

HEROIN

AN ILLUSTRATED HISTORY

SUSAN BOYD

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Heroin, Addiction and Harm Reduction

In July 2021 I was standing on a busy retail street corner in Vancouver. I noticed that within a two-block radius there were four legal retail shops selling drugs: a liquor store, a pharmacy, a convenience store selling tobacco products and a cannabis shop. All of these outlets were busy with customers going in and out. A few blocks away is a large hospital and three more pharmacies. All of a person's legal drug needs could be met on these few blocks, yet none of these sites stock legal heroin, even though the drug is similar to a plethora of other opioids available in Canada. I have long been curious why the drug heroin, especially illegal heroin, is vilified and why many Canadian health providers and the public fail to recognize its therapeutic value, especially given the illegal overdose death epidemic in Canada.

THE OVERDOSE CRISIS

Canada is experiencing the worst illegal drug overdose death epidemic in its history. Between 2016 and 2021, over 24,626 people in Canada have died from an overdose of illegal drugs. These are entirely preventable deaths. Yet, since 2010, preventable illegal overdose deaths have steadily risen in Canada. These deaths are due to prohibitionist drug policies and practices, a poisoned illegal drug supply (for example, heroin, unknown to the buyer, may contain illegal fentanyl and its analogues and/or benzodiazepines) and inadequate access to flexible and culturally appropriate drug substitution programs. Over a century

of punitive, racialized, gendered and class-biased drug policy has produced immeasurable harm.

A sharp increase in illegal overdose deaths in British Columbia (BC) led to a public health emergency being declared in April 2016. In January 2022, the Yukon declared a public health emergency. Yet the epidemic continues in and outside of BC and the Yukon. The province of BC has the highest illegal overdose death rate (deaths per 100,000 people) in Canada. From 2010 to 2021 over 11,028 people died in BC alone from a preventable illegal drug overdose.¹ Ontario, with a much larger population than BC, recorded 2,426 illegal drug overdose deaths in 2020 alone, a sharp increase from 1,517 deaths in 2019. In Alberta – from January 1, 2016, to June 30, 2020 – 3,139 people have died from an illegal drug overdose.² Although overdose deaths and related hospitalizations and emergency room visits have risen across Canada, outside of BC and the Yukon no other public health emergencies have been declared. In fact, in 2019 Alberta's Conservative-led government ordered that life-saving programs such as iOAT (injectable opioid agonist treatment) be shut down.

In contrast, people who use drugs, activists and allies were quick to



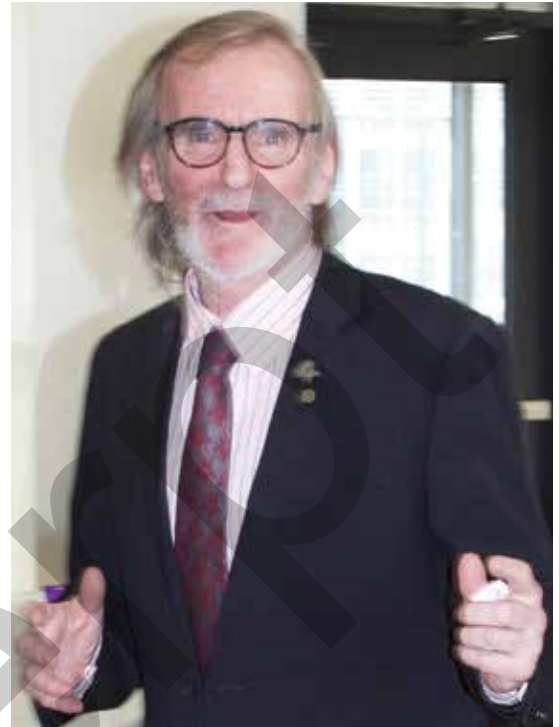
A safe supply box of heroin distributed by the Drug User Liberation Front (DULF) with Vancouver Area Network of Drug Users (VANDU) at the April 14, 2021 No Compromise for Safe Supply rally in Vancouver. (Photo by Henri Robideau, reprinted with permission.)

address the overdose death crisis early on, speaking publicly about the ongoing preventable tragedy and the loss of loved ones. They also set up sanctioned and unsanctioned harm reduction services, such as overdose prevention sites where