. The first, Bourdieu's (1999) concept of the *habitus*, has been adapted to refer to the underlying reflexive set of values associated with

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addiction that had to be altered in order to realize the culture change. The second, Gusfield's (1989) notion of the cultural construction of public problems is important for framing the discussion of the healthcare epidemic that underlined the establishment of this SIF. The third concept is the notion of the deliberate use of symbols as part of the politics of embarrassment in order to garner public and government attention to the plight of people living with addictions (Dyck, 1985, 1991; Jhappan, 1990). All three of these theoretical concepts are useful for interpreting the way in which the SIF was established in Vancouver.

Cultural transformation

The story of North America's first SIF features key individuals who took a leading role over the past decade to realize social change. There were a number of supporters who worked from within and outside numerous political and institutional systems. Fig. 1 shows the major stakeholders that helped to establish the SIF. There was a villain in the story. However the villain was not a person but conventionality itself (embodied in the *addiction habitus* as we will argue shortly) and the fear of what might happen if popular thinking about drug policy was challenged.

The essence of the culture change is indicated by key values that underpin how people with addiction are understood. In 2001, it was difficult to find people in authority who would publicly support SIFs and stand by the basic assertion that addiction is primarily a health and social issue, rather than principally a criminal justice issue. By the end of 2002, Vancouver was on the edge of transformation. The narrative that addicts were deserving of caring and life rather than punishment and death was overtaking the conventional narrative supporting law enforcement at all costs.

Addiction habitus

Bourdieu (1999) created the concept of *habitus* to explain how persons can have regular and observable collective practices without rigidly complying to rules or involving the need for thoughtful awareness. Bourdieu says that: "The *habitus* – embodied history, internalized as second nature and so forgotten as history – is the active presence of the whole past of which it is the product. As such, it gives practices their relative autonomy with respect to external determinations of the immediate present". We believe that the concept of the habitus is useful for understanding lay narratives about addiction. We suggest that an *addiction habitus* reflecting the enduring set of narrative responses pertaining to addiction could be summarized as including the following elements:

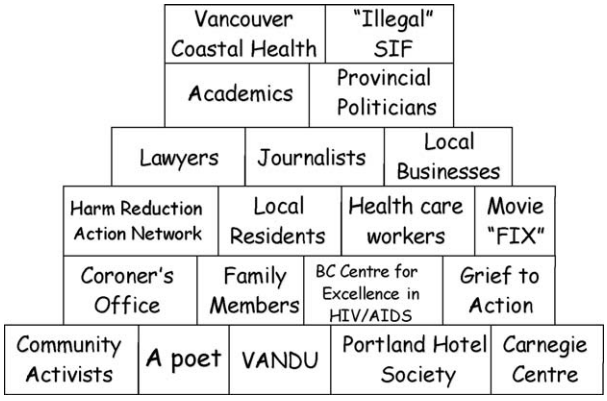

Fig. 1. Building North America's first government sanctioned supervised injection site.

- People choose to be addicts; therefore addicts are to blame for their addiction and corrupt lifestyles.
- Services for addicts attract addicts, promote and spread addictive behaviour.
- Drugs promote violence.
- Drugs are seen as inherently addictive and the inherent properties of the drug itself, rather than the mental pain of the drug user, account for addiction.
- Addicts should be made more uncomfortable to prevent and not enable addiction.
- Drug addiction exists in a large part because drugs are widely available.
- Harm reduction addiction services (supervised injection facilities and needle exchanges) promote addiction and keep people on drugs.
- Drugs are illegal for a reason: they are dangerous.
- All resources spent on enforcement are justified. Each new drug is dramatically worse than the preceding focus of the addiction habitus: people are made more violent, more mentally ill and more morally bankrupt.

A recent editorial in a Vancouver newspaper illustrates several key elements of the *addiction habitus*:

> "Crack cocaine, which can produce paranoid and violent behaviours among its users, is illegal for a reason. Its effects are far more intense than those of ordinary cocaine. Some users report that they've been addicted since the first time they tried it. It is a scourge on society. (Vancouver Province, 16 August 2004: A16)"

After noting that crack cocaine is different from ordinary cocaine (the *addiction habitus* stipulates that each subsequent drug is worse than the previous one), the editors go on to argue that harm reduction initiatives promote addiction (another key element of the *addiction habitus*):

> "But wouldn't such a publicly funded crack-smoking site simply attract more addicts to drug infested downtown Vancouver? Also, how many more young people might be tempted to try the drug for the first time, if they could be reassured of a comfortable room, free from prosecution" (*ibid.*).

