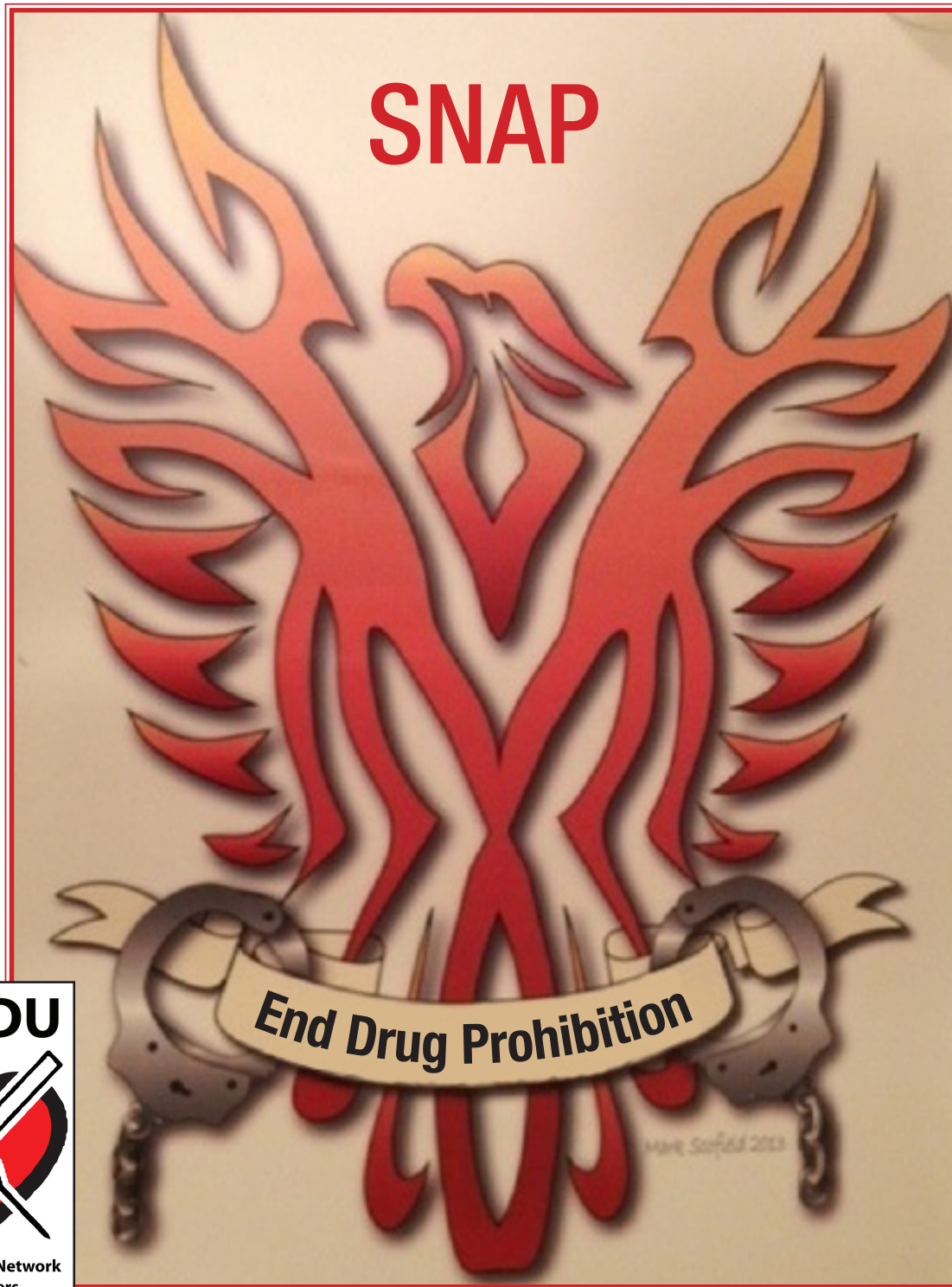


# Eight Years On: SNAP and its members, 2019



# Eight Years On: SNAP and its members, 2019

By Susan Boyd, Andrew Ivsins, Dave Murray, and SNAP

## **Citation:**

Boyd, S., Ivsins, A., Murray, D., & SNAP. (2019, March 15). Eight years on: SNAP and its members, 2019. Vancouver: Authors. Available at: <http://susancboyd.ca> and <https://www.vandu.org/reports/>

## **Contact:**

Dave Murray (SNAP): [dvdmurray01@gmail.com](mailto:dvdmurray01@gmail.com)

Susan Boyd: [scboyd@uvic.ca](mailto:scboyd@uvic.ca)

\*We would like to thank all of the SNAP participants who participated in the study, VANDU for all of their support, the Social Sciences and Humanities Research Council for funding the research project, and Beth Abbott for editing the final report.

© March 15, 2019, Susan Boyd, Andrew Ivsins, Dave Murray, & SNAP (SALOME/NAOMI Association of Patients)

Following the end of the first Canadian heroin-assisted treatment (HAT) program, the North American Opiate Medication Initiative (NAOMI), there was no effort to follow up with a permanent (HAT) program. Responding to this failure to act, in January 2011, Dave Murray and others who had been research participants in the trial, organized an independent, peer-run support, and advocacy group to meet weekly at the Vancouver Area Network of Drug Users (VANDU) site in the Downtown Eastside (DTES) of Vancouver. VANDU supports the independent group by providing space, stipends, board participation, and more. The group adopted the NAOMI Patients Association (NPA) as their name. They came together in recognition of their unique status; they were the only Canadians (or North Americans) at that time to receive HAT in a clinical setting. All NPA members were research subjects in the NAOMI trial at Crosstown Clinic.

Less than a year after NPA was established, another clinical trial, the Study to Assess Longer-term Opiate Medication Effectiveness (SALOME), began recruiting in the DTES at the end of 2011. SALOME, like NAOMI, did not have a formal exit or post-study plan for establishing a permanent HAT program if the study found HAT (or hydromorphone treatment) to be effective. Although NPA members met with some of the SALOME team to express their concerns prior to the recruitment of research participants, an exit plan was not put into place. Many NPA members entered the SALOME trial as research subjects and the group changed its name to SALOME/NAOMI Association of Patients (SNAP) to reflect their membership. SNAP's mission statement below sets out their goals:

SNAP is a unique group of people who were participants in the NAOMI and/or SALOME heroin-assisted therapy (HAT) clinical trials in Vancouver, BC. We are an independent

group dedicated to supporting each other and educating peers, researchers, government, and the public. We advocate for the human rights of people who use opiates, the establishment of permanent and less medicalized HAT programs in Canada, and an end to drug prohibition.

SNAP meetings range in size each week, with ten to 40 members gathering together weekly. Meetings take place on Saturdays and begin with a round of introductions by members, followed by an agenda written on a flip board that lists issues to report on or to discuss. At the end of each SNAP meeting, a moment of silence is held in memory of all friends and family who have died. Increasingly, the overdose crisis has become a focus of SNAP members as the death rate climbs.

Since its inception in 2011, NPA and now SNAP has provided support and advocacy for its members. The group has also conducted its own research to allow members to tell their own stories about being research subjects in two HAT studies, to share their experiences as patients in the Injectable Opiate Agonist Treatment (iOAT) program, the first HAT program *outside of a* clinical trial at Crosstown Clinic in the DTES, and to advance drug policy reform in Canada.

In February 2011, the group invited Susan Boyd to work with them to conduct a research project. Their collaboration has continued into 2019. Since 2011, SNAP and Susan have completed three separate research projects. The first research project highlights NPA members' experiences as NAOMI research subjects during and after the study. The second research project centres on their experiences entering the second clinical trial, SALOME, and their subsequent involvement in a Canadian Charter of Rights and Freedoms challenge for HAT (*Providence Health Care Society v. Canada*, 2014). This report is the culmination of SNAP's third

research project. Working collaboratively, SNAP has co-authored three reports, two journal articles, one chapter in an edited book, and one news article. SNAP members have also spoken at scholarly conferences, public forums, and media events, have participated in the above-mentioned Charter challenge, and are members of provincial and national organizations providing expertise about HAT.

