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Taking Risks is A Path to Survival

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October 8, 2017

Retrieved on 9/21/2021 from
<https://hivhepcanarchist.tumblr.com/>

theanarchistlibrary.org

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Many thanks to Kate Mason for her help while we were developing this piece!

Canada is in the midst of a devastating opioid overdose crisis, an unprecedented health emergency. This is an emergency that has been caused and exacerbated by state bureaucracies, hierarchies, and policy and laws that criminalize drugs and the people who use them. The losses are staggering, and the grief is overwhelming. Yet bureaucratic red tape, the ongoing war on drugs and government inaction continues to fuel the fire. And we continue to lose more of our friends and family members.

We are in a position where our only path to survival is to bypass state imposed red tape, rules and regulations. To help our friends, families and ourselves, it is our ethical responsibility to take things into our own hands. We must undermine the barriers enforced by bureaucratic hierarchies. We must take risks, and we must act.

Last year, as part of an ongoing writing project we wrote an article linking anarchist theories to responses to Hepatitis C and HIV. Our goal both with that piece and this one (and more to come) is to help open the imaginations of people working in health responses beyond the current prevailing reality — as governed by corporate neoliberal managerialism. We believe that we have the tools to save lives and bring these diseases to an end, but instead society is organized in ways that allow for millions of people to continue to die. This is also the case with the opioid emergency.

People working within harm reduction to address HIV, Hep C and the opioid emergency often strive for objectives that are already aligned with anarchism, including fighting for equitable access to medical knowledge and life-saving medications, bodily autonomy, participation in decision-making, ensuring interventions are informed by lived experiences and grassroots knowledge, and the right to dignity and social justice for all people. Anarchists also believe in emancipation from oppressive top-down social structures, and instead seek to build com-

munities on trust, mutual aid and self-help. With a ‘do no harm’ philosophy, anarchists believe that action should come from the ground up, and that those most impacted by a specific social issue are the experts and should be allowed to act to address their needs free from constraint.

Underground Naloxone Access

In 2010, our friend and colleague Raffi Balian, a long-time leader and worker in the harm reduction movement was at his job at South Riverdale Community Health Centre. A woman overdosed on an opioid she had injected while in the bathroom. South Riverdale had an unofficial Good Samaritan Policy that was shared with people who use drugs at the centre so they would feel safe telling staff if an overdose happened on site. At the time Naloxone was not yet available for use in Toronto – it required a prescription and had not been made accessible through approved state channels. Drug users had known for years that Naloxone was a lifesaver and were distributing it underground. Raffi had some Naloxone in his office that he had picked up at a harm reduction conference, a pre-loaded syringe. He imported it illegally – knowing that the state imposed process to acquire Naloxone was disconnected from the realities on the ground. Raffi knew that bringing Naloxone into Canada would help save lives despite its ‘illegality’. For years Raffi had been encouraging many of his colleagues to bring home Naloxone when we travelled to conferences where people were handing it out, and people did. The life-saving drug was then shared locally with drug users who needed it. Raffi used that Naloxone on the woman who had overdosed in the bathroom and saved her life. She could have died had Raffi not taken action into his own hands and he did so demonstrating that we could be responding ourselves and we’re equipped to do so.

Bringing an anarchist political analysis into our work helps us understand why breaking ‘rules’ and taking risks is the only ethical action in the context where our lives are criminalized and friends and families are dying all around us. If people were able to open supervised consumption sites without requiring approval from the Federal government, more of them would have been opened years ago, like with the efforts of VANDU, and we might have a much better handle on the current overdose emergency. If drug users were emancipated from oppressive laws and able to use safe drugs freely and with supports this emergency might never have happened in the first place.

We can do more to consolidate our collective resistance. We refuse to continue to grant power to hierarchical structures and ways of working which lead to the deaths of our friends and families. We refuse to continue to adopt a public health logic which views people as risks and as cases to be managed. We will no longer be managed, monitored, and surveilled. Local forms of knowledge are what are needed to save lives during this unprecedented crisis. Harm reduction was always ground up – acknowledging this and actively talking about this history is part of our resistance.

We have to take risks because we are being swallowed up, because we have no choice but to do so, and because we must take care of each other. We will continue to break ‘rules’ and we will continue to speak openly because this is what we must do when it comes to life and death, when it comes to giving people what they need. Rule breaking and risk taking are ethical actions in an unjust world. Out of the overdose emergency and all this devastating loss there could be an opportunity, a new way to organize. The time is now to be explicit about our resistance. We need to talk openly about the risks we are being driven to take in order to save the lives of our communities. We will no longer be divided under state hierarchies and forced into competition with each other. Working together in active and vocal resistance will make us unstoppable.

them for life as a drug user in a state database — a state that criminalizes drugs.