The passage also illustrates the idea that availability of drugs causes addiction and the idea that addicts should be made uncomfortable to prevent addiction.

Over time, the narrative elements associated with specific drugs are destabilized as evidence-based knowledge enters into the public perception about particular drugs. For instance, while the *addiction habitus* figured prominently in society's view of Cannabis epitomized in the movie Reefer Madness, this view is discredited today. Notwithstanding, the *addiction habitus* still provides the narrative base for the societal response to crystal methamphetamine as illustrated by a recent news article published in a Vancouver newspaper describing the drug as "highly addictive, it can cause brain and kidney damage, heart attacks, stroke, violent paranoia, and schizophrenia" (Harrison, 2004). As new drugs of choice emerge, the *addiction habitus* provides the immediate response ("gut reaction") for the wider public. In order for a SIF to be implemented in Vancouver, the narratives associated with the *addiction habitus* had to be confronted.

The creation of addiction as a public problem

There is a "plurality of possible realities" when it comes to social issues and human suffering (Gusfield, 1981). In some instances, situations are transformed into problems requiring public action while in others they are not. Mental illness, poverty and drunken driving have not in the past been considered public problems, whereas today they are expected to be focus of government attention and the responsibility of officials and publicly funded agencies.

The starting point for the creation of addiction as a public problem demanding a public response was the identification of three related situations: rising overdose deaths, the rapid spread of HIV/AIDS, and the use of drugs in public spaces. Just as all situations do not automatically become public problems, the idea that injection drug use required a SIF was socially constructed as such over time.

When an issue is socially altered to become a public problem, then it also becomes the responsibility of public institutions, such as government, to discover and implement a solution. The epidemic of HIV and fatal overdoses set the stage for the convergence of a number of social processes and historical events that propelled the establishment of the SIF. Addiction was enshrined as a public problem in the Vancouver Agreement (2000) with all three levels of government explicitly responsible for addressing it.

Risk management culture

At the bureaucratic level, there was an additional cultural variable that had to be overcome: the widely cherished value of risk management. Bureaucrats work in a risk management culture, the constant looking over their shoulder for the legal ramifications of changes to accepted models of service provision (e.g. needle exchange programmes, SIFs, safer inhalation rooms, non-institutional community health care services). In the case of the SIF, this risk management narrative is encapsulated by a number of concerns including: if the legality of the municipal permit or federal exemption were challenged in court, what might happen? If there were a lawsuit based upon an unforeseen health outcome or accident, who would be liable (e.g. university, hospital, health authority, provincial, municipal or federal government)? Is there a political risk from negative exposure or embarrassment for politicians?

Politicians and bureaucrats at the municipal, provincial and federal level all have closely linked risk management and communications departments whose prime purpose is to protect their corresponding institution from legal risk and media embarrassment. If there is not a way to manage risks in proposed programmes (e.g. SIF), then there can be an impasse.

Professionals at the provincial, municipal and federal level are perhaps the most unrecognized of the many players in the story of the culture change around the SIF. When bureaucrats show leadership by supporting unpopular innovations they risk being disciplined, and ultimately, the possibility of job dismissal. These individuals are often viewed as too close to the community, and rebuked for losing their objectivity. In order to establish the SIF, a number of key bureaucrats in Vancouver took calculated risks to advance. These bureaucrats were in the numerous departments of the municipal, provincial and federal Governments including the Vancouver Coastal Health Authority and Health Canada. They deserve recognition for their advocacy as without them a state endorsed and funded SIF would simply not have been implemented.

Forces of change

Peer movement

The peer-to-peer social movement, comprising active drug users, was key to humanizing the issue of addiction. The most notable role was played by the Vancouver Area Network of Drug Users (VANDU: http://www.vandu.org/) (Kerr et al., 2005a). VANDU attempts to provide a voice for marginalized drug users in the community. The membership is organized into a number of peer support and advocacy groups including a crack cocaine users group, a methadone maintenance treatment group, and a needle exchange group (Wood et al., 2003a). VANDU, funded by the local health authority, is collaboratively operated by a non-addicted coordinator along with former and active drug users. During the years leading up to opening of the SIF, VANDU was a programme administered by the Portland Hotel Society. Dean Wilson, former President of VANDU, highlighted in the documentary *Fix*: *An Addicted City*, is the most widely recognized of VANDU members who advocated for the SIF. This documentary was widely distributed in Canada and was promoted in Vancouver during the month prior to the 2003 municipal elections when the SIF was high on the political agenda.