The sections below outline SNAP's most current research project and findings from interviews with SNAP members from October 2016 to November 2018.

## **The Research**

Following ethics approval from the University of Victoria, semi-structured interviews were conducted at VANDU with 36 SNAP members. Interviews lasted between 20 to 50 minutes (average about 35 minutes). Susan Boyd, Andrew Ivsins, and VANDU staff member Nathan Crompton conducted the interviews.<sup>1</sup> Susan and Andrew conducted the coding and analysis of the interviews and the writing up of this report. SNAP contributed to the themes investigated, read several drafts of the report, and provided important feedback.

The average age of SNAP participants interviewed was 52 (range: 40–68)<sup>2</sup>. Sixteen participants identified as female (20 male), and 13 identified as Indigenous (22 Caucasian, 1 mixed race). The majority of SNAP participants lived in the DTES area; 5 reported living outside the DTES and having a significant commute to the clinic. While not all participants discussed their housing situation in detail, most reported living in SROs (single room occupancy) or social

---

<sup>1</sup> Susan Boyd is a Professor at the University of Victoria, BC. Nathan Crompton is a VANDU staff member. Andrew Ivsins is a post doc at the BC Centre on Substance Use.

<sup>2</sup> Participants self-identified their race/ethnicity, gender, and age during the interviews.

housing (i.e., BC Housing). A handful of SNAP participants had received assistance through SALOME/Crosstown to secure improved housing (i.e., non-SRO/social housing). The majority of SNAP participants relied on income assistance as their main source of income.

Of the 36 SNAP members interviewed, 31 were currently receiving HAT at Crosstown, 31 had been participants in the SALOME trial, and 15 had been in the NAOMI trial. Of those still receiving iOAT (Injectable Opioid Agonist Treatment) at the Crosstown clinic, 26 participants were receiving heroin (diacetylmorphine). Five participants were receiving hydromorphone (Dilaudid), one of whom was also receiving methadose, and one morphine to supplement. Of the 26 participants receiving heroin, five reported receiving some form of morphine to supplement (i.e., Kadian or undisclosed) and three were receiving methadose. Of the five SNAP members not at Crosstown, four were receiving methadose, and one was prescribed hydromorphone from their physician. To be clear, some participants had received hydromorphone when they were participants in the SALOME trial, and others had received the drug when waiting for Special Access Request approval for HAT from Health Canada; however, most of the SNAP participants were now receiving HAT. Most SNAP members had extensive experience with opiate use (average 23 years of using opiates), with 25 reporting having used opiates for approximately 20–50 years, five having used opiates for approximately 10 years, and three participants having used opiates five years or less.

Following a back-and-forth process with SNAP members at weekly meetings, the themes below were identified and commented on. As mentioned previously, sections of the draft report were read and edited and SNAP members provided feedback approving the final report.

## Life before iOAT

SNAP participants' lives before iOAT shared a common thread, a recurring cycle of trying to find money in order to purchase opiates. For many, this involved engaging in criminalized and stigmatized activities for income generation and/or procurement of opiates – a perpetually revolving door of “hustling” (chasing down money and drugs), frequent contact with police, often time spent in jail, emergency room visits, and homelessness/unstable housing. One participant recounted a typical experience: “I was in and out of jail, treatment, what do you call it, shelters, living on the street, things like that. It was just chaotic life. It was crazy” (Participant 1, 54/M/C)<sup>3</sup>. Involvement/entanglement with law enforcement and the legal system as a result of drug prohibition was a common experience among study participants, who lacked access to adequate resources to maintain their opiate dependence. One participant suggested, “You'd do most anything not to be sick” (Participant 5, 60/F/C). Discussing the impact of drug prohibition on his life, another participant reported having spent 22 (cumulative) years in jail stating, “Half of my adult life. Supporting my habits” (Participant 8, 63/M/C). One woman described her first arrest, “The first time I was ever arrested it was for a dirty needle, just a dirty needle found in my room in the hotel room. And I got six months” (Participant 9, 65/F/I).

*I was continually going to court for drugs – selling drugs, for crime – petty crime, things like that, theft, you know, just getting in trouble all the time, right, you know. A lot of the time I would miss court. Then I would have warrants for that. It would just – yeah, it would just be a vicious cycle, yeah. It was really bad.* (Participant 2, 45/M/I)

---

3

Self-identifying information = (Participant number, age/gender/ethnicity [C=Caucasian, I=Indigenous])

*That was – it was a lot of hustling to get money daily, three times a day at least just to stay better and endless – that's all it is. And that's all you think about. That's it – just trying to get through. (Interviewer: A cycle.) Yeah, it's terrible. Because your whole life revolves around it and that's it. (Participant 5, 60/F/C)*

*I used to shoplift and I got caught a number of times for that. But I couldn't stop because every time I get out of jail I got back to using drugs again. And so it was like a revolving door. I was sort of – the only way I could figure out how to get money was to do petty crime. So I just kept doing it. (Participant 16, 58/M/C)*

These narratives illustrate how the intersection of drug prohibition with other social-structural factors like poverty and lack of access to appropriate treatment services essentially forced SNAP participants to engage in criminalized activities simply to avoid physical withdrawal. Although many of the SNAP participants talked about their engagement in crime, it was not true that they would do “anything” in order to support their habit. Rather, the SNAP participants were engaged in petty crime, such as panhandling, shoplifting, as street workers, and street-dealing.

For some of SNAP participants, their experiences were influenced by societal expectations and negative stereotypes about women who use illegal opioids. One woman stated:

*Well, women are always victimized to say the least, most of the time whether it be sex or oppression because we are the fairer sex we tend to be targeted more that way. Just in the way we get money to purchase drugs, you know. So there's that end of it and – yeah. I just think that women are more victimized than men are. (Participant, F/46/C)*



An Indigenous SNAP participant went on to explain, “men don’t have to worry about getting raped and attacked, not normally whereas women, you get robbed. You get violated” (Participant 28, F/45/I).

Furthermore, women described how imprisonment for drug related offences impacted their relationship and custody of their children. One woman noted:

*I ended up going to jail but their dad took them. I – we had arranged. Their dad took them and that was from the time they were about seven until they were 12. And then they came back to me.* (Participant 32, F/64/C)

One Métis woman also noted that she experienced stigma due to her illegal heroin use and, “being Native down here. Oh, yeah” (Participant 13, F/51/I).

### **Drug treatment before iOAT**

Many SNAP participants described trying to unsuccessfully control or quit their opiate use by attempting various methods of treatment, including methadone/dose. Frequent attempts at detox were also common experiences. Conventional abstinence-based treatment models failed SNAP participants. As one participant stated, “I’ve been to detox and I went to treatment centres, ...well, I don’t know a lot of them. Oh, god it was horrible” (Participant 3, 46/F/I). When asked why treatments didn’t work, a common theme was not wanting, or not being ready, to quit using drugs. Feelings of being forced into something they did not want, and/or being drawn back to the street (i.e., drug use) were common. For these SNAP participants, abstinence was not a useful or desired outcome/method. For example, one participant who had tried “so many programs” stated, “I wasn't ready for it, I guess. I wasn't

ready to accept the fact that I quit or I don't. I wasn't ready to quit. I'm still not ready to quit now" (Participant 8, 63/M/C). Another participant similarly described the failure of abstinence-based treatment models:

*Again being in a relationship prompted it and that was my first try and it didn't last and I've been to detox a bunch of times and it appeared to help so I tried again and – but again I never really wanted to stop using in the first place, I guess. (Participant 19, 47/M/C)*

Yet, quitting or not quitting is not just a matter of personal choice; rather it is more complex, as the quotes below demonstrate:

*P: No, I've been to quite a few treatments. I was always trying to fix myself, better myself. I was at Second Chance in Campbell River. I was in Coquitlam, Inner Visions, VLAS. I've been to quite a few.*

*I: But none of them –*

*P: Nothing worked. They have a very poor success rate. (Participant 18, 68/M/C)*

*P: Oh, I couldn't tell you the first time I went to treatment. I've been so many times. I've been to every detox in the Lower Mainland and outside of the Lower Mainland. I've been to treatment and Ranier. I was there six months. I've been to detox probably 100 times.*

*I: Why do you think they don't work or why did they not work for you?*

*P: Because I was always trying to quit and then the reality of it is, I have chronic pain and I'm never going to be drug free completely if I want to do any kind of stuff.*

*(Participant 20, 46/F/C)*

*Yeah, I did. I think 21 or 22 [times] I went into NA. I went to a recovery place and stuff, got all cleaned up. Did great again for about a year. And just relapsed. Fell right back*

*into it. I guess four or five years down the road I tried again. But it didn't last. I fell back.* (Participant 7, 51/M/C)

These narratives illustrate how other factors, such as living with chronic pain, lack of supports upon completing treatment, or programmatic issues (“they have very poor success rates”) shape negative experiences with conventional treatment options. The research findings of multiple unsuccessful attempts at detox and other conventional treatments make clear that conventional drug treatments failed the SNAP participants interviewed, and that alternative models should be made more widely available and easily accessible.

### **Benefits of iOAT**

SNAP members pointed to seven main benefits of receiving iOAT. Six of these are general benefits of being on iOAT, and one is specific to the Crosstown clinic model of iOAT (as opposed to, say, receiving hydromorphone from your family physician). The main benefits are as follows: stabilizing drug use, social improvements, health improvements, economic improvements, housing improvements, avoiding overdose, and additional clinic-specific benefits.

#### ***Stabilizing drug use***

Many SNAP participants interviewed discussed stabilizing their drug use as a positive/beneficial aspect of iOAT, and three sub-themes related to this idea of stability emerged: a consistent and safe source and supply; a medicalized (or prescribed and monitored) dose; and a reduction in outside/street drug use.

### *1. A consistent and safe source and supply*

For a number of SNAP participants, an important aspect of receiving iOAT was having a consistent and safe source and supply of their drug/medication. Having a reliable source of legal heroin/hydromorphone at the Crosstown clinic alleviated participants' anxieties about waking up sick and facing the prospect of going through withdrawal, or worrying about where their next dose/fix would come from. The consistent source of legal heroin/hydromorphone at Crosstown meant participants did not have to spend (often significant) time trying to obtain illegal heroin, and could spend time doing other things.

*Three times is like I – when I was buying heroin I'd have to go 10 or 12 times a day, right. This way I'm only doing once every three and a half hours. That's a lot better just three and a half hours than 12 times...You never get nowhere because you're always chasing that fucking dragon around. (Participant 6, 52/M/C)*

*It keeps me stable. I can go out and go to work now. I can – if I didn't have the heroin I'd be downtown – I'd be sick all the time. And I'd always be worrying about where am I going to get my next fix. Now I don't have to worry about that. I can think about other things. Like, I'm working now. Keep my mind on work and I go for my shots. I know when to go for my shots. It's worked pretty good for me. (Participant 10, 54/M/I)*

*Well, that you know where to go whereas if you're buying off the street sometimes you don't – you might have to do some travelling around and spending a lot of your day travelling to try and find something whereas this you know – it's always the same place, always the same time. So the consistency of it makes a big difference in my life because I can plan around it whereas just buying off the street, that seems to consume so much of your time. First you got to chase up the money. Then you got to chase down your dealer, that type thing. (Participant 16, 58/M/C)*

## *2. A medicalized (or prescribed and monitored) dose*

A number of SNAP participants referred to their regulated and prescribed dose of opiate as helping them stabilize their drug use. Many experienced fluctuations in their dose until the right amount was found – too high a dose resulted in sleeping too much or “nodding out,” while too small a dose resulted in experiencing withdrawal symptoms (often in the morning) or just not feeling right. Some participants discussed tapering their dose down, attempting to find the lowest dose possible while still achieving the desired effect (for some this was a perfect balance of euphoria without getting too high; for others this was just the right amount to avoid withdrawal symptoms). Prescribed and monitored doses were especially beneficial for participants who wanted to eventually stop using opiates.

*I tried to go a little bit higher but then I was nodding out too fast and I was getting – [it] was having too much of an effect on me. So I wasn't healthy so I went down a little bit. And then I found a level that I was comfortable at and they were comfortable giving me and that was good. (Participant 2, 45/M/I)*

*It's going good. I'm at a stable dose and this year I'm actually doing a lot of work . . . I roofed all summer long but doing no street drugs and I would do my first shot at 4:30, 5:00 o'clock in the afternoon and then I'd do one at about 9:00 and then the next day I'd be able to work all day with no drugs. (Participant 9, 40/M/I)*

*That's working really good. I was at 250 when I started, now I'm at 90. So I'm slowly going down. I want to get off this stuff eventually. (Participant 10, 54/M/I)*

*It works good for me, the dose I'm on now. I'm trying to cut the middle dose out so I just go twice a day because I would like to go back to school. (Participant 11, 58/F/I)*

### 3. Reducing outside/street drug use

When discussing the benefits of iOAT, almost half of the SNAP participants interviewed referred to a reduction or cessation of using illegal drugs outside of the program. Not having to obtain illegal drugs from outside sources was related to other benefits such as not having to worry about the safety of the drugs being consumed, stabilizing their drug use, and freeing up time and money. Not having to purchase drugs outside the program is especially important in the context of the current drug poisoning and overdose crisis.

*Now I can save the money I make and I don't have to spend it on heroin on the street – street heroin, not knowing what I'm getting, whether I'm getting fentanyl or what I'm getting, you know what I mean? (Participant 8, 63/M/C)*

*It's maintained my sobriety like while – I'm not really clean but I'm clean like I don't do street drugs no more. That's a good thing because there's a lot of people OD'ing with that fentanyl stuff. (Participant 10, 54/M/I)*

*It was helpful. It was getting me off the heroin, the street heroin. (Participant 12, 47/F/C)*

*Yeah, I'm not using any street drugs right now. I was when I first started the program. I was doing some of both but now I am just doing the drugs from the program. (Participant 16, 58/F/C)*

#### **Social benefits**

Most SNAP participants interviewed referred to social improvements when discussing positive aspects of being on iOAT. These conversations revolved around ideas of “getting life back in order,” and notions of structure and stability in life. Often this was tied to no longer being involved in the “hustle” of the street and criminalized activities, including staying out of

jail. These general social improvements also fostered positive feelings about the future, including aspirations to go back to school and/or work, and reconnect with family.

*It's just all around helping me get my life back on track. I'm getting my ID back and I'm going to get a bank account. I'm going to be like a legitimate member of society which is something I haven't been used to doing for a number of years. (Participant 1, 54/M/C)*

*And my life has been some place it hasn't been for a long time. I'm a member of my community, you know, and I'm not a tax on my community. So I'm happy. (Participant 2, 45/M/I)*

*Now we don't have to do that hustle and bustle. And there's other things like I want to go back to work. I want to go back to school or work or something. (Participant 3, 46/F/I)*

*I got to talking to my boys again. I haven't talked to them in 10, 15 years. I started talking to my boys. They stopped talking to me because I was doing drugs, eh. So one good thing is I got my family back together. (Participant 10, 54/M/I)*

*I used to shoplift and I got caught a number of times for that. But I couldn't stop because every time I get out of jail I got back to using drugs again. And so it was like a revolving door. I was sort of – the only way I could figure out how to get money was to do petty crime. So I just kept doing it. But now I am more stable because of the program, I feel I could do some part-time work. (Participant 16, 58/M/C)*

*It's a big weight off the mind. I don't think about drugs like I used to. It's not the same. I have time – I have so much more free time.... I am in better health. I weigh more. I don't have to run around and humiliate myself or embarrass myself or anything silly. I don't have to do what I used to do. I was collecting empties. (Participant 26, 44/M/C)*

*I guess the greatest benefit would be that because – yeah, it enables me to have stability in my life. Yeah, it takes – this takes on – eliminated a big – a great deal of*

*anxiety I had prior to this just not knowing – yeah, not knowing – a lot of uncertainty, not knowing what's going to happen and like the short future. (Participant 37, 36/F/Mixed race)*

### **Housing improvements**

A number of SNAP participants interviewed also discussed improvements to their housing situation since starting the iOAT trial/program at Crosstown (some of whom reported receiving assistance from Crosstown staff to do so). For some participants this meant securing housing after being homeless; for others this was moving out of single room accommodations in the DTES to larger apartments in other neighbourhoods.

