

# Understanding EIDGE: Illicit alcohol use in the DTES



# Creation of EIDGE

2009/2010 Caravan

- the BC-Yukon Association of Drug War Survivors went across BC to hear about the issues of drug user across the province
  - Many Illicit drinkers came to these meetings to speak about their unique issues that weren't being addressed
  - These meetings highlighted a unique community that wasn't being heard



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# Creation of EIDGE

- Illicit drinkers were attending other VANDU meetings as they had no where to express their issues etc.
- VANDU sponsored an illicit drinking group so that they could work together on issues impacting illicit drinkers
- Membership grew due to peer outreach from EIDGE members



# EIDGE - Mission Statement

Eastside Illicit Drinkers Group for Education (E.I.D.G.E.) is a group of people who use illicit alcohol. We work to improve the lives of illicit drinkers through education and support. We work together to end the discrimination of illicit drinkers and promote safety amongst our members.

# EIDGE Weekly Meetings



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# Eastside Illicit Drinkers Group for Education (EIDGE)

- EIDGE is a peer advocacy group that runs weekly meetings at VANDU
- EIDGE members regularly drink
  - Rubbing alcohol (rubbie), Listerine (list), hand sanitizer (gel), salt wine (aka cooking wine or rice wine), etc.
  - Prefer to drink beverage alcohol
- Over 80 members, believe to be over 200 drinkers in the DTES

# EIDGE, a peer run group

- Almost all work done by EIDGE group is peer facilitated.
  - For example- rules of conduct, job descriptions for facilitator positions, letter writing advocacy with health authority are all created by steering committee members.
  - Coordinator only assists EIDGE members complete tasks that they themselves have outlined.

# Importance of EIDGE

- In the DTES Illicit drinkers are some of the most marginalize people.
  - **Very** few services are low barrier
  - Discriminated regularly by emergency services, hospitals, shelters, drop-in programs.
  - Experience higher levels of violence and victimization, poor health, and social isolation
- Peer-led education and empowerment is an important strategy
  - minimize harms through support and shared knowledge



# EIDGE Demographics

**62** Participants in  
Peer research

*Current Membership Roughly 80+ ppl*

**70%**

**male**

**27%**

**female**

**56**

**Identified as  
Indigenous**

**Roughly 90% of  
participants**

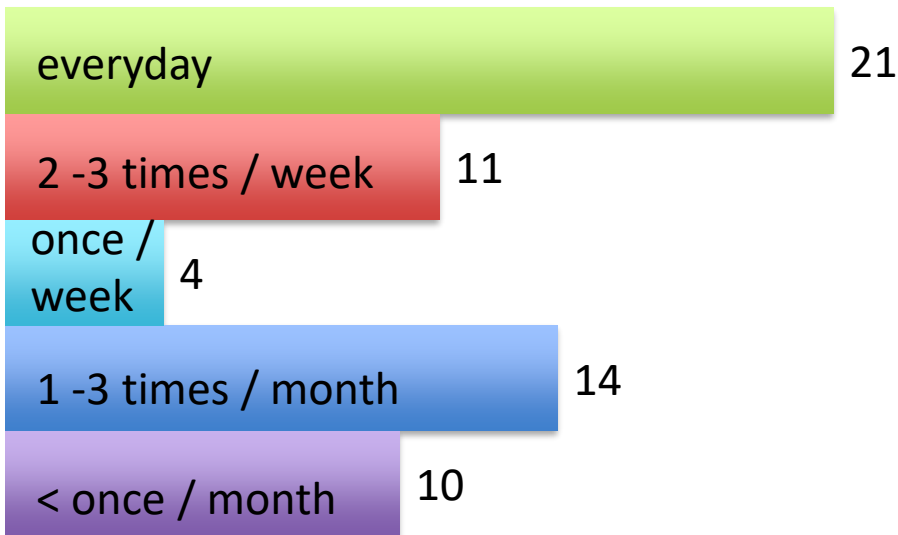
## Reasons for first drinking illicit

1. Peer pressure
2. Cost (**tied with peer pressure**)
3. Ran out of regular alcohol

## Reasons now

1. Cheaper to buy (**60%**)
2. Easier to get

## How often they drink illicit



## Type of illicit drank most often

1. Rubbing Alcohol (Rubby)
2. Listerine (list)
3. Handsantizer (gel)

# Consumption patterns

About **50%** change the amount they drink around welfare day:

Of these that changed their behaviour

- **60%** drink more beverage alcohol
- **30%** drink less illicit alcohol

**90%** said they would buy regular alcohol instead of illicit, *if it was affordable*



# Alcohol Related Harms

- 3 categories of harm associated with alcohol dependency
1. **Acute:** comprising injuries, poisonings, or acute illnesses caused in part by heavy alcohol consumption;
  2. **Chronic:** comprising a range of serious illnesses including liver disease, cancers, strokes, and gastrointestinal diseases which are caused by the overall volume of alcohol consumed over time; and
  3. **Social:** comprising problems relating to housing, relationships, employment, finances, and crime (Rehm et al., 2001, p. 1418).

# Alcohol Related Harms

**2/3** Reported having gone to ER in the last 2 years

**More than 3/4 experience withdrawal symptoms**

**87%** Reported injury due to drinking

**61%** Of those had been injured in the last year

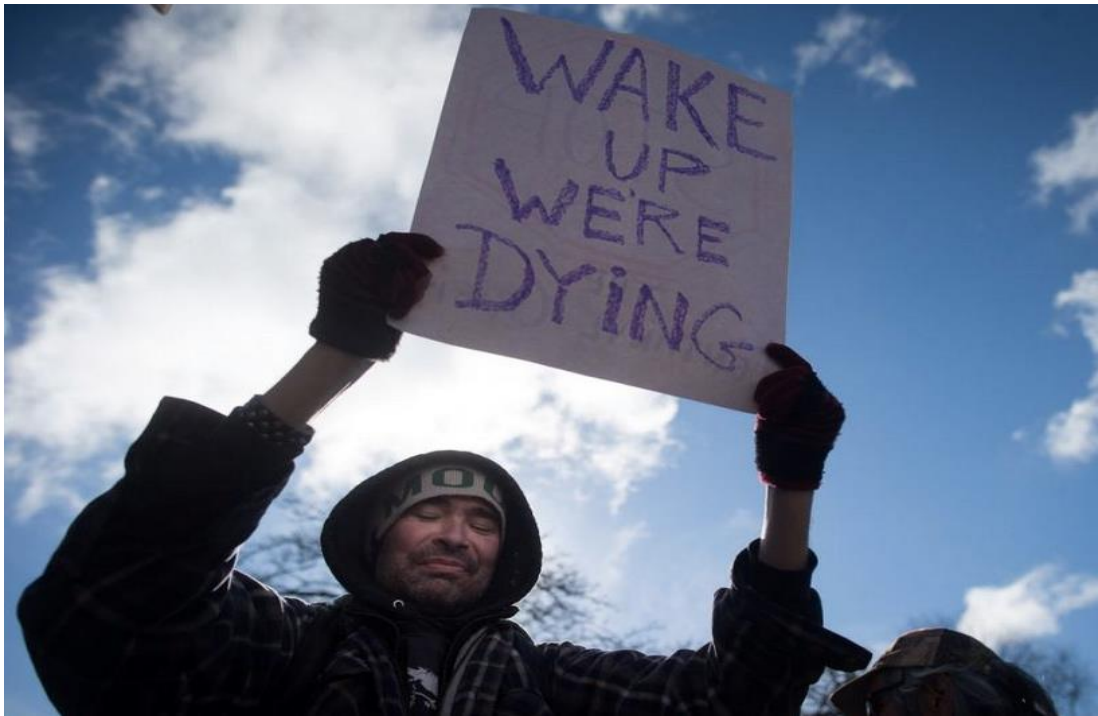
# Alcohol Related Harms

**Acute Harms:** EIDGE knows that many of the harms associated with drinking (injuries, poisonings, etc.) could be mitigated with access to safe forms of alcohol and a safe place to be when intoxicated

- *High price of beverage alcohol leads to more non-beverage alcohol drinks being consumed*
- *Limited hours of both VANDU and Drinkers Lounge leave drinkers vulnerable to the elements*