There were many other people living with active addictions, who were also advocates for the establishment of the SIF in Vancouver. In fact, advocates and people living with addictions opened an unauthorized safe injection facility, staffed by volunteers, six months before the official site opened (Kerr, Oleson, Tyndall, Montaner, & Wood, 2005b). The unsanctioned site helped to create addiction as a public concern by maintaining the issue in the media and high on the bureaucratic agenda. The peer movement also challenged the dominant narratives of the *addiction habitus* by showing that people with active addictions to be caring, productive and organized towards a common population health based goal.

Family movement

There was also a family movement that contributed to social change regarding the reclaiming of people living with addictions as part of the larger human family. Two examples stand out as significant: the work of Thia Walter, mother of a son living with addiction and the work of the parent support and advocacy group From Grief to Action (website: http://www.fromgrieftoaction.org). Thia Walter, along with the parents of Grief to Action helped to promote the message that any family, regardless of social status, can be touched by addiction. Family groups were able to erode the disapproving narratives of the *addiction habitus* by garnering media attention to relate a kinder more humanistic message about addiction and to make the general public more fully aware of the serious drug use problems in the city.

Community agencies

In the late 1980s there was also a marked shift among community agencies regarding their support for innovative strategies to reduce drug-related harms. The Doctor Peter Centre is a notable example of an agency originally developed to provide medical care for people living with HIV/AIDS that became a progressive supporter of harm reduction. This culminated with the establishment of their own supervised consumption room for HIV-infected members of their Centre. The Carnegie Community Action Project (CCAP), a long-standing DTES advocacy organization, publicly supported SIFs and worked to protect the rights of people living with additions.

The Portland Hotel Society (PHS) was also highly involved in the promotion of humanistic and evidence based approach to drug policy. The PHS began in a century old Single Room Occupancy Hotel (SRO), the Portland Hotel, where it provided housing for local residents with addictions who had no other housing options. Historically, these people have difficulty accessing affordable housing, proper nutrition, dental care, and continuity of primary health care. By logical extension, the systems that provide these services have not been effective at reaching this target population and the PHS staff noted most of their residents were not engaged in necessary services and were often HIV-infected. It was in this early context that the PHS began to actively work towards establishing low barrier (easily accessed) innovations, including the SIF, for people with active addictions.

Law enforcement

Ultimately, for the SIF to be sustainable, it had to obtain public support and backing from all levels of government. Public support would generate necessary funding and required sanction from major government institutions such as the police, municipal zoning departments, provincial and federal health authorities. While the potentially negative impact of police activities on harm reduction initiatives in this community had been documented (Wood & Kerr, 2005; Wood et al., 2004a), a change occurred within the local police culture itself. While the *addiction habitus* was certainly deep-rooted within the police force, including a vocal opposition to the SIF, there were some cautious supporters within the police. While more conventional officers worked to maintain traditional police values regarding addiction, including those who participated in organizing a conference against harm reduction in Vancouver in May 2002 (the International Drug Education and Awareness Symposium), there were also numerous officers who worked hard to change police culture. Notable police who offered their public support for the SIF included officers Gill Puder, Scott Thompson, Kash Heed, Ken Doern, Ken Frail, Bob Rich and the Police Chief Constable Jamie Graham. They were an important part of the struggle within the police to establish harm reduction as a part of an official strategy to address the problem of addiction.

Recently, the Vancouver police publicly called for harm reduction measures by encouraging drug users to attend the SIF in order to avoid overdose due to unusually strong heroin on the streets (Ramsey, 2005). The Vancouver Police Department has also in some cases adopted harm reduction policies including the policy of police non-attendance to non-fatal overdoses, promoted by Ken Frail. The Section 56 Exemption from the Canadian Drug and Substances Act helped liberate the police from a rigid adherence to the criminal code of Canada regarding drug use at the SIF and enabled the Vancouver Police Department to officially back the initiative.