*I recently just moved out of the Downtown Eastside. So I have a bit of a commute to come into town. But the area I live in is beautiful. I love it. And I am just blessed to be able to have the accommodations where I'm living now. (Participant 1, 54/M/C)*

*I've had a roof over my head for three years now. I've never had that before. (Participant 2, 45/M/I)*

*Yeah, they are helping me do something I haven't done in years, you know...I was sleeping – sleeping on a bed, having hot water, showering, having three meals a day! My laundry. I got – stuff you take for granted, for me it's like wow, you know! Because I've had nothing for (voice tightens) so long. (Participant 14, 52/M/I)*

*I got tired of the hotel rooms and whatnot. You don't feel at home there. Here I feel at home, you know. I can cook a turkey and stuff like that. I don't have to share my stove or bathroom with anyone, so that's cool. (Participant 15, 55/M/C)*

### **Health benefits**

Just over half of the SNAP participants interviewed reported physical health issues; many discussed living with chronic pain. A number of SNAP participants referred to



Crosstown/iOAT as helping them with their significant health issues, including adequate pain management. Yet for some participants, those who prior to iOAT had been entangled in the often chaotic cycle of having to obtain illegal opiates from the street, simply being able to buy groceries, eating better, and sleep better was a valued health improvement.

*It's working very well. With my medical condition being I just had a degenerative right hip and in the span of six months I went from walking normally to where I'm at now which is a walker. So it's an incredible amount of pain and it helps me with that. It's helped me with a lot of things and it helps me to look at a few other health issues.*  
(Participant 1, 54/M/C)

*My reason I am there right now is for the pain in my hip until I get that replaced. Down the road I am hoping that once my hip is replaced I will no longer need to be going to SALOME. But for now it's saving my life, actually.* (Participant 1, 54/M/C)

*I use the social workers and dietician. I guess I lost a lot of weight, I didn't know. Thirty pounds they said. They are trying to fatten me up (laughs).... which is funny.*  
(Participant 5, 60/F/C)

*Well, I save my money now. I can save my money. I can buy some of the things – like I can buy especially the groceries is the big thing for me. I can buy the food I need now. I never used to be able to do that. I used to have to go around and beg, borrow and steal to get – to survive on food and stuff because all my money was going to drugs. Just my sleeping seven, eight hours a night sleep too means so much to me.* (Participant 8, 63/M/C)

*That's why it's been a godsend. I would have bet against it. If somebody would have told me that I could get on a program that would take my pain away after all the things I've tried, all the different drugs like, my doctors have given me every drug there is trying to – and it's never worked. And ever since I got on this program it was by*

*accident I realized that it went away. It was by accident because I didn't realize – I wasn't doing it for the pain and it worked for the pain. (Participant 8, 63/M/C)*

### ***Economic benefits***

A significant benefit of being on iOAT for many SNAP participants interviewed was an improvement of their economic situation. Given that the main source of income for the majority of participants was income assistance, these individuals had very little disposable income. Considering the inflated cost of illegal opiates on the black market, trying to find money in order to purchase an adequate amount of opiates to ward off withdrawal symptoms is often a daily task for many individuals experiencing opiate dependence. When discussing their lives prior to iOAT, participants commonly recounted spending significant amounts of money (often all their money) on illegal opiates. Participants receiving iOAT discussed having more money, not spending all their money on opiates, and having money for other things like food or leisure activities. Some participants reported being able to go back to work after being on iOAT.

*You buy more groceries (laughs). I'm eating better stuff like that. (Participant 5, 60/F/C)*

*Well, it's actually helped me get back into work, actually. If anything it hasn't stopped – well, it has stopped me from work for a long period of time but without the program I wouldn't have been able to get back to work because I would have been stuck in the – stuck trying to make money. I wouldn't have been able to keep – have enough money to get unsick, to start working. You know what I mean? (Participant 9, 40/M/I)*

*Benefits would be (exhales) not having to get up and go get money together to take care of my addiction every day, you know, and not usually in – of going out and dealing*

*drugs or something, putting myself out where I didn't need to be, you know. I mean it's been probably ten years since I've been in jail so it's good. (Participant 15, 55/M/C)*

*It's keeping me from using street drugs. And it's clearing up a lot of my time because I used to do crime to make money to buy street drugs so now I can spend my money on food instead of street drugs. (Participant 16, 58/M/C)*

*I got a nice place to live. I got some extra spending money. I'm fine. Too bad I couldn't have got that earlier. It took so long to get it, right. (Participant 21, 55/F/C)*

### **Avoiding overdose**

In the current context of the overdose death/drug poisoning crisis in British Columbia and the rest of North America, having regular access to a safe supply of opiates was a significant benefit of receiving iOAT at Crosstown. Participants discussed not having to worry about consuming illegal tainted drugs and overdosing. A number of participants believed they would be dead had they not been on the program; as one participant succinctly remarked, "I am not going to inject something and die" (Participant 1, 54/M/C).

*Like, I do outside drugs too but not heroin. I don't touch heroin out there. And like to see all the deaths, it's just not necessary. There's no need. If the stuff is working, why are we doing outside, right? So it baffles me. (Participant 3, 46/F/I)*

*P: I'm alive. I'm sure I'd be dead otherwise.*

*I: Why do you say that?*

*P: Because – look at [the] fentanyl scare out there. I'd probably be one of those fentanyl people with my luck (laughs). (Participant 5, 60/F/C)*

*Yeah, I don't have to worry about the fentanyl. That's – that was pretty scary because fentanyl is in everything now, I've noticed. Someone was smoking rock a couple of*

*weeks ago and they OD'd. They don't do heroin. That person died because of that, sad to say. (Participant 10, 54/M/I)*

*I have – oh, yeah, also I haven't purchased any drugs since I got on the diacetylmorphine which I am really thankful for. I have the ability to say no to it. I've never tried fentanyl. And I don't want to try it. (Participant 23, 68/M/C)*

*Oh, that's changed too since I've started the program with all that Fentanyl. Now it's like Russian roulette so without this program who knows? I could probably be dead, right. That's the scary thing. (Participant 34, 39/M/I)*

Yet even receiving iOAT at Crosstown, there was a risk of overdose as proper doses were worked out, or participants overdosed for other reasons (e.g., having consumed drugs or alcohol prior to coming for their dose). Some SNAP participants noted that consuming their drugs in the clinic and then being monitored for a set period of time by staff prevented fatalities in the event of overdose.