# Deaths in the Illicit Drinkers Community



## **EIDGE has lost over 40 members in its six years of operation: Here are a few of their names**

*Alfred, Elvis, Janet Paul, Irish Mike, Martin Up, Johnny James, Lisa Alexan, Maryanne, Marylyn, Bonny Stevens, Africa, White Cloud, Chris, Houston, Harry Wilson, Bingo, Michael Ward, JR, Tim Spiers, Mikey-d, Dwayne T, Richard L., Ashley, Billy, Velma, Johnny H, Joe s, Daniel B., Cedric, Quincy, Andrew B., Daniel B., Delores, Joe S., Mitch L., Dwayne T., Martin J, and Judy Wilson*

The **drinkers lounge** shared their list and have seen similar death rates: Here are some that were not members of EIDGE  
*Tim, Darren, Ash, Luka, Billy, CJ Williams, Onowa Fowler, Patrick Mabee, Buster G, Richard LaFond, VJ Chrestenson, John Cabry, Cynthia Roasting, Matthew Herny, Leo Wesley, Paul Michaud, Bear R., Darlene O., Curtis R., Nikki, Molly Dickinson*

# Deaths in the community

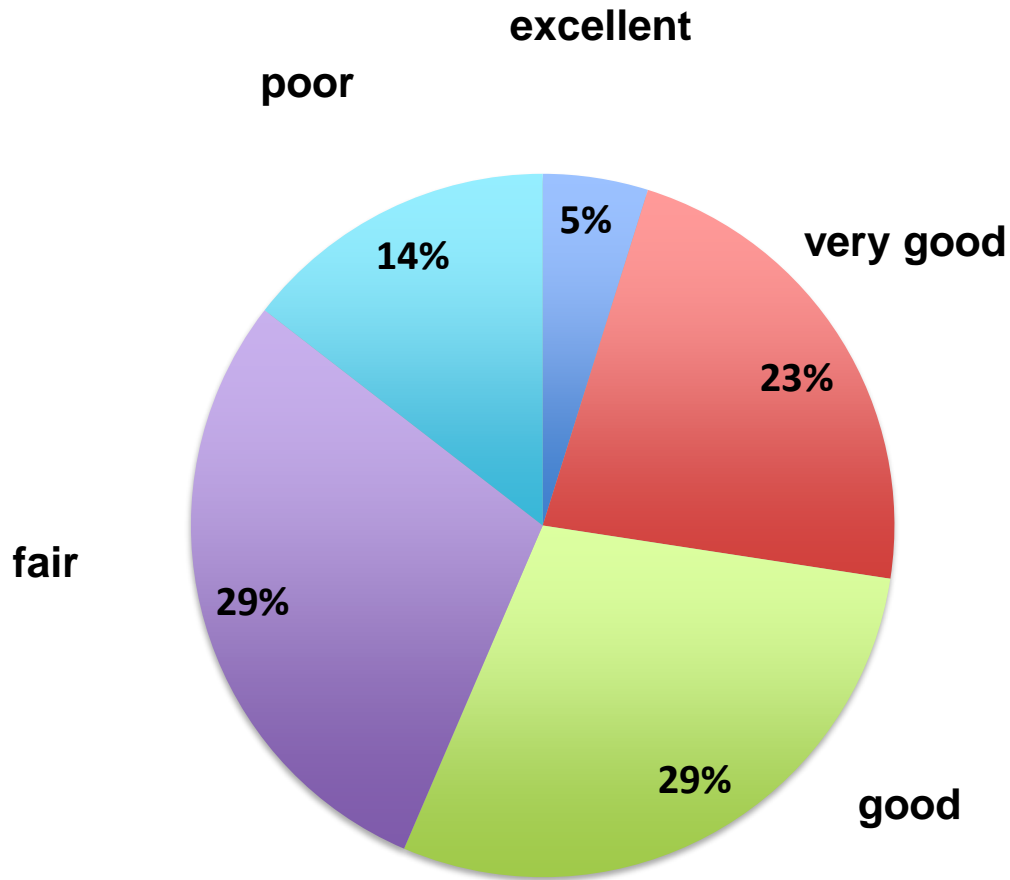
- In 6 years EIDGE has lost over 40 members.
  - The deteriorating health and high death rates show how marginalized illicit drinkers are
- With little to no services that are low barrier illicit drinkers have no where to turn when in need of shelter or support.
- Increasingly they are targeted by police and have to drink in more remote locations reducing or dissolving much of the community ability to watch out for one another.



# Perceived Health of Illicit drinkers

- Despite high levels of injury, hospitalization and death amongst illicit drinkers when asked about their health many reported it to be good or very good
  - After further discussion at the general mtg's EIDGE members agreed that this was seen as component of their resiliency to overcome obstacles.

# How's your health?



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## Health Continued

**1/2 Have taken medications  
(now or in past)**

*Gabapentin (24)*

*Seroquel (8)*

*Antabuse (4)*

***Of those taking meds 90% say the meds  
are working***

***Of those who haven't taken  
medications, most (62%) are  
not interested***

**More than 80% have a regular  
doctor**



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# Connected to Health care

- 80% with a regular Dr.??
  - Through weekly meeting discussions EIDGE has found there are major inconsistencies in the care being given
  - EIDGE members found that
    - Some said their Dr.'s are aware of newer AUD treatments like Naltrexone
    - Others weren't aware this treatment or were unaware of the exemption form they needed to fill out

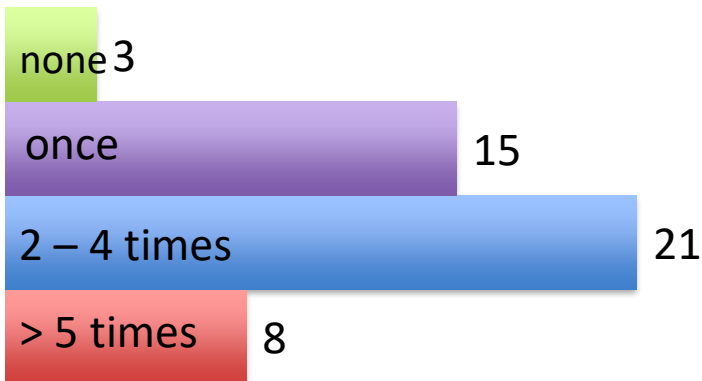
## Withdrawal, Treatment and Detox

More than  $\frac{3}{4}$  experience withdrawal symptoms

$\frac{2}{3}$  sober up in room

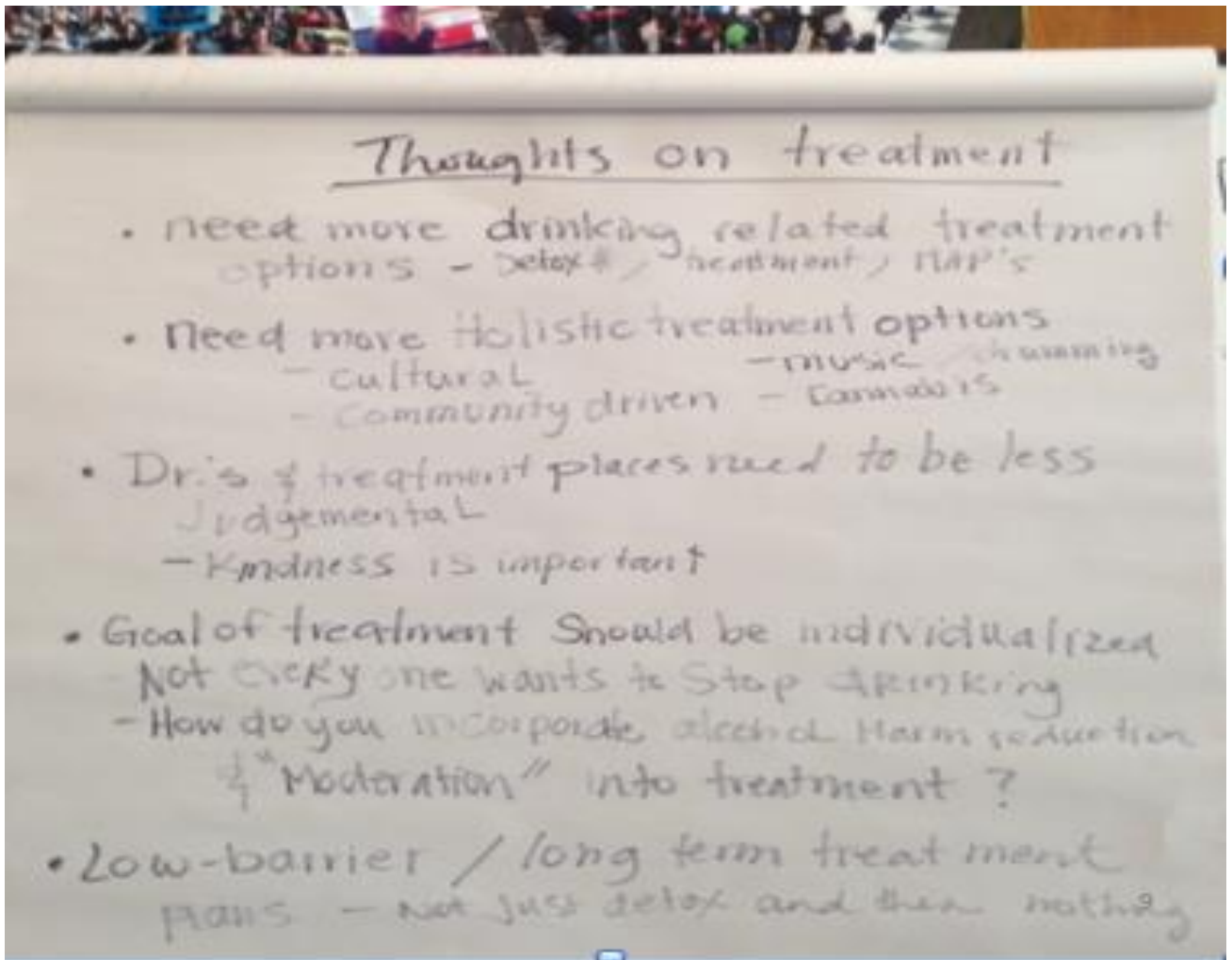
More than  $\frac{3}{4}$  have gone to detox

In the last 2 years:



**84%** are NOT in an alcohol treatment program

# EIDGE Group Discussion



Current treatment in Vancouver is very limited.

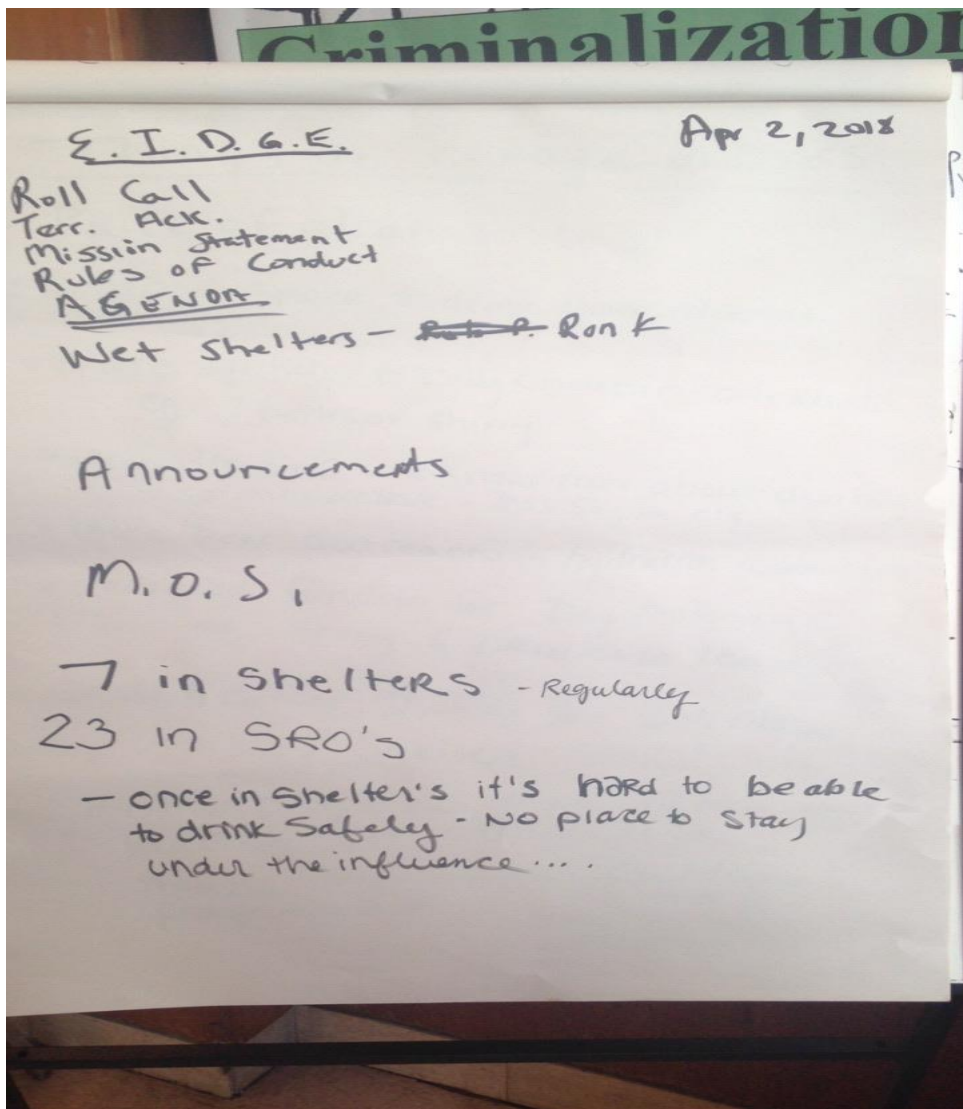
- Most EIDGE members have been told to wait up to 3 weeks to go to detox
- Many have been turned away from entering detox- due to being drunk on the day of appt.
- Detox doesn't allow smoking on their premise-
  - a big barrier to people wanting to access detox

# Withdrawal, Treatment and Detox

## **Top reasons for going to Detox:**

1. Cut down the amount of drinking
2. Sober up for a few days
3. Pressure from friend or doctor
4. For food and shelter





## EIDGE Group Discussion

The group feels that once being housed it is much easier to detox safely. They felt that when homeless it is very difficult to be safe when drinking and when trying to detox.

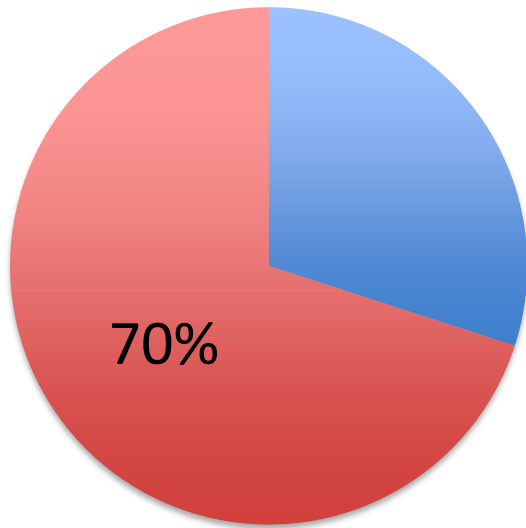
- There are only two known low-barrier shelters that they can access when drunk
- The group believes that there should be a dedicated w program for chronic alcoholics



# Access to Detox, treatment, etc.

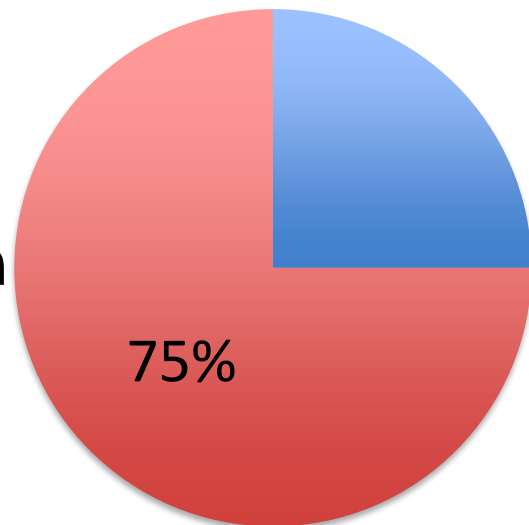
- Many barriers remain for drinkers to access these services.
- Examples EIDGE members have cited are:
  - 2-3 week to get into detox
  - Won't leave the shelter to go to detox because they won't save the person a bed
  - Weren't allowed in to detox b/c they arrived intoxicated and were willing to wait for a police escort was needed to go to sobering unit

# Police Interaction



**Have you ever interacted with police**

**Have you ever been arrested**



# Barriers, stigma and discriminations

- Extremely high proportion of study participants interacted with police
  - EIDGE believes this is because of stigma associated with drinkers.
- Anecdotally, EIDGE members have been refused services at
  - health centre's, shelters and community service organizations.
- EIDGE believes that these exclusionary policies reflect a lack of understanding as to how to meaningfully engage people who use alcohol.
- Often seen as 'trouble makers', belligerent and uncooperative alcohol users are excluded from services as a result of these misconceptions.

# Corresponding Research

- Dr. Alexis Crabtree wrote a [qualitative research paper](#)
  - regarding their perceived harms and current and proposed harm reduction strategies amongst EIDGE members
- This research showed that
  - stigma and discrimination limits the spaces drinkers can be
  - MAP's and safe indoor spaces necessary harm reduction strategies.
  - The importance of peer based programming was also highlighted



# Need for Alcohol Harm Reduction

- Alcohol dependency can be a serious condition that in some cases can be fatal.
  - Drinking too much or too little can have negative health effects for drinkers
- Harm reduction is meeting people where they are at
  - Need more services in general for alcohol harm reduction
    - MAPs, Detox, treatment, Medication management

# Alcohol Harm Reduction

- Alcohol harm reduction recognizes that abstinence is not achievable or appropriate for everyone and helps address the acute, chronic and social harms associated with drinking alcohol.
- Eg. Managed Alcohol Programs (MAP)
  - Alcohol dependency can be a serious condition that in some cases can be fatal. These risks are compounded when the majority of drinking is occurring in potentially dangerous street-based settings.

# Corresponding Research

## CMAPS

- The [Canadian Managed Alcohol Program Study](#) (CMAPS) has been studying various iterations of MAPs across since 2013
  - original study was looking at 5 maps
  - Have since found over 20 MAPs in Canada
    - *Residential MAPs,*
    - *non-residential MAPs*
    - *Hospital-based MAPs*

# MAPS



- Results show that people in MAPS
  - have less interactions with police (40-70%)
  - have less interactions with ambulance
- health improves
  - Fewer injuries from falls
  - Fewer Seizures
  - Etc.



# MAP Availability in Vancouver

- Currently 2 formal MAP in Vancouver
- Station street
  - Very small program
  - Currently only 2 people in the program
- CMAP- Drinkers lounge
  - Brew co-op
  - Lots of members,
  - very short hours due to funding
    - M-F(10-3pm)

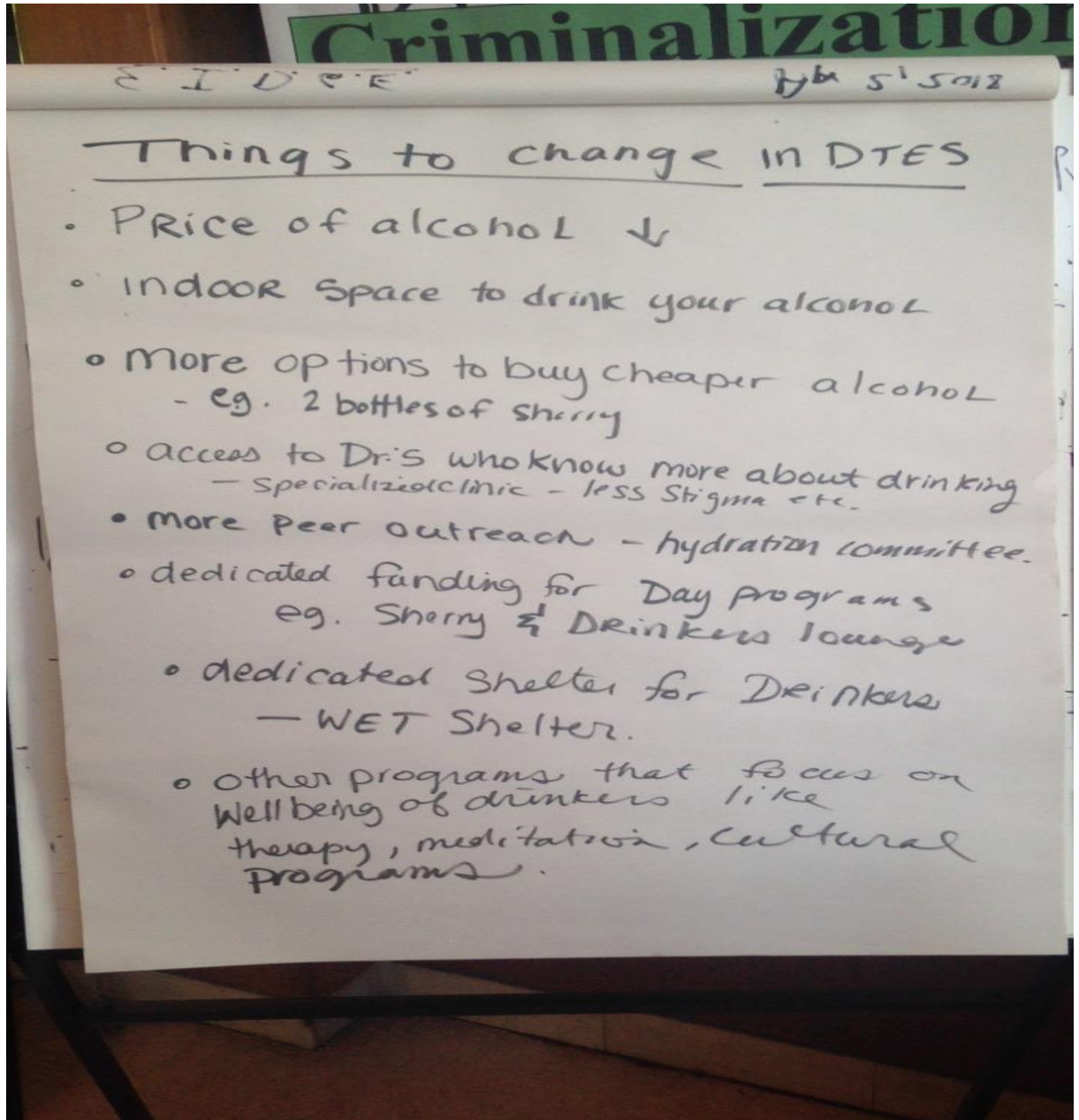
# Interim solution

## EIDGE's

### Sherry Program

- Informal MAP
  - Wanted to provide its members with an alternative to illicit alcohol
  - In April 2013 EIDGE began buying sherry through the BC liquor and selling them in house.
  - Sherry not available at market value in DTES
- Continue to sell roughly 700 – 800 bottles of sherry a year

# Recommendations



# Recommendations

1. A safe indoor space to be while under the influence
2. Access to affordable beverage alcohol
3. More peer based programs, policies and initiatives
4. More culturally appropriate alcohol related programming
5. More MAPS/ Wet shelters
6. Alcohol working groups
  - City
    - Peers, dr.'s, police, shelter staff, VCH, etc.
  - Province
    - Peers, Dr.'s, health authorities.

# EIDGE's Next steps

- Pushing for policy and funding changes
  - No funding for alcohol
    - EIDGE and CMAP are constantly struggling to find funding, space, support to stay open.
  - Limited detox, treatment options
    - Working with VCH to build more appropriate treatment options
  - Addressing barriers to care and service
    - Currently working on BCCSU's AUD treatment guideline
    - Advocating for the addition of alcohol to the BC formulary





EDGE Members that we  
love and have lost



# Questions?

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