Academics

In the local universities, there were a few academics that promoted discussion about alternative drug policies. For instance, psychologists Dr. Bruce Alexander and Dr. Barry Beyerstein have researched, written and responded to the need for a major change in addiction treatment policy for well over two decades. Alexander's (1990) book, *Peaceful Measures*, influenced a generation of students interested in exploring the history of drug policy and its ramifications in North America. These two academics took a stand on

SIFs, needle exchanges and heroin maintenance when it was unpopular to do so.

Research in the mid-1990s within the BC Centre for Excellence in HIV/AIDS signalled that an epidemic of HIV/AIDS within the population of drug addicted persons was imminent (Strathdee et al., 1997). In the mid 1990's, the Vancouver Richmond Health Board (predecessor to Vancouver Coastal Health) declared that overdose deaths within the community had reached epidemic proportions. Slowly, addiction and its consequences of became understood as a public problem with public responsibility and accountability. Health researchers helped to merge HIV/AIDS work with that of the addiction field. This brought a new urgency to put research evidence into action in order to realize population health objectives. As a result of academic studies (Kerr, Wood, Small, Palepu, & Tyndall, 2003; Wood et al., 2001), they publicly endorsed the health benefits of needle exchanges and the evaluation of SIFs and added an element of academic rigor and medical authority to harm reduction discourse in Vancouver and elsewhere. In addition, the high costs of treating addiction associated illness, including deep tissue infections, overdoses, Hepatitis C and HIV, led members of the general public and politicians alike to question the economic implications of current policies (Palepu et al., 2001; Wood et al., 2003b). The narrative at the core of the *addiction habitus*, the blaming of addicts for their condition, was slowly being replaced by a pragmatic public health approach.

Journalists

Negative portrayals of the Downtown Eastside of Vancouver, replete with images of addiction, poverty, prostitution and crime are widespread in the media. Notwithstanding, there was also considerable openness and humanism in the press about people living with addictions. One of the city's two daily newspapers, the Vancouver Sun, was a proud sponsor of the Four Pillars Approach. Ultimately, the Vancouver Sun Editorial Board called for the establishment of a SIF (Vancouver Sun, 19 December 2002). The cultural process challenging of the *addiction habitus* and creation of addiction as a public problem requiring official public action was at a peak.

A poet activist

Bud Osborn, a social justice poet, worked for over a decade to see the creation of a SIF. He worked in many realms to educate the public including sitting as a director of the local health board where he was an outspoken defender of the rights of people living with active addictions. As its final action – before being dissolved and replaced by the new board of the Vancouver Coastal Health – the board of the Vancouver Richmond Health Board, building on Bud Osbourn's work, called for and endorsed SIFs in June 2001.

Chief medical health officers and coroners

British Columbia's Chief Medical Health Officers and Chief Coroners, as figures with significant symbolic capital (Bourdieu, 1995) were instrumental in altering attitudes as well as bolstering the SIF as a legitimate response to the public problem of addiction in British Columbia. Two Chief Medical Health Officers, looking at the problems of overdose at a population level, John Miller and Perry Kendall, were particularly influential in helping to change culture regarding SIFs. Miller (1998) highlighted the drug overdose epidemic and recommended the implementation of widespread harm reduction initiatives. Kendall, his successor, subsequently, worked to establish the SIF. Similarly, two Chief Coroners, moved by their observation of countless preventable overdose deaths, Vince Cain and Larry Campbell, also helped to set the stage for culture change regarding SIF. Cain (1994) highlighted the failures of a purely enforcement approach to addiction and recommended widespread policy change.

Drug user's resource centre

As a precursor to the SIF, local activists worked with politicians, community members and bureaucrats to establish a safe, welcoming place for people with active addictions who were not welcome elsewhere. The programme was called the Drug Users' Resource Centre. When the Centre was eventually funded and endorsed by government, an application was made for a Resource Centre (RC) permit. A group calling itself the Community Alliance comprising business leaders and property owners from surrounding areas including Gastown and Chinatown, emerged in opposition to the establishment of the RC and the SIF proposal. The group lobbied politicians at all levels of government, particularly those at the municipal level. The Mission Statement of the Community Alliance stated:

> "Recent 'harm reduction' activities undertaken by groups supported by the *City of Vancouver* and the *Vancouver/Richmond Health Board* threaten to completely erode the basic rights and freedoms of the people who live and work in those neighbourhoods" (Community Alliance Mission Statement 8 August 2000).