*I'd OD'd the first day. And then after that I OD'd twice more and because of the way I OD I don't – I just quit breathing and just die. So they won't up me anymore because they are too scared first of all. (Participant 3, 46/F/I)*

*Like, say you overdose or something, they're there to call an ambulance for you if need be. So it's safe. Nobody's died. There's been a few cases of overdose but they've been – they were able to revive them so nobody's been hurt from the program. That's one of the benefits of it because if you're just fixing drugs on your own and you overdose, there's nobody there to take care of you whereas here that's available. So that's a big difference for me. I feel a lot safer going there than using drugs on the street. (Participant 16, 58/M/C)*

### ***Additional clinic benefits***

A number of SNAP participants discussed benefits of receiving iOAT at the Crosstown clinic that were not directly related to receiving opiates, but related to some of the social and health supports they received. This included things such as assistance securing housing, getting ID, being reminded of (and help getting to) appointments, and having physical health problems addressed by on-site medical staff.

*And while you're there you can check in with any counsellors there if you got some concerns or check in with the nurses if you got any medical concerns and they're excellent at keeping appointments. Remembering appointments, because I had a big problem with that. Or a lot of times I would just procrastinate. For example, yesterday I had a denture fitting that I had forgotten all about and they were good enough to remind me about it and then they helped me get there in a taxi and it's just all around helping me get my life back on track. I'm getting my ID back and I'm going to get a bank account. (Participant 1, 54/M/C)*

*I: Did they help you get your housing that you are in now?*

*P: Yes, they did...I was at the place before – I've had a roof over my head for three years now. I've never had that before. (Participant 2, 45/M/I)*

*I like everything about it. It has everything you want all the way down to dieticians and social workers. It's everything wrapped into one which is great. (Participant 5, 60/F/C)*

*With all these professionals you can ask them stuff and get a pretty straight answer sometimes. So that helps like, just any sort of health things you can ask them if you want. They have supplies there too so that's always helpful, the works, right and then they have other supplies too for emergencies and whatnot. So that's helpful as well. They give taxi vouchers. (Participant 19, 47/M/C)*

## **Negative aspects of iOAT**

A number of negative aspects of iOAT/Crosstown were also identified. They were primarily related to the structure and operation of the program, as opposed to negative outcomes of being on iOAT. Notably, no participants discussed negative aspects of receiving the form of iOAT offered at Crosstown Clinic. However, for those few participants who had received hydromorphone, there were some complaints. For example, one man noted that hydromorphone “It’s – it is less effective. It lags. I guess it doesn’t hold you as long as the heroin does” (Participant 30, 44/M/M). Another man described being switched to hydromorphone earlier on when his SAP application for HAT (diacetylmorphine) was delayed; he noted, “because it won’t work – ah, man, it’s hard on you – on some people. It’s really hard on me” (Participant 31, 55/M/C).

### ***Tied to the clinic***

The most common complaint about iOAT/Crosstown was about the schedule and routine involved, and being tied to the clinic. Most SNAP participants receiving iOAT at Crosstown were going three times a day to receive their dose. This was often described as burdensome, even for those participants who lived very near the clinic. Having to attend the clinic two or three times a day impacted peoples’ lives by preventing them from straying too far out of the neighbourhood, including being able to visit family who lived in other cities/provinces. A number of participants discussed wanting to go back to school or work but being impeded by the routine of iOAT. This was especially difficult for individuals on higher doses who had no choice but to attend the clinic three times a day; participants on lower doses

were able to attend the clinic less frequently, for example by skipping the afternoon dose.

Some participants received a prescription for methadone or morphine in order to travel, but this is not ideal for everyone.

*Well, we have to get our dose, right. If we don't get our dose, we're sick. So it's frustrating. That part sucks because I want to go to school and how can I go to school if I have to be at the program three times a day? (Participant 3, 46/F/I)*

*Yeah, you can't go out of town, you can't go visit family. I wanted to go home for my auntie's funeral and I couldn't do that. They weren't going to give me methadone to take, right. That really bothered me because I really wanted to go for that but by the time my doctor – I got a hold of my doctor – it was already too late. (Participant 11, 58/F/I)*

*Like, I said I'm trying to cut the middle one out. I'd like to go back to school so I am going twice a day now. I still haven't cut the middle one right out. I still can go there at 1 o'clock if I have to. But I'm trying really hard to just go twice a day. It gives me more time because you have to wait there so long for the process to go through there, right. (Participant 11, 58/F/I)*

*Just the time that it takes – it interrupts if you work during the day and stuff, it interrupts your day that you have to go twice and – before when you had to wait the full 20 minutes it was a lot worse but – and some people – and most people complain about that, having to wait afterwards, but, yeah, you're into doing something and then you got to stop and go to the clinic and then go back, right. (Participant 22, 48/F/C)*

SNAP participants also discussed the potential benefits of having a less strict schedule and not having to come to the clinic multiple times a day or even daily. Some participants were given prescriptions for methadone or morphine in order to travel; however, for many of the

individuals at Crosstown (and their history of these treatments failing them) this is not an ideal solution.

*I mean I'm tied down somewhat with methadone but I can plan a vacation and – I know [with the iOAT program] you can do that too now. They'll give you methadone or morphine or whatever – if you wanted to go on a vacation or go and visit family.*  
(Participant 7, 51/M/I)

*You'd have more free time for yourself to do things, say job hunting, looking for places, anything, right...Or even going to visit family out of town or anything, right. Yeah, that would open up new doors, definitely, for people, not just me but for other people that don't have family in town or – which a lot of people do.* (Participant 9, 40/M/I)

*Say if I wanted to go to Alberta, go back to visit my family, I could go because – I can't buy the dope over there. There's no heroin over there...The only thing they would suggest is if I get back on the methadone and I don't want to get back on methadone. I lost all my teeth because of that.* (Participant 10, 54/M/I)

*That is a problem because every year I go to my family's for Christmas and every year it's the same thing. I get so sick I end up having to come back early. I can't go for more than a day. Like, last Christmas my doctor gave me 1,000 mgs of morphine [Kadian]. He told me to take it all at once. Okay, he said I'd be good for the whole day, right. Well, I took 'em. By 1 o'clock my mother was sending me home from Maple Ridge in a taxi because I was so sick and I didn't even last a whole day. So something has got to change around that because my mom is 70. She's not getting any younger. That's the only day of the year that I want to go out there and be with her and I should be able to do that.* (Participant 20, 46/F/C)

### ***Lengthy commute***

A number of SNAP participants lived outside of the DTES and had to commute 30–45 minutes to the clinic. Having to do this up to three times a day was burdensome. Participants



suggested that having clinics in areas outside of the DTES would obviously be useful. One participant who lived in the DTES had mobility issues and reported sometimes having a difficult time commuting to and from the Crosstown clinic.

*I recently just moved out of the Downtown Eastside. So I have a bit of a commute to come into town...I interact with some friends during the day and then I head back home and I come back again so like, I said, there's a trade-off in everything. The commute is a bit of a drag but I'm adjusting to it. (Participant 1, 54/M/C)*

*Well, for three years I had to travel from Burnaby three times a day and we didn't like hanging out downtown so it would be constant back and forth. Get home, sit for half an hour, then get up and go again. (Participant 9, 40/M/I)*

*I live at Princess and Powell. So it's like one bus ride. Mornings sometimes it's hard for me to get there because like I have mobility issues. So mornings are tough. (Participant 20, 46/F/C)*

*P: Yeah, I'd rather be getting it at the drugstore. I don't like to travel to the clinic. It's just a bit too much for me.*

*I: Are you travelling a far distance?*

*P: Yeah, I have to travel from the other side of the city. So that's two SkyTrains. (Participant 23, 68/M/C)*

## **Rules**

A common complaint from SNAP participants about receiving iOAT at the Crosstown clinic was about the rules. The majority of complaints were specifically about having to wait up to 20 minutes in the clinic after consuming their heroin/hydromorphone. This rule was to ensure that participants did not have a negative reaction to their dose (e.g., overdose), and if so staff were on hand to respond and reverse the overdose (as has happened). However, many of

the rules at Crosstown clinic have changed since the early SNAP interviews took place. The rules have become less restrictive; this includes the length of time one has to wait prior to and following an injection. Other complaints were about missing shots, frequently changing rules, or being at the whim of staff.