Details contained in these databases such as people's health history, and drug use are widely available for other healthcare and social workers to see, regardless of if the person provided consent for this information to be shared. Workers have resisted these practices by inputting minimal information, no information at all, or using an anonymous code instead of identifying information. The fear is that this type of information could be used against people, to criminalize them, to create barriers to them accessing quality healthcare and to getting what they need. Viewing people as cases to be managed and counted in databases comes from a hierarchal managerial logic. This logic sees people as numbers and workers as data entry clerks and agents of state surveillance. Where local information is exported to high up decision-makers who believe they are experts on communities that they are not a part of because of what they have collected on them. Resisting this logic is good for our health and brings power back to workers who are the true experts.

Rule Breaking as Ethical

If hierarchies were flattened we wouldn't need to break rules because workers would be trusted as experts and enabled to access the resources they need without requiring the approval from a top-down administrative bureaucracy. Breaking rules is part of resisting the oppressive ways in which our health and social system are currently organized. Anarchism is about resisting hierarchical structures — structures that are bad for our health. Working with an anarchist worldview means we can act to address health crises in our communities from a place of power, knowing that we acting to ensure justice and lives free from coercion and oppression.

Raffi also got harm reduction activists from the US to come up and do Naloxone workshops with people who use drugs on how to administer the life-saving drug. Other organizations and workers across Toronto, Ontario and eastern Canada also started taking it upon themselves to acquire Naloxone. A wide network of harm reduction workers and drug users would share the drug across borders and jurisdictions, despite legal barriers. Drug users administered the drug to their friends and families in their homes and communities. It's hard to estimate how much Naloxone was brought into eastern Canada during that time, but we believe around 8,000- 10,000 vials of Naloxone made it into the hands of people in Toronto and elsewhere, including Montreal, Ottawa, and Grassy Narrows.

Naloxone has been available on the market since the late 1970s but it was only until 2016 that Health Canada dropped the requirement for a prescription, making it more accessible. Had drug users and harm reduction workers waited until it was recently made more widely accessible, it is likely that hundreds of people would have died. Many did and many continue to die while access barriers make Naloxone out of reach.

The example of Naloxone is one where workers with on-the-ground lived experience took risks and acted in the moment to do what is needed to save lives, bypassing official state policies and barriers. For a long time, harm reduction workers have imported supplies across different jurisdictions and provinces, importing from the US. Sometimes workers have taken supplies paid for by one province and given them to workers in other provinces where access is more constrained. These approaches have expanded vital and live saving access to crack pipes, medications, and other drug use and overdose prevention supplies.

The Crack Pipe Train

Crack pipes have been paid for by the state in Toronto for many years due to the ground-breaking advocacy efforts of the Safer Crack Use Coalition – a network of drug users and allies which formed in the year 2001 to address service gaps for people who use crack. Until very recently, workers from Toronto would often take large amounts of pipes to Montreal and distribute them to workers in that city, as public health in Montreal was not providing access to the pipes (it began paying for and helping to distribute pipes in 2015). It was known as the crack pipe train. An underground network that ensured drug users could access what they needed to realize good health and avoid Hepatitis C. Along with this underground distribution of supplies were a wide range of workshops and information sharing activities that drug users conducted on their own with each other, while state officials in Montreal did nothing and floundered to find any political will.

VANDU

Drug users have been self-organizing to support each other's health for years. VANDU, the Vancouver Area Drug Users Network is a prime example of this. The network implemented a drug-user run needle exchange, and supervised injection site, which also provided assisted injections, well before the official opening of government sanctioned InSite. Police vilified the network for years and shut down the site, as it was not legally sanctioned. Despite this, the network pushed forward and continued their efforts and ultimately the police apologized. VANDU has been a leading visionary organization in terms of ensuring that the health of drug users is realized, despite how slow officials are to catch up after the fact.

Working with Drug Dealers

Another example of anarchist practice in health care is Raffi's work with high-level drug dealers. He would train the dealers about harm reduction, Naloxone and talk to them about their drug supplies and what they were selling. He would get samples from the dealers and have them tested in a government-funded lab. The lab would let Raffi test the drugs without asking him where they came from. Dealers have the drugs that users need and working with them is an obvious, yet controversial approach. Raffi knew that in working collaboratively with dealers he could help the health and lives of drug users. But dealers are highly stigmatized people, who are the targets of criminalization, who are vilified and almost never conceptualized as caring partners in harm reduction responses. While not necessarily illegal, Raffi was doing work in ways that took risks and did things differently. He took the health of drug users as his priority regardless of social stigma, conceptual barriers, social constraints or the lack of imagination of official government managerial responses.

Undermining State Surveillance

Anarchist forms of resistance can be found in many places in harm reduction responses, and another example is when workers resist state imposed surveillance and data collection programs and the widespread implementation of, and documentation in electronic databases. The increase of the use of integrated and cross-institutional databases has meant that state managers have increasingly coerced workers into monitoring the communities they work with – often communities where they share membership. Identifying information that can be connected back to people is supposed to be collected, as well as how many harm reduction supplies people access, naming