The Alliance demands include one specifically against the SIF and RC, that: "Drug injection sites, needle exchanges, drop-in centres, and/or any other non-treatment resources cannot be located in the Downtown neighborhoods" (Community Alliance Mission Statement 8 August 2000).

The Vancouver Richmond Health Board (VRHB), with advice from the City of Vancouver, withdrew their application for the RC. They reconfigured their original submission, added three more facilities to their application and changed the location of RC. They split the RC into two components: one focusing on pre-vocational skills training and the other on the drop in component of the proposed program. They

re-submitted their application for four Development Permits (DP's).

The Community Alliance opposed all four DP's and the issue went to a public hearing on 19, 21 and 27 February 2001. A wide group of community members from every sector of society united to support the granting of the four DP's. The Alliance was defeated at the Public Hearing. The Alliance appealed the matter to the Board of Variance in what became one of the largest public processes in history of Vancouver. They were defeated again. They later sought a legal injunction against the Resource Centre. They were defeated a third time. Support for a comprehensive model for supporting people with active addictions was mounting. This process was a ground clearing exercise for the application permit for the SIF. When the SIF permit application was eventually made at the City of Vancouver, it received virtually no public opposition.

Symbols and community activism

Making a statement

Much like indigenous peoples who marshal key symbols to make their case to the public, the DTES community utilized symbols to attempt to make a dramatic impact on public opinion. A few examples from Vancouver's Downtown Eastside are illustrative. Firstly, the community organized a display of 1000 crosses in a local park symbolizing those lives lost to preventable drug overdoses over a five-year period. Two years later the same organizers staged the 2000 crosses event when the death toll from overdoses climbed almost 400 per year. This garnered substantial public attention with the poignant images of the mourners comprising local residents, people living with addiction and their families. The scattered groups of activists became a community movement that continued to stage public education events. At these events, symbols representing death from inaction were juxtaposed with more hopeful symbols signalling the possibility of a better approach. The death symbols included tall puppets and figures dressed as grim reapers, coffins, a war on drugs tank and a giant needle. The hopeful symbols included flowers such as white carnations, musical performances and the intentional presence of children. These techniques helped raise public awareness and support for the SIF through the process of humanization and the politics of embarrassment due to government inaction (Dyck, 1985).

Beginnings of the official SIF

The Portland Hotel Society (PHS) worked quietly to establish the SIF. The tightly kept secret, named "the Hair Salon" because of its similarity to a beauty parlour with its injection booths, mirrors and sinks, was ready in 2002 before the City of Vancouver municipal election. A local business owner had closed down his business in order to allow the PHS to construct the facility with a view to making it the spot for North America's first legally sanctioned SIF. If strategically necessary, this same owner had agreed to allow the unsanctioned commencement of the operation as a pilot. Numerous healthcare professionals (including nurses and physicians), activists, social service workers and people living with addictions waited, ready to act on a moment's notice, for the possibility that the facility might be opened without legal authority. Given that the SIF was not yet legally approved, the PHS sought legal defence for the possibility that the facility might have to be opened without government sanction. Through a former Supreme Court Judge and his understudy they were introduced to one of the nation's top litigators. The lawyer stated that they were on the right side of legal conscience on this issue and that they had his advice that no one would go to jail for operating this crucial initiative.

While awaiting approval for the government sanctioned SIF, a small storefront opened that offered a limited number of spaces for injection. A community nurse, Megan Olsen, volunteered her time each night to allow people to inject under her supervision (Kerr et al., 2005b). This small office was monitored very closely by the police and was under the constant threat of forced closure. Although the application to Health Canada for permission to operate an official site was already well underway, the establishment of this "unsanctioned" facility helped to apply pressure to policy makers to move as quickly on the sanctioned site. It should be noted that the opening of an illegal safer injecting room was also a pivotal event in the eventual establishment of the medically supervised injection centre in Sydney Australia (Wodak, Symonds, & Richmond, 2003).

Pivotal conferences and community forums

The politics of activism makes use of key symbols and events. Oppenheimer Park is utilized by local people and was the location for the Out of Harm's Way conference, an important landmark in the dialogue about addiction policy first held in 1998. This conference was funded with the help of a municipal bureaucrat and activist, Sharon Martin, who wanted to see improved healthcare for people with addictions. The fund, established in her name after her death has been used to fund innovative healthcare initiatives such as VANDU.