*If I had one complaint it would be the amount of time we have to spend after we've done our shot which is a 20 minute period. My opinion, and this is my opinion only, would be, I figure it should be on an individual basis. And if somebody is good after ten minutes, then maybe it's time to move on. I'm not big on hanging out a whole lot afterwards. (Participant 1, 54/M/C)*

*Every day at – yeah, but there's flex spots in every group, right. But – so even if you're a minute late and it's your group you don't get to go in because somebody takes your spot. And it's just – these rules are just so frustrating because it's always something new. Every week it's a different rule that we have to – and it's not for us. It's never for us. It's for the staff. And it's just a joke. (Participant 3, 46/F/I)*

*P: I've missed a couple of shots and I woke up sick. It was horrible.*

*I: If you miss a shot do you have to wait until the –*

*P: Next one.*

*I: Can you get a larger shot in the afternoon –*

*P: No...No, if you miss, you snooze, you lose. So, the whole idea is if you don't want to be sick, don't miss. (Participant 8, 63/M/C)*

### **Methadone and methadose**

Most SNAP participants interviewed had past experience with methadone/dose as a form of drug treatment. Very few participants had positive things to say about methadone. To reiterate from above, three of the participants receiving HAT at Crosstown were also receiving

methadose. Of the five SNAP members not receiving iOAT at Crosstown, four were receiving methadose. As part of the iOAT program at Crosstown, participants who were having difficulties between their last injection at night and the next morning (experiencing withdrawal) were given a small dose of methadose with their last iOAT dose of the day.

*I just get that little bit of methadose at the end of the night, right and it carries me until the morning and I'm fine. (Participant 2, 45/M/I)*

*It's such a little amount. It's just so that you don't feel sick at – for the morning time. I don't even notice it. (Participant 21, 55/F/C)*

The following SNAP participant described a conflicted relationship with methadose. He had been a participant in NAOMI but was kicked out of the program for attempting to sneak some heroin out with him. He then went on methadose and decided not to join SALOME as he felt the methadose was effective. Also, he was slowly tapering down from the drug.

*P: So I would actually be pretty comfortable doing it now but I don't really see any purpose. This temporary solution with the methadose is going on seven, eight years now.*

*He then went on to say: I mean I'm still wired but I have been taking methadose for seven, eight years or however long it's been now, so I haven't been dependent upon any heroin at all, morphine or anything like that. I don't even inject anymore hardly ever. Maybe once in a blue moon.*

*And later, referring specifically to the new methadose formulation: Oh, yeah, it's brutal. But if it keeps me from my habit, that's great. (Participant 7, 51/M/I)*

Aside from a handful of positive experiences with methadone, most SNAP participants interviewed described negative aspects of and experiences with methadone/dose. Some

participants complained that methadone/dose didn't work effectively to keep them from experiencing withdrawal-like symptoms. Other participants detailed specific negative health effects from taking methadone/dose such as tooth decay/loss, bone issues, and overheating.

*Yeah, I've been thinking about cutting off – cutting myself off that because I never wanted to be on methadose or methadone anyways because of what it's done to my teeth and my bones and stuff like that. It's had a medical detriment to me. It's physically causing me ailment, right, and of course, I don't want that. (Participant 2, 45/M/I)*

*It's poisoning them. It's taking their teeth away. Their bones are frail. It's wrong. I don't – you know, they're trying to say that methadose is like morphine. There's no comparison (laughs). I ought to know. (Participant 13, 51/F/I)*

*The methadone used to work but – and then they switched it over to that methadose which is just garbage. When I was on methadone, it worked for a long – I didn't use. I only used when I wanted to use. And then they switched to methadose. I used every day again. (Participant 17, 46/M/C)*

The SNAP participant below was receiving methadose in the evening but switched to Kadian as the methadose was not working:

*P: I'm – but the withdrawals from the methadose were brutal [...] Yeah, you can feel it still.*

*I: Like still today? I mean still now?*

*P: Um, not as bad now because I'm on – I've managed to – even itself out. But the – yeah, the first night, two nights it was hell. I was frozen to the bone. I couldn't sleep. I hadn't slept in two days [...] Yeah, the methadose is really bad.*

*I: And why the switch?*

*P: Because I was waking up sick, waking up dope sick and now I don't wake up sick at all and it lasts all the way through... (Participant 3, 46/F/I).*

## **Drug effects**

SNAP participants interviewed were asked about what heroin provided for them, and how it made them feel. Common responses were feeling normal or better, both of which were related to alleviating withdrawal or the onset of withdrawal. Participants also referred to being able to “function” after receiving their dose.

*P: I feel better. I feel elated, like, okay, phewww. That's over. I'm going to be better. I'm going to be fine until my next shot and I got nothing to worry about. (Participant 2, 45/M/I)*

*I don't notice anything except that I'm not sick. That's basically it. Just not sick. That's important. That is the biggest thing. (Participant 5, 60/F/C)*

*I feel 100 times better when I get done there, after I do the shot. I feel – everything is all right. Before that when I first get up and stuff, it's – I just don't feel like doing nothing or talking to anybody. I don't like talking to anybody before I get it. I don't have the patience talking to people before I get my shot because I end up losing it. (Participant 6, 52/M/C)*

*I'm able to function on it quite well. People would think, oh, you take a drug and you function well, you can't be at 100% but I think I'm at 110% when I do heroin. (Participant 18, 68/M/C)*

Another common response when asked about the effects of using heroin was that of pleasure, or iteration of euphoria and relaxation. For some this was discussed in terms of physical embodied experiences, while for others the pleasure or euphoria involved an overall sense of ease, peacefulness, and relaxation – a pleasurable/enjoyable physical and mental

experience. As one participant stated, “it's just an enjoyable euphoric high” (Participant 19, 47/M/C).

*Feels like a nice warm feeling and holistically I feel great, physically, mentally, emotionally, it makes me feel great. (Participant 1, 54/M/C)*

*It's a sense of peaceful, relief, just (laughs) just what it does for me: peaceful, relief. It gives me a rush...Yeah, the rush – still excellent, warm, just it's a fucking great thing. (Participant 4, 62/M/C)*

*It's a good feeling, just the whole body feels good. Comes over you, just – it's a good feeling. It's a happy feeling. (Participant 8, 63/M/C)*

A number of participants also discussed pain relief as an effect of heroin. Yet sometimes this was tied to other feelings of pleasure and euphoria, making it difficult to really distinguish the effects/feelings. This is not surprising, as one can imagine that alleviating chronic pain or withdrawal symptoms then allows one to relax and feel good physically. One participant simply stated, “It takes all my aches and pains away” (Participant 21, 55/F/C).

*P: It's like a body orgasm. It takes all your pains away and just melts them.*

*I: So there is pleasure involved?*

*P: Yeah. It helps. If I'm in pain and the initial, yes.*

*I: Body orgasm is a pretty – that sounds pretty –*

*P: That's how I explain it because it just takes all that pain and stress away but then it comes back and then you know. Because I got a lot of health issues, arthritis, I have a heart condition. (Participant 3, 46/F/I)*

*P: Well, it keeps me from [being] sick. And it helps pain, any pain and I like the effects of it...I feel relaxed. Relaxed and pain free, I guess.*

I: *So it's both functional and enjoyable?*

P: *Yeah.* (Participant 9, 40/M/I)

P: *Takes some of the pain away, some of the memories out of my head.*

I: *You are referring to emotional pain or physical?*

P: *Emotional and physical pain. Yeah. Mostly the emotional stuff though. Like, I said I can disappear and not worry about anything.* (Participant 11, 58/F/I)

### **Recognizing “addiction”**

SNAP participants discussed how their drug use had shifted from casual to heavy use of opiates. Some participants referred to their first experience of physical withdrawal symptoms as key to recognizing that shift. The time period between starting to use opiates and recognizing heavy use varied. For some participants this realization came after a week or only a few days of using heroin; other participants reported using opiates for months before realizing they had a habit.

