Two decades of activism, social justice, and public health civil disobedience: VANDU

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Dear Editor,

Many countries around the world, including the United States and Canada, are currently facing overdose-related fatalities attributed to the acute and potent action of synthetic opioids, such as fentanyl functional groups. The current synthetic opioid epidemic has shown no signs of slowing down; overdose mortality attributed to synthetic opioids has continued to rise in recent years, increasing by 16% per year between 2014 and 2017 (Hedegaard et al. 2018). Fatal overdoses tied to opioids have now killed more Americans than the Vietnam war, and overall life expectancy in the USA has decreased, according to the latest government figures (Barbieri 2019).

Like many North American jurisdictions during the early 1990s, in Vancouver, Canada, the ineffective and in most cases non-existent harm reduction policies had devastating consequences. The rising epidemic in drug overdose cases and marginalization of people who use drugs (PWUDs) has identified Vancouver's Downtown Eastside as the most impoverished urban neighbourhood in Canada. To combat the gross injustice of health and human rights toward PWUDs, the Vancouver Area Network of Drug Users (VANDU) was formed (Kerr et al. 2006).

In the past two decades, this peer-led democratic organization has not only provided an active voice to PWUDs, it has

politically remapped the tumultuous relationship between drug users and contemporary drug policies that have traditionally viewed addiction as a moral relapse, rather than a legitimate chronic relapsing medical condition. Once considered by governments as a fringe organization, VANDU has grown substantially in membership and has helped in shaping the legalities, politics, and health of PWUDs (Jozaghi et al. 2018).

Through acts of public health civil disobedience, such as unsanctioned syringe distribution, illegal peer-run injection sites, illegal peer-run inhalation rooms, peer-based education, demonstrations, grassroots activism, and ground-breaking research, VANDU's members not only risked arrest and imprisonment, they have also eliminated barriers to many pioneering harm reduction initiatives (Jozaghi et al. 2016). One initiative is the 24-h unlimited syringe distribution, the first legally sanctioned supervised injection facility and heroin-assisted program in North America (Jozaghi 2015). VANDU has used knowledge translation activities, peer-driven policies, politics/lobbying, and legal entrepreneurship to ensure that the rights of marginalized and at-risk groups are protected when the windows of opportunity for policy changes are available.

Many countries around the globe are currently in a similar phase of activism and public health civil disobedience related to harm reduction projects, movements that members of VANDU have advocated for decades and continue to support (Kral and Davidson 2017). It is our hope that the story of VANDU brings courage, wisdom, dignity, and respect “into situations of apparent impossibility”, because “our lives begin to end the day we become silent about things that matter” (Osborn et al. 1998; King 2000).

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Compliance with ethical standards

Disclaimer The views expressed by EJ in this letter are those of the author, and they may not necessarily express the views of the Canadian Institutes of Health Research (CIHR) or the BC Centre for Disease Control.

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