The coming together of community members, politicians, and academics was brought about through the "Keeping the Doors Open" conference in March 2000 and took up the call for a SIF. Another advocacy group that formed out of this conference was the Harm Reduction Action Society (HRAS) that was instrumental in drafting a formal proposal for a SIF to be used as a template for future discussions.

Politicians and elections

The SIF debate in Canada cut across political boundaries and some key politicians from a number of parties advanced

SIFs in British Columbia. Jenny Kwan, an New Democratic Party (NDP) Member of Legislative Assembly, Libby Davis an NDP Member of Parliament, Heddy Fry, a Liberal Member of Parliament as well as Counselor Sam Sullivan and Mayor Philip Owen from the Non Partisan Association all worked to support the establishment of a SIF in Vancouver.

In 2001, it was still politically hazardous to endorse SIFs. By the end of 2002 it was politically hazardous not to endorse them. Mayor Phillip Owen had become a defender of the rights of the most marginal through his endorsement of the Four Pillars strategy to addiction. When outgoing Mayor Owen was perceived by the public as forced out of his own party for this principled stand in support of SIFs, the voting public was indignant. When former Coroner Larry Campbell entered the race for Mayor with the opposing party, with a platform to continue the work of Mayor Phillip Owen, he rode a wave of social change into the Mayor's office in November of 2002. Both Owen and Campbell were well connected to community activists and health care providers before the 2002 municipal election. Campbell served as a volunteer director on the board of a Downtown Eastside community agency and became acquainted with the Portland Hotel Society during his role as a coroner during the epidemic of drug overdoses. Numerous health care professionals from the health authority and community agencies also worked directly with Phillip Owen in a wide reaching public education initiative titled the *Four Pillars Coalition Speaking Tour* that helped to change culture regarding addiction one church and town hall at a time.

Drafted by MacPherson (2001), the Four Pillars Framework document was a strategic mechanism for encouraging dialogue and bringing together proponents from seemingly disparate perspectives: prevention, enforcement, treatment and harm reduction, with a common goal: to develop an effective drug policy. Despite some conflicting values and cultural viewpoints, they shared a common value that was enshrined in the Four Pillars Document: the search for effective and humane solutions for addressing the social problems associated with drug addiction in Vancouver. Utilizing this inclusive approach, with a pillar for each point of view, everyone was encouraged to work together.

The opening

When the SIF was officially opened in September 2003, a large cast of characters including people with addictions, the media, dignitaries and community activists came together, many for the first time, at one celebratory event. They stood together in the injection room while figures from all levels of government took turns speaking. Bud Osborn read a poem (see Appendix A). When the commemorative event was over, people with addictions slowly began to use the site. In this small room, with its twelve injection bays, society was finally adopting a different approach to addiction, twelve at a time, under the watchful eye of professionals.

The opening of the SIF in Vancouver was based on the belief that people addicted to injection drugs would have improved health and social outcomes if they could inject drugs in an environment that is clean and medically supervised. This is predicated on the belief that addiction is a medical issue and should be approached in a humane and care-based way. However, measuring the actual impact of the SIF on the health and well-being of the community remains challenging. A comprehensive, multidisciplinary evaluation is being conducted that will identify outcomes on a community and individual level, with the recognition that a single SIF in the midst of a socially troubled and marginalized community may have a modest impact. It is critical that the SIF be viewed as part of the larger continuum of harm reduction and other effective initiatives be supported, strengthened and expanded.

Conclusion: cultural wave of kindness

We have argued that the SIF is in a busy cultural intersection where fundamental understandings of addiction have been changed. In order for this cultural change to occur, two events had to unfold. First, the dominant narratives about addiction encapsulated in what we have termed the *addiction habitus*, had to be confronted. Second, the issues of addiction faced by Vancouver had to be constructed into a public problem necessitating an official government response. These cultural changes were accomplished by a myriad of agents of social change working in some cases together and in some instances in tandem. Once the idea of the SIF was established as a legitimate response to a recognized public problem, then the obstacle of bureaucratic risk management was overwhelmed and the SIF could be officially initiated.