P: *The minute I tried to pull away and I was sick. I realized I'm – I need something, got take care of this and the only thing that would take care of it was more – at the time I was using morphine so I had to use morphine – I was using three times a day but I had to. I had to have that in my system in order to operate as a – you know – I – without getting sick.*

I: *How long did it take to get to that point, do you think?*

P: *I didn't realize it until about three weeks into it, four weeks into it.* (Participant 2, 45/M/I)

*I knew it right away after four days. If you don't have it you're sick. And right there there's the indication that you're an addict because if you don't have it, you don't feel*

*like a normal person (laughs). You're just sick – the worst feeling in the world being sick – dope sick. (Participant 5, 60/F/C)*

*P: Because I couldn't go a day without it. I was sick if I didn't have it. Miserable sick.*

*I: And how soon after starting –*

*P: The very next week I was – I couldn't leave it alone. I was getting sick soon as I tried to go without it. It only takes five days to get in your system and you're hooked.*

*(Participant 11, 58/F/I)*

Four SNAP participants interviewed were prescribed opiates for pain due to health issues including for example cancer treatment or after having been in a car accident. It was in this context, of running out of medication or not receiving another prescription from their physician, that they became aware of their reliance on the drug.

*P: Okay, I got out – released from hospital from six months' drug induced coma. I was at my aunt's, living with my aunt. And I was on her couch, I ended up running out of my morphine script. And I think I toughed it out for about two weeks just with nothing and I was starting to get in a lot of pain so I went to go and get a refill, tried to refill the morphine pills and they said that people just don't quit morphine like that. And that since I went that long without it that they weren't going to prescribe me and they gave me, I think, 100 or 150 T3s. And I [took] – so many of those at one time trying to kill pain that it just upset my stomach and it did nothing for me and that's how I ended up getting introduced to heroin.*

*I: So prior to that you hadn't used heroin?*

*P: No. I even remember watching an intervention – watching someone dope sick and I – like, who would pay to get like that? And I just never –*

*I: And so when did you first consider yourself as having a habit or being dependent on heroin?*



P: *It was probably within the first three weeks of buying it.*

I: *Why do you say that?*

P: *Well, just because I bought it so frequently for the pain and then when I didn't use it for a day I – that's when I found out about dope sick (laughs). (Participant 9, 40/M/I)*

*It wasn't even that it was a dependence on heroin. It was because of all the pain I went through. I was a cancer patient and I have scoliosis. So I started using because of that. But I had brothers and sisters that were users. And they're all older than me so I promised myself I would never get wired but I did. (Participant 13, 51/F/I)*

P: *When I started getting sick (laughs). Wake up in the morning and then be sick (laughs). That's when I knew I was in trouble.*

I: *Was that before your doctor cut you off? Or did it –*

P: *That was before the doctor cut me off, I knew I was addicted to morphine because I ran out one day in one weekend and I was sick. Monday morning going to the doctor's I was sick (laughs). (Participant 10, 54/M/I)*

P: *Yeah. Yeah, I was getting prescription for my pain. [AND THEN LATER]...I was taking like 100 Tylenols – Tylenol 1s because I couldn't – I didn't have enough drugs from the doctor and then when that was gone I was buying dope on the street. I mean wow. If that doesn't say it right there, I don't know what does, right. (Participant 20, 46/F/C)*

*So I had surgery on my left knee when I was in the military and the surgeon did a hell of a bad job. So all my friends when I came back from the services, they were all using and I avoided it for a long time but then everybody has that day and I did it. And it helped. I liked it and I was afraid of it. But it just became like – it just gobbled me up so damn fast. It's hard to say. It just – did everything for me so you can say – I wouldn't say I was addicted the first time I tried it. And I wouldn't say it was long after the first one I was addicted either. Yeah, you realize you like that stuff (laughs). (Participant 23, 68/M/C)*

A number of SNAP participants described not realizing they had a habit until others suggested it. For example, they thought they had the flu until they learned that what they were going through was withdrawal. This phenomenon might be similar to sociologist Howard Becker's work on learning to become a marijuana user in which people may not initially experience the "high" of marijuana until they learn to recognize the effects and connect them with marijuana use. Similarly, the participants below did not inherently know they were going through withdrawal, but learned this by interacting with others who were more knowledgeable about the effect of opiates. And perceptions about withdrawal were diverse.

*Probably about ten years ago maybe. It took me awhile to figure that out because I always thought I was normal. You get high and that was it. A normal day to get high. And I tried to be as best as I could at it...I just learned slowly, that was it. It took a while to get it through my head. (Participant 6, 52/M/C)*

*Within about a week I was doing heroin and then I stopped for like 24 hours and I went to my partner, and I was like, oh, I seem to have got the flu. He's like, no, I'm sorry to tell you but welcome to the opiate world. You're dope sick. And I'm like, what's that. I didn't know, right, because I never used before. And he goes, well, give it a couple of minutes. You'll find out. And then I just got really really sick. And I was I like, what am I going to do? How do I get better? He's like, you have to do heroin. (voice faint) So I had to do heroin to get better. And then I was like, oh, no. What did I get myself into? Ever since then I've been using. (Participant 12, 47/F/C)*

*You know what? I was – when I'd come down like after chipping, I used to just do it on the weekends with my girlfriend and that and I was feeling awful and I remember once saying to my girlfriend I think I got the flu or a cold coming on and she says, oh, no, you're dope sick. And I wish she didn't even tell me about that because I'd come out of it a lot easier. I'd feel shitty for a day, but then I'd be okay. Now I've gone a few times trying to quit and that and I went – I was down to seven mls of methadone and I*

*stopped and it was awful. After three days of feeling shitty and just about crapping my pants it just wasn't getting any better. It seemed like it was getting worse and worse. I mean it was just – dragged on too long until I said, to hell with it and went out and scored. (Participant 18, 68/M/C)*

### **Discursive construction of drug use**

When discussing how or when they realized they had a habit, or how opiates made them feel, interesting narratives emerged around conceptual ideas of drug use – what drug use meant to participants, or how they viewed/defined/conceptualized their own use of opiates or other drugs. A number of SNAP participants interviewed discussed opiates as a medication, as something to manage their pain, or generally make them feel better. This idea of opiates as medication may also stem from involvement in a program that defines participants' use of heroin as a "treatment."

*I don't consider it drug use. I consider it medication to help with my pain that I have.  
(Participant 1, 54/M/C)*

*P: No, it's just a medication, basically. I don't do it no more, no less. So it's basically just like a script, just like someone getting pills, I guess. It's just my medicine.*

*I: I'm curious. When did that idea of heroin as medicine, when do you think that started?*

*P: A couple of years ago. Like, before, yeah, just – I don't know. Half way through SALOME, I guess, kind of switched my thought rather than as a drug addict, just I guess halfway through. (Participant 9, 40/M/I)*

*Well, it keeps me well. It keeps me out of shit, right. My medication keeps me out of shit. I go to the clinic to get my medication and like other people, like somebody who*

*[has] diabetes, they go and get their medication to stay healthy, you know. I do it to stay healthy.*

Later this participant referred to a similar shift in mentality as Participant 9 above:

*Well, when I was – before SALOME, I was out there to get high and to get better, right. But I – my mentality has changed now, right. I just do it just for medication.*

(Participant 2, 45/M/I)

This idea of a shift in attitude, or changing how one views their own drug use, was alluded to by some other SNAP participants, such as the following participant who discussed changing her drug consumption and no longer “partying”:

*...plus if I party too I get dope sick faster. So I don't party as much now. So I know what's happening and so I just avoid those things. Then I don't have to sit there and struggle. (Participant 3, 46/F/I)*

*I think it's – I just don't like getting high anymore. Just the high is not there. The fun is not there no more. I did it to have fun. Pretty boring now. (Participant 10, 54/M/I)*

*P: I buy 80 – I buy 100 mls in 20s and that lasts me all month. I mean that wouldn't last me not even an hour (laughing), you know, ten years ago. It wouldn't have lasted me an hour (laughs). I'd want (voice high pitched) more, more, more (laughs).*

*I: So that's good. It sounds like you are able to control it.*

*P: I am and I love it. I really – I love it now. I wish I would have known this 20 years ago that I could keep myself so mmm (laughs) and just do it as I please. (Participant 13, 51/F/I)*

*I don't think about drugs like I used to. It's not the same...I don't have to run around.*

And then:

*It's a steady part of my life and I like that steady part of my life. (Participant 26, 44/M/C)*

SNAP participants also discussed their opiate use as a tool to help them function or go about their daily lives. This is tied to a discussion of heroin helping participants feel better/normal/not sick.

