

RECONNECT 2 RESIST

Supporting DTES: Harm Reduction Save Lives



Vancouver is located within the shared, unceded, ancestral territories of the x^wməθk^wəyəm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) Nations. These nations are hənq̓əmiṇəm and Sk̓wx̓wú7mesh sníchim speaking peoples. These languages are part of the Salish Language family, which dates back many millennia.

The 1990's

The drug problem worsened in the 90's, with more and more cocaine appearing on the Eastside midway through the 1990s. The retail and entertainment hub was no longer, due to storefronts being shut down. Also, a lack of low-income housing being switched out for higher-end condominiums and hotels. In 1993, the Woodward's on Hastings Street went out of business. This caused a domino effect, resulting in multiple shopping fronts to close as well.

In 1997, a public health emergency was declared in the Downtown Eastside. The drug problem had grown worse than ever. HIV started to spread, needle-sharing became more prominent, and approximately 1000 people died of drug overdose.

Present Day

Today, the drug problem still exists in the Eastside. There are several programs in effect right now to try and decrease drug usage; they hope to ensure that users are being safe about their products. According to a report, needles can hold up to 20 blood-borne diseases, including HIV and Hepatitis C. Not only that, but there are several initiatives being put in place to try and revitalize the Downtown Eastside and increase a positive outlook towards the area.

The site where Woodward's used to be has now been turned into a multi-complex space, used for market and non-market housing, the Simon Fraser University for Contemporary Arts, retail, and community space.

SOURCE: Hussein, Aliya. "How Vancouver's Downtown Eastside Became What It Is Today." *604 Now*, 17 May 2020, <https://604now.com/vancouver-downtown-eastside>. Accessed 5 Oct. 2025.

"The DTES we see today is the direct and predictable result of the liberal provincial government drastically underfunding mental health and homelessness. The current government has made some positive steps, but it's a massive task to help people out of entrenched addiction, poverty and homelessness. The tragedy is that adequate funding and programming would have prevented what I can only view as abuse of the most vulnerable among us."
—reddit user

"The DTES is a symptom of a sick and corrupt society that would shirk all personal accountability and place every shred of blame on the most marginalized and vulnerable of their citizens." —reddit user

The Downtown Eastside (DTES) and Strathcona are some of the first places in Vancouver settled by European, African, and Asian people. Many Indigenous people also live in this neighbourhood. Gastown, Chinatown, Japantown, Hogan's Alley and Victory Square are all areas within this neighbourhood.



Feelings are crap.

I had intended for this writing to be an opening—an access point, a call to build empathy for those who are dehumanized through poverty and drug use. And then I had a conversation with a friend who said: **That's futile.** There's a relatively large portion of our community that just doesn't have empathy for people in these situations. And no perfectly crafted narrative, no sympathetic tale, is going to shift that. **But that's not you.** You picked this up—something is resonating in your body, in your heart.

My real concern, at this moment, is: **how do we decide together** not to let that segment of our population (who also, sadly, seem to hold the purse strings and power levers) determine that some lives are expendable?

We have evidence that collective action—on both small and large scales—brings about

change. When we forget that our actions matter, we hand that power over. And we are seeing what happens with that forfeiture.

A friend of mine who works in harm reduction once speculated: He thinks everyone's on antidepressants so that we, as a population, can be numbed out to the violence we see enacted by capitalism—as enforced by the state—all around us.

I used to think that was obviously ridiculous. Now I've come to think that it's ridiculously obvious.

Now, in this post-post-truth world, where feelings create facts, I think it's useful to say: **"How did you get here? Nobody s'posed to be here!"** –Deborah Cox, *"Nobody's Supposed To Be Here (Hex Hector Remix)"*

I say that only partially jokingly. But I wonder, in all earnestness and honesty:

How did you get to this place, this land you're on, beneath the soles of your feet—socks, boots, linoleum, subfloor, wood, concrete, asphalt, gravel, packed earth, rock? Unceded territory.

Passive, active agents in a silicon North, Wild West demi-autocratic tech-brologarchy; watching people die in front of us, watching people die live-streamed to us, watching people die.

I remember when I was doing street outreach for a community health centre in downtown Toronto. The youth shelter

ran subway ads—images of panhandling, homeless toddlers on dark, blustery street corners and in alleys. Fifteen years ago, that felt arresting. Effective. Affective.

But nothing changed in terms of the material reality or actual lived circumstances of homeless youth—because there was no political will to address the systemic and structural failings of the very systems that put people, including children, onto the street.

Just for fun's sake, let's think about some of those circumstances:

I worked with young people whose parents weren't just emotionally unavailable—they were physically unavailable due to repeated incarceration for minor drug offenses, often tied to their inability to access adequate pain management within the healthcare system.

This inability is often linked to doctors' perceptions—assumptions—about groups of people. We see poor folks, Indigenous and Black folks in particular (but people of colour in general), women, and of course anyone with a history of substance use or mental health issues facing barriers to physical pain management.

These repeated incarcerations dissolve employment and housing possibilities. These young people grow into adults—as trauma and violence continue to pile up.

SROs (if you're lucky enough to access one) are chaotic and full of drugs.

And due to the drug poisoning crisis, it's unsafe to use alone—embedding you further into a community of use.

The shelter system, if you're lucky enough to get a bed, can be too chaotic, with some extreme mental health issues present. So some folks try to access peace by camping. There are other security issues that come with being outside: People in crisis. Predatory behavior. Violence. Sexual violence. Police violence. Murder.

So now you've sustained a traumatic brain injury, and your behavior has changed. You're quick to anger, and the services you used to access—for meals, for transit tokens—are denying you entry because of your last outburst. They don't understand that this is a new disability requiring accommodation. You don't fully understand it either.

You've moved on to accessing the Street Pharmacy to deal with that old hip injury—now that your doctor has cut you off from prescription pain meds after you showed up angry a few appointments ago. You're buying for your partner now too, because her doctor retired, and there was no one else to refer her to.

You're constantly cold and wet. Dismissed. Frustrated.

You've had two overdoses, both reversed by community members. But the lack of oxygen to your brain after the second one has impacted your speech and cognition. You've gotten trench foot in these boots.

VANDU

Vancouver Area Network of Drug Users

The Vancouver Area Network of Drug Users (VANDU) was formed in 1998 to bring together groups of people who use drugs. VANDU is dedicated to improving the lives of drug users, their families, and our communities. VANDU is committed to increasing the capacity of people who use illicit drugs to live healthy and productive lives. We do this by affirming and strengthening people who use illicit drugs to reduce harms both to themselves and their communities. We organize in our communities to save lives by promoting local, regional, and national harm reduction education and interventions.

Together with the citizens of Vancouver, VANDU works to minimize the harmful effects of illicit drug use by calling for a wide spectrum of effective, compassionate, well-researched interventions such as heroin and cocaine prescription programs, housing for users, and accessible, effective detox and addiction treatment. Illicit drug overdose deaths and illnesses are preventable. And the corruption of our law enforcement, drug-related crime, and the black market for illicit drugs are direct results of the ill-conceived and futile drug war.

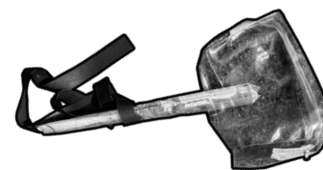
SOURCE: Vancouver Area Network of Drug Users (VANDU). "About Us." www.vandu.org/about-us/. Accessed 5 Oct. 2025.

VANDU.ORG



We're a grassroots democratic organization of drug users with over 3,000 members; the Vancouver Area Network of Drug Users has had and continues to have considerable impact on public policy and practice related to the use of illicit drugs.

- VANDU challenges traditional client/service provider relationships and empowers drug users to design and implement harm reduction interventions.
- VANDU believes in every person's right to health and well-being. We also believe that all people are competent to protect themselves, their loved ones and their communities from drug-related harm.
- VANDU is committed to ensuring that drug users have a real voice in the creation of programs and policies designed to serve them.
- VANDU understands that drug use ranges from total abstinence to severe abuse – we recognize that some ways of using drugs are clearly safer than others. VANDU recognizes that the realities of poverty, racism, social isolation, past trauma, mental illness, and other social inequalities increase people's vulnerabilities to addiction and reduces their capacity for effectively reducing drug-related harm.



TAKE ACTION

DONATE

etransfer to: accounting@vandu.org
(cash and cheques can be mailed to VANDU's PO box, verify the mailing address at vandu.org)

SHARE AND STAY ENGAGED

follow [@vandupeople](https://twitter.com/vandupeople)

**TREATMENT HARM REDUCTION
DRUG USERS FOR US BY US**

DULF

Drug Users Liberation Front

Between August 2022 and October 2023, the Drug User Liberation Front's Compassion Club and Fulfillment Centre (DULF CC&FC) emerged as a groundbreaking initiative and research endeavor dedicated to combating escalating overdose deaths in Vancouver's Downtown Eastside (DTES). As the first of its kind, this pioneering model operated as a non-profit, low-barrier, and non-medicalized approach to regulating the volatility of the content of the illicit drug market. It not only built upon existing overdose prevention strategies by providing supervised consumption services but also offered rigorously tested cocaine, heroin, and methamphetamine, at cost, to users of these substances.

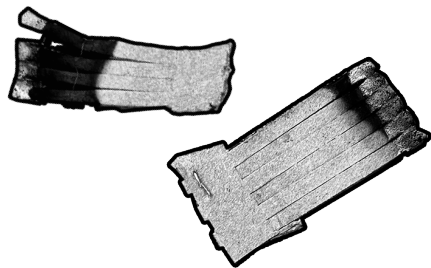
SOURCE: "D.U.L.F." Drug User Liberation Front (DULF), 2025, dulf.ca. Accessed 5 Oct. 2025

"Canada remains in the midst of an overdose crisis fueled by the proliferation of illicitly manufactured fentanyl and fentanyl analogues in unregulated drug supplies."

SOURCE: *The D.U.L.F. and V.A.N.D.U. Evaluative Compassion Club and Fulfillment Centre Framework: A Strategic Framework for Preventing Overdose Deaths due to the Unpredictable Illicit Drug Supply*. Drug User Liberation Front (DULF), 2025, dulf.ca/wp-content/uploads/2025/02/dulf_eval_ccfc_proj_framework_rev3.2.pdf. Accessed 6 Oct. 2025.



DULF.CA



Dear Friends, Allies, and Advocates,

Between August 2022 and October 2023, the Drug User Liberation Front's Compassion Club and Fulfillment Centre (DULF CC&FC) made history. As the first initiative of its kind, we offered a groundbreaking approach amidst an escalating overdose crisis in Vancouver's Downtown Eastside (DTES). Operating as a non-profit, low-barrier, and non-medicalized model, we built on decades of harm reduction strategies by providing rigorously tested heroin, cocaine, and methamphetamine, at cost, paired with a supervised consumption space. We proved that a regulated drug supply isn't just a concept; it's a solution that saves lives. But our work, and the lives it impacted, remains at risk.

What's at Stake

DULF co-founders Eris Nyx and Jeremy Kalicum are facing criminal charges under section 5(2) of the Controlled Drugs and Substances Act (CDSA) for the compassionate and life-saving work of providing a regulated, predictable drug supply to some of the people most at risk from the toxic drug supply. We are now engaged in a legal battle to defend harm reduction, challenge outdated drug laws, and demand justice for those disproportionately affected by the toxic drug crisis. This legal challenge seeks to prove that section 5(2) of the CDSA is unconstitutional and that its enforcement is killing the very people it purports to protect.

We argue:

1. Section 7 (Life, Liberty, and Security of the Person): Criminalizing alternatives to the unregulated street supply of drugs denies people access to a predictable, safer alternative,

forcing them to rely on volatile and deadly street drugs. This prohibition is arbitrary, overbroad, and disproportionately endangers lives.

2. Section 15 (Equality Before the Law): This law perpetuates discrimination against people with disabilities, including those living with substance use disorders, by depriving them of safer options and treating their lives as less worthy of dignity and protection.

This Is More Than a Legal Case

This case represents the front line in the fight against Canada's toxic drug crisis. Safer supply is a proven public health measure that reduces overdose deaths, challenges stigma, and saves lives. But entrenched opposition, rooted in fear and misinformation, continues to push back against harm reduction with punitive policies that only deepen the crisis. This is a fight for science, compassion, and justice over stigma, cruelty, and negligence. With your help, we can ensure that life-saving strategies like safer supply are not just defended but expanded.

Let's Make History Together

DULF's CC&FC proved that a better way is possible. We showed that compassion, innovation, and evidence-based solutions can save lives and inspire change. Now, we need your help to protect this progress. Your support got us through the first stage of this fight, now, let's finish it. Together, we can challenge unjust laws, defend harm reduction, and fight for a future where no one is left behind in the overdose crisis.

In solidarity,
Eris Nyx & Jeremy Kalicum
Co-Founders, Drug User Liberation Front

SOURCE: An Open Letter to Our Supporters: Join Us in the Fight for Harm Reduction." Drug User Liberation Front (DULF), 3 Mar. 2025, dulf.ca/2025/03/03/03-03-2025/. Accessed 5 Oct. 2025.



RECCOMENDED READING

STUDY: Kalicum, Jeremy, Eris Nyx, Mary Clare Kennedy, and Thomas Kerr. "Perceived Impacts of North America's First De-Medicalized Safer Supply Program." *Substance Abuse Treatment, Prevention, and Policy*, vol. 20, Article 11, 10 Mar. 2025, <https://doi.org/10.1186/s13011-025-00642-0>

TAKE ACTION

DONATE: send funds to:
druguserliberationfront@gmail.com
(Zeffy: zeffy.com/en-CA/donation-form/dulf-legal-aid-ii-the-final-push + bitcoin, monero options at dulf.ca)

JOIN THE DONOR PROGRAM: become a dedicated partner in the fight for harm reduction and legal justice. By contributing regularly through DULF's Sustainer Donor Program, you help fund critical legal costs, policy reform advocacy, and support for those most impacted by discriminatory drug policies.
opencollective.com/dulf

SHARE AND STAY ENGAGED: follow [@dulfbc](https://twitter.com/dulfbc), sign up to DULF's email list for updates, promote and attend solidarity events

JUSTICE COMPASSION
SAFE SUPPLY DRUG USERS

HARM REDUCTION
SAVES LIVES ♡

more love
less profits

MENTAL HEALTH CARE

FREE ♡ ♡
PALESTINE

AFFORDABLE
HOUSING NOW!

LAND BACK

DECOLONIZE ♡

SAFE SUPPLY

PROTECT TRANS LIVES
KIDS

DECRIMINALIZE

Compassion is free

SAVE DULF ♡ ♡

sex work is work

mutual aid
saves lives

H.I.V. is not a crime

your trauma
is not your fault

all cats are beautiful

CRACKDOWN

Podcast and Book (Surviving and Resisting the War on Drugs by Garth Mullins)

Crackdown tells the story of drug user activism in the face of hostility and neglect. Crackdown has a first person perspective.

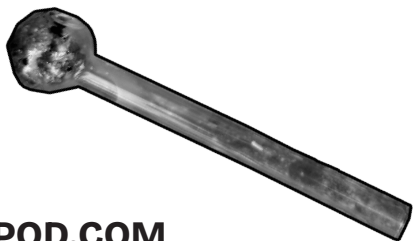
Garth Mullins—Crackdown’s Host and Executive Producer—is a longtime activist and opioid user as well as a member of the Vancouver Area Network of Drug Users and the BC Association of People on Methadone. He’s been a drug user, and a drug user activist for decades. Crackdown was born out of the idea that journalism need not be “objective” nor produced by people who are distant from the topics and communities they are covering. We believe that some of the most powerful journalism comes from a particular point of view.

SOURCE: “About.” *Crackdown Podcast*, <https://www.crackdownpod.com/about>. Accessed 5 Oct. 2025.

“We knew that we wouldn’t be able to stop the mass dying ourselves... But our compassion club showed what the federal and provincial governments could have been doing all along.”
—Garth Mullins (2025)



CRACKDOWNPOD.COM



“I was an injection heroin user for over a decade, and I’m on methadone now. Over 50 people I know have died from an overdose. I’ve survived two overdose crises — under Liberal and Conservative governments.”

“Safe injection sites and naloxone are critical triage tools — first aid. More than twice as many people would have died in B.C. without them. That’s why we started demanding them a generation ago, during Vancouver’s overdose crisis in the 1990s.”

“Decriminalization is good but does not in and of itself ensure safe supply.”

“Real change comes from below — not from the ballot box. There wouldn’t be legal safe injection sites in Canada had activists not started up unsanctioned sites first. It may take that same kind of civil disobedience to secure a safe drug supply.”

SOURCE: Mullins, Garth. “On Making ‘Crackdown,’ a Podcast from the Trenches of the Overdose Crisis.” *The Tyee*, 27 Sept. 2019, <https://thetyee.ca/Mediacheck/2019/09/27/Crackdown-Podcast-Overdose-Crisis-Trenches-Drug-Users/>

RECCOMENDED READING

BOOK: Mullins, Garth. *Crackdown: Surviving and Resisting the War on Drugs*. Penguin Random House Canada, 2024.

TAKE ACTION

DONATE: via Crackdown’s Patreon: patreon.com/crackdownpod

SUBSCRIBE: crackdownpod.com/subscribe

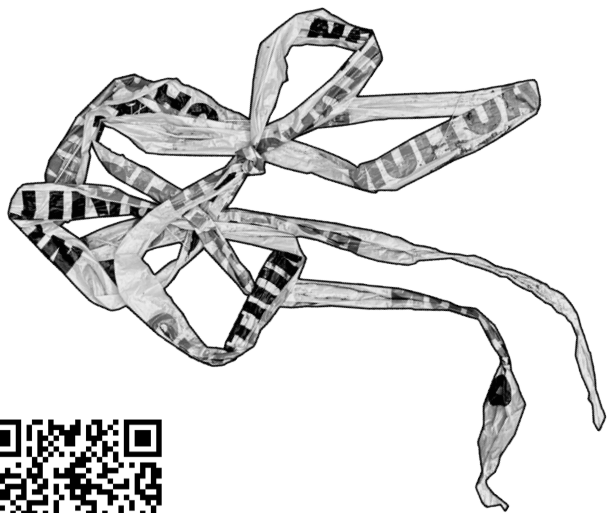
FOLLOW: [@crackdownpod](https://twitter.com/crackdownpod)

DRUG USERS PODCAST/BOOK
TRAUMA RESISTANCE

INSITE

Opening its doors in 2003, Insite was the first sanctioned supervised drug consumption site in North America (receiving federal exemption from Health Canada) and has saved thousands of lives and millions of healthcare dollars. Operating in partnership with Vancouver Coastal Health, the Insite Supervised Injection Facility is a clean and safe environment for users to consume illicit drugs

SOURCE: "Insite." *Vancouver Coastal Health*, vch.ca/en/location/insite. Accessed 5 Oct. 2025.



VCH.CA/EN/LOCATION/INSITE

Service users receive:

- Harm Reduction supplies, including sterile injection equipment.
- Spectrometer and test strip testing of substances.
- Immediate response in the event of an overdose.
- Clinical care: wound management, STI assessment, treatment, vaccinations, etc.
- Connections to substance use, mental health, primary care, community services.
- Access to safe supply and opioid agonist treatment.

Since its inception, Insite has been at the forefront of health emergencies experienced by the most marginalized and under-served members of our community.

The staff at Insite cultivate respectful, compassionate relationships with individuals who are impoverished, marginalized, and often stigmatized and mistreated by the healthcare system.

A post-injection Chillout Lounge operated by peers allows participants to connect with people with lived experience who listen to participants' stories, serve coffee and juice throughout the day, and connect them to additional supports. This can include housing needs, primary care and treatment services such as withdrawal management and opioid agonist treatment.

Staff can refer participants directly to [Onsite](#), located right above Insite, which offers withdrawal management and recovery support.

SOURCE: "Insite." *Vancouver Coastal Health*, vch.ca/en/location/insite. Accessed 5 Oct. 2025.

**HARM REDUCTION
SUPERVISED INJECTION SITE**

PACE SOCIETY

CURRENTLY CLOSED FOR THE UNFORESEEABLE FUTURE

PACE Society is a peer-driven organization located in the Downtown Eastside of Vancouver that provides support, advocacy, and education by, with, and for current and former sex workers.

Mission: PACE is a peer-driven society that seeks to reduce the harm and isolation associated with sex work through education, support, and advocacy. We work to increase the health, safety, and empowerment of our members by respecting their right to self-determination and supporting their self-identified needs.

History: PACE was started informally in a one bedroom apartment in Vancouver in 1994 by sex workers and their allies, who recognized that some services for sex workers were best delivered by sex workers.

Vision: We envision a future where all sex workers are free from the risk of violence, discrimination, social stigmas and harms, so they may enjoy the same rights as all other individuals including the rights to life, liberty, security of the person, and equal protection under the law. We hope for long-term commitments to social change within all levels of government and individuals to eradicate systemic issues that create disproportionate levels of poverty, homelessness, health concerns and substance use within the Sex Work community so that individuals can make safe, healthy, and informed decisions in their lives.

Core Values: Anti-Oppression, Anti-Colonialism, Sex Work Positivity, Trauma-Informed, Harm Reduction, Experiential Knowledge, Poverty Reduction

SOURCE: "Who We Are." *PACE Society*, www.pace-society.org/who-we-are/. Accessed 5 Oct. 2025.

PACE-SOCIETY.ORG



VANCOUVER SEX WORKERS RIGHTS COLLECTIVE WRITTEN SUBMISSIONS

National Inquiry into the Murdered and Missing Indigenous Women and Girls

"WE call on the National Inquiry to reject the blunt and non-nuanced human trafficking framework as the only lens through which to view sex work, with the effect of viewing all Indigenous people who engage in sex work as victims. WE ask the National Inquiry to listen to our voices and hear us when we say that we are not all victims and that without changes to the current criminalization of sex trade, especially as framed through a human trafficking framework, we will continue to experience violence that we do not feel safe to report and that may lead to more murders and disappearances."

"WE call on all governments, decision makers and policy makers to include Indigenous folks from diverse gender identities and sexual orientations who participate or have participated in sex work or provide sexual services as participants in the development of all policies, programs, and laws that will impact them, including but not limited to policies, initiatives and laws related to police, health, housing, justice, and child protection. In such efforts, compensation must be provided for the time, knowledge and participation offered."

SOURCE: Vancouver Sex Workers Rights Collective. *Written Submissions: National Inquiry into the Murdered and Missing Indigenous Women and Girls*. 14 Dec. 2018. WISH, PACE, SWUAV, Pivot Legal Society, Vancouver, BC. PDF file, <https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Van-Sex-Worker-Rights-Collective-Final-written-submission.pdf>. Accessed 5 Oct. 2025.

**INDIGENOUS SEX WORKERS
WOMEN TRANS RIGHTS**

DTE'S WOMEN'S CENTRE HOUSING SUPPORT

Our housing outreach team provides vital support to women who are unhoused or at risk of losing their housing. With 11 staff working from the drop-in centres and shelters to support more than 200 women in search of safe affordable housing, our teams have to be especially creative and work through many barriers beyond our control. Currently, women are facing an especially challenging context:

Limited housing stock: The vacancy rate in Vancouver is only 0.9%, meaning very few listings are available.

Record-high rents: Opportunities for affordable housing are nearly non-existent. The average rent for a room in a shared house is close to 1,000 a month, while a single woman on income assistance receives a maximum of \$1,060 a month, of which only \$500 is the "shelter" allowance.

Stigma: When housing is available in the private market, the women we serve often face discrimination from landlords.

Space and eligibility criteria for transition houses and subsidized housing: this type of housing is often inaccessible to women with large families, mobility or health challenges, or who are active with their substance use. When criteria are met, there are often long wait lists.

"I have been homeless for 18 years, over half of my life. Since I found a place, I am feeling at home for the first time in a long time. I even secured a job."

- Anonymous participant

DEWC.CA



Victim services & sexual assault response

Victim Services offers culturally-safe, trauma-informed support to survivors of crime and violence.

Women in the Downtown Eastside face increased levels of violence in their daily lives, including assault, rape, theft and emotional abuse. Unfortunately, most of the women we serve live with trauma caused by their experiences of institutionalized violence from healthcare providers and/or law-enforcement for example and will therefore not access those institutions out of fear and/or mistrust.

The level of violence and cruelty being reported in sexually violent crimes is getting more and more unfathomable. The Sexual Assault Response program provides ongoing support and assistance to survivors of sexual violence. Staff provide emotional support, collect evidence when asked, go on accompaniments to court, hospital or any other judicial-related systems, and offer referrals to appropriate resources. In cases of intimate partner assaults, our staff can also support her with creating a safety plan, looking for alternative housing.

86 women reported sexual assaults in 2023-24
24 women reported assaults by an intimate partner
49 women reported a total of 261 repeated assaults
5 women decided to report to the VPD
1 woman went to court

SOURCE: "Housing Support." *Downtown Eastside Women's Centre*, <https://dewc.ca/program/housing-support/>. Accessed 6 Oct. 2025.

TAKE ACTION

DONATE: visit dewc.ca/donate-online to provide monetary support or learn more about current physical donation needs.

FOLLOW: [@dewcvancouver](https://twitter.com/dewcvancouver)

AFFORDABLE HOUSING **STIGMA SEXUAL ASSAULT**

KÍLALA LELUM

Our mission is to partner Indigenous Elders with physicians and allied health professionals to provide physical, mental, emotional, and spiritual care to Vancouver's Downtown Eastside community.

The story for Kílala Lelum is borne out of a desire by a group of physicians, nurses, Indigenous Elders and other staff to go beyond the traditional clinical care and provide a holistic and culturally-based system of care. In 2014, there was an understanding amongst these healthcare providers, who had vast experience working with Indigenous people on the DTES, that the traditional model of Western medical care did not do enough to provide the highest quality of care.

In response, and following continued requests from physicians in training, Indigenous Elders were invited to collaborate with family physicians by providing one-on-one mentorship with family physicians in training. It was not long until there was an understanding that Elders should be providing direct care to members along with the physicians. This led to the creation of the Vancouver Indigenous Elders Partnership (VIP) program – a pilot implementation and research program that explored the impacts of providing access to Indigenous Elders as part of routine primary care within Vancouver's Downtown Eastside.

KILALALELUM.CA



Evaluation of the VIP program demonstrated consistent positive impacts on wellbeing, mental health, and decreased use of crisis-oriented emergency services when members were supported by Indigenous Elders. Additionally, participants in the VIP program voiced their demand to have access to Indigenous Elders expanded within the Downtown Eastside primary care system in order to provide culturally-based services.

After careful consideration, and out of care and respect for the community, we took the steps necessary to create a Indigenous-focused, and Elder-led, health centre in the DTES that will uphold the Truth and Reconciliation Commission Calls to Action. In this way, the Kílala Lelum Health centre was born.

SOURCE: "History." *Kílala Lelum*, 20 June 2024, kilalalelum.ca/history/. Accessed 5 Oct. 2025.

TAKE ACTION

DONATE: visit kilalalelum.ca/donate to provide monetary support.

SHARE AND STAY ENGAGED: follow [@kilalalelum](https://www.instagram.com/kilalalelum). sign up to the email list for updates at kilalalelum.ca



**INDIGENOUS DECOLONIZED
ELDERS HEALING**

TOXIC DRUGS

ideas to stay alive



Naloxone Kits and training



Use at an Overdose Prevention Site (OPS)



Use a little first, then the rest



Use with a friend or ask someone to check on you after



Keep track of pipes for stimulants vs pipes for opioids



Test your drugs at an OPS or with take home test strips



If your goal is to not use, what supports will help?



Plan for relapse: Be extra careful if you use when your tolerance is down



Ask a health provider about Opioid Agonist Therapy (OAT) or proscribed alternatives



Watch for drug alerts on posters, websites, Text "JOIN" to 253787 to get alerts



Use Lifeguard app, NORS line, or use with a friend on the phone to send help if you can't respond

TOXIC DRUG POISONING

signs of "overdose"

If you suspect someone is overdosing, call 9-1-1 immediately.

If you have naloxone, call 9-1-1 and follow the SAVE ME steps below.

Someone could be overdosing if:

- They can't be woken up
- Their breathing is slow or absent
- Their skin is cold or clammy to the touch
- They could be choking, coughing, gurgling or making snoring sounds
- Their lips and/or nails are blue, grey or white
- Their pupils are extremely small
- They are dizzy or disoriented

PREVENTING OVERDOSE/TOXIC DRUG POISONING:

Never use it alone.

Use where help is available: with a friend, at an overdose prevention site, or using a phone or online service like Lifeguard, NORS or Brave.

Start low, go slow.

Drugs may be stronger than you think. The drug supply changes rapidly, even if you buy from the same person and they look the same, the strength and contents are changing all the time.

Check your drugs.

Fentanyl has been found in cocaine, crack and crystal meth, so check these too.

Carry naloxone and know how to use it.

Ensure the people around you do too. Beware of mixing with other drugs or alcohol. Mixing can cause more severe overdoses.

Use a smaller dose if you've been unwell or if you are not using daily. If you haven't used for a few days, your tolerance is lower. Drugs will affect you much more strongly, and your normal dose could be fatal.

Talk to your health provider about safer alternatives to unregulated drugs. If you're worried about your overdose risk and need urgent support, reach out to the overdose outreach team.

Accessing Naloxone Kits

You can pick up free naloxone kits at community pharmacies, harm reduction sites, and health centres. Use the VCH site finder to find a free naloxone kit near you.

Non-profit organizations can apply to become a Take Home Naloxone Distribution Site through the BCCDC Take Home Naloxone Program or equip staff using a Facility Overdose Response Box.

SOURCE: Vancouver Coastal Health. "Toxic Drug Poisoning ('Overdose') Response, Naloxone and Training." *Vancouver Coastal Health*, 2025, <https://www.vch.ca/en/toxic-drug-poisoning-overdose-response-naloxone-and-training>. Accessed 5 Oct. 2025.

MORE RESOURCES

organizations to follow and support

WISH

wish-vancouver.net | @wishdropin

DWC (DTES Women's Health Collective)

dewc.ca | @dewcvancouver

SWAN (outside the DTES)

swanvancouver.ca | @swan_vancouver

Carnegie Outreach

iwtsncanada.org/vancouver/carnegie-outreach

Culture Saves Lives

phs.ca/our-services/culture-saves-lives

Aboriginal Health Society

vahs.life | @vanaboriginal

Salal (outside DTES but has phone line)

salalsvsc.ca | @salalsvsc

TRANS CARE BC

transcarebc.ca

DTES Response Fund

dtesresponse.ca

Yarrow Society

yarrowssociety.ca | @yarrowssociety

Chinatown Together

linktr.ee/chinatowntogether

@chinatowntogether

MORE RESOURCES CONT...

organizations to follow and support

Hogan's Alley

hogansalleysociety.org | @hogans.alley

Gallery Gachet

gachet.org | @gallerygachet

Distro Disco

linktr.ee/distro_disco | @distro_disco

MORE ACCOUNTS TO FOLLOW FOR MUTUAL AID AND UPDATES:

@defund604

@cpddw_vancouver

@pacesociety

@vchhealthcare

@phscss

@reconnect2resist

@mkkultra

@vanblacklibrary

@vancouverblacktherapyfund

@copevancouver

@prisoner Correspondence Project

@decolonizemyself

@sisters-sage

@decolonialclothing

@ubccis

@vancouverindigenousfashionweek

@vancouvertransmarch

@ilonaverley

@freepalestinebc

@cpavancouver

@harshawalia8

@takeover.skateboarding

@weavingourworlds



Find the digital version of this publication and more here:
jessmaccormack.com/artwork/public-art/reconnect-2-resist/

RECONNECT 2 RESIST

Supporting DTES: Harm Reduction Save Lives

Forward/essay by: Mikiki

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