Those that supported the SIF shared a central cultural value: the importance of humanized approach to people living with addictions. The central message organizing the many public educational initiatives and social activism events was the commitment that people with addiction were all once children. They were, and are, mothers, fathers, daughters, sons, brothers and sisters. The practical value of the SIF, from a population health and harm reduction perspective, was in its ability to focus on practical strategies that might save lives. The history of the SIF in Vancouver is a story of culture change and working within and outside the system in order to achieve it. In our view, the participants in the cultural transformation that led to a SIF in Vancouver were all brave participants in the dangerous task of challenging the established view about how to best reach active drug users.

Through the work of the many stakeholders mentioned above (and many more) over the last decade, we have seen a revolution of understanding regarding addiction in Canada. The SIF was and is, first and foremost, about profound culture change. By culture, we refer to the values we all share, sometimes knowingly, sometimes unknowingly, about addic-

tion, what causes it and the people who live with it. These values are the cultural bedrock of the questions we ask about addiction: why are people addicts, do we morally approve of them and are they to blame?

We have attempted to show that for widespread culture change to occur, agents of change need to work from within (e.g. the bureaucracy) and from outside (e.g. the community) the various official institutional systems. However, the strongest impetus for change came from the ground up rather than the top down, that is, the heart of the social movement originated in the community and eventually permeated the established power structure. As John Turvey, the pioneer of North America's first needle exchange, once said: 'there isn't a system. *We* are the system" (Doyle, Personal communication, 2005). Similarly, culture does not really exist independently from the people who create it. We are the stewards of the values that comprise our very own culture. Nowhere is this truer than when it comes to how we care for the most socially isolated. For the injection drug users who use the SIF, it is something more than a pilot study. The implementation of the Vancouver's SIF has done something more than develop a standard of care, it has developed a standard of caring.

Postscript

At the time of writing, the SIF is nearing its second anniversary. An average of 600 injections are performed each day and over 4000 individuals have used the SIF at least once. Some of the early published analyses have shown some important impacts of the SIF on public drug use (Wood et al., 2004b) and syringe sharing (Kerr, Tyndall, Li, Montaner, & Wood, 2005c). The key outcomes will continue to be tracked through cohort studies and the SIF database. The supervised injection facility is still controversial in Canada. One year after the establishment of the SIF, there has been a noticeable backlash against services for the addicted and mentally ill in Vancouver. In November 2004, thousands of local residents opposed the opening of a small treatment centre for people with mental illness and addiction (Vancouver Province, 26 November 2004). The ongoing fear and judgment of the socially marginal that threatens social innovations like the SIF, never entirely fade.

Acknowledgments

This paper is dedicated to Bud Osborn, the social justice poet who dared to demand something better than death.

Appendix A. A new day by Bud Osborn

This poem was read by Bud Osborn at the opening of Vancouver's SIF and will be included as part larger collection in a forthcoming book of poetry titled *Signs of the Times*.

we of the downtown eastside
have made history today
we who have had the highest rate
of overdose deaths
in the world
we today are making history
we who have had the highest aids rate in the world
among injecting junkies
the highest rate of tuberculosis
from shooting up in putrid alleys
and poisonous hotel rooms
are making history
we have won a major battle
we the most afflicted of the poor
have won a battle
in the war against the drug warriors
the U.S. state department,
the dea the rcmp
we have beaten them
in a harm reduction battle
a war of 50 years
begun by ernie winch
mla for Burnaby
who first tried to bring
safe injection sites to Vancouver
and the rcmp shut him down

50 years
tens of thousands of needless
deaths and disease
tens of thousands of destroyed families
and hopelessness
but here something new has emerged
from the troubles work sweat
demonstrations tribulations
for ever so many years
from so many people

we are writing a new canadian history
this is canada's real identity
not tearing apart communities and families
like the country to the south
that enables dope
and the death of hope
to enter our land
yes, we have fought for
over 50 years
and today we can announce
an incredible victory
saving lives
and giving those lives
opportunity for change
saving lives
saving lives
saving lives
for a real life
of love and joy

and care and health
this is Canada
this is what a safe injection site is about
this is our day
the day for everyone who has ever cared
for the downtown eastside
in a world of death and terror
we have won a corner of it
for life and peace
life and peace

there has never before been
in north America
a safe injection site
approved by 3 levels of government
and the vancouver police
until now
so embrace each other
congratulate each other
this is the beginning of new life
for each other
this is a new illuminating light
for everyone
in the blackness of the
war on drugs in north America
a new illuminating light
of hope

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