*I just do it so I can function, not to sit there and nod off and – I have things I got to do and things – it's embarrassing to see [her partner] all fucking nodding out. I can't even go in public with him. It's so embarrassing. (Participant 3, 46/F/I)*

P: *It's a way of life for me now.*

I: *Why do you say that?*

P: *I don't think I'm ever going to want to quit taking it...I like the way I feel with it, you know. I seem to be able to cope more with life when I'm high. I don't get high but I like it enough so I'm not hurting or aching. (Participant 11, 58/F/I)*

P: *Well, they say everybody has a different bottom, right...You have to be hurting to hit that bottom so like I kind of accepted where I am as being normal for me. So I just come down to get my one dose and get me – and I feel happy. It was just like it completes my whole day. (Participant 23, 68/M/C)*

As we note earlier, one participant stated:

*I'm able to function on it quite well. People would think, oh, you take a drug and you function well, you can't be at 100% but I think I'm at 110% when I do heroin. It doesn't interfere with the – anything else. (Participant 18, 68/M/C)*

This next participant, similar to others above, evoked notions of control and contrasted her use of heroin with others who might be seen as “out of control”:

*I guess I'd say I am a heroin addict, you know. I don't like the word junkie. I don't like that because when I think of a junkie I think of someone who is all passed out and nodding and, you know, which I do do (chuckles), the odd time, but that's not what – I*

*like to use it to function, to get things done and to do what I have to do. (Participant 28, 45/F/I)*

Some participants referred to their use of opiates as a habit, or stated that they were dependent on them. The quote below from Participant 8 is interesting in that he refers to his heroin use as a “good” dependency as it helps with pain and other issues.

*It doesn't provide much. It just – I get a nice feeling, I guess. I don't even notice it anymore. It's more of a habit than anything now. But when you first started doing it, it's because you liked the feeling. (Participant 5, 60/F/C)*

*It's a habit. It's a habit. I'm on a habit. I'm dependent on it, definitely depending on it. But it's good dependency because it takes care of all my pain. It takes care of all my other issues. Like, it puts me in a positive thought and positive manner and I get through the day very comfortably. (Participant 8, 63/M/C)*

*Well, dependent on it. That's for sure. It's an addiction. I don't think it's a disease because it's a choice. It has effects similar to what a disease does but with the difference between a disease is it's not self-inflicted. That's why I have trouble calling it a disease. (Participant 16, 58/M/C)*

## **Conclusion**

As SNAP enters its eighth year – meeting weekly, supporting its members, and advocating for flexible HAT programs to be set up – much has been accomplished. At times, however, it feels like little has changed, especially in the face of the illegal drug overdose death crisis that rages on. Since 2010, illegal drug overdose deaths have risen sharply in BC and across Canada. In 2018, there were approximately 1,510 overdose deaths in BC, slightly higher than 2017. In 2018, the City of Vancouver had the highest number of illegal drug overdose deaths in

Canada. Thus, SNAP's activism continues unabated. SNAP continues to advocate for an end to drug prohibition and for an end to the criminalization and stigmatization of people who use criminalized drugs. While SNAP members advocate specifically for HAT, they are not opposed to hydromorphone treatment programs. SNAP supports having as many tools in the toolbox as possible. However, SNAP is adamant that in the rush to expand hydromorphone programs in BC and Canada, HAT should not be left behind, especially given that decades of evidence proves its effectiveness and safety for some people using opioids.

When reflecting on their lives prior to receiving iOAT (the majority receiving HAT), SNAP participants spoke about the many times they attended abstinence-based drug treatments and how these programs were ineffective for them. SNAP participants had diverse experiences with regard to how and when they began to use illegal opioids. Responses to questions about their illegal heroin and legal heroin use were also diverse; so too were their responses to questions about the drug's effects and recognizing heavy use. The participants' narratives demonstrate that heroin use, labeled as opioid dependence and/or addiction are not simple and easily defined or understood ideas. Nor are approaches to addressing such issues as heavy opioid use, as illustrated by the inadequacy of conventional treatments to help SNAP participants. Critical drug scholars point out that ideas about particular drugs, such as heroin, and concepts, such as dependence and addiction, are historical and are shaped by cultural and social factors, including laws, medical practice, and political priorities in any given era. SNAP participants' experiences, outcomes, and the impact of illegal drug use on them are shaped by social status and legal, social, and medical regulation, not just personal choice. iOAT (whether heroin or hydromorphone) does not shield SNAP participants from other forms of ongoing structural

violence, such as gendered violence, poverty, and colonialism. Yet, some SNAP members stated that their understanding of the context of their heroin use shifted after receiving iOAT – from criminalized “addict” to a person receiving medicine.

SNAP participants made clear that having access to a consistent and legal source of heroin saves their lives. Participation in iOAT at Crosstown clinic was accompanied by health and social benefits for SNAP members. For example, receiving iOAT provides SNAP participants reprieve from overdose death due to receiving a safe legal dose rather than buying from a poisoned drug supply on the illegal market. Furthermore, because SNAP participants have access to a legal supply of heroin or hydromorphone at the Crosstown clinic, fears of arrest and imprisonment for possession or trafficking of illegal heroin or other opioids and/or engaging in drug-related crime (such as shoplifting, dealing, etc.) have lessened.

However, many of the SNAP participants critiqued the rules they must abide by in order to receive iOAT at Crosstown clinic. On the one hand, receiving iOAT provided stability. However, SNAP participants had to comply with restrictive routines such as having to attend the clinic from one to three times a day to receive iOAT, and spending significant amounts of time waiting at the clinic before and following their dose (although the amount of time has decreased). Consequently, time to participate in other “mainstream” activities (such as employment, education, and travel outside the city) was restricted. Some SNAP participants also noted that they had to commute a considerable distance to get to Crosstown clinic — the only clinic providing HAT in BC or Canada. Thus, SNAP participants advocate for the establishment of more drug substitution programs, including HAT, throughout BC and Canada, programs that are flexible and diverse. SNAP participants have also made clear that drug



substitution programs, although essential in the absence of legal and safe access to opioids or other criminalized drugs, are the product of dated drug prohibitionist policies. If SNAP participants had legal and safe access to opioids and/or other criminalized drugs, substitution programs would not be needed. Thus, SNAP continues to advocate for the end of drug prohibition right now.

SNAP members have endured a lifetime of legal and social discrimination. This report is meant to provide the public and policy makers with a fuller understanding of people who benefit from HAT. And as one Indigenous SNAP participant concluded, “I hope that because of us doing the study that, you know, a lot of people can be saved . . . because we are all worth it” (Participant 28, F/45).

# **SNAP—SALOME/NAOMI Association of Patients**

**SNAP is a unique group of people who were participants in the NAOMI and/or SALOME heroin-assisted therapy (HAT) clinical trials in Vancouver, BC. We are an independent group dedicated to supporting each other and educating peers, researchers, government, and the public. We advocate for the human rights of people who use opiates, the establishment of permanent HAT programs in Canada and an end to drug prohibition.**

**SNAP meets on Saturdays at VANDU at 11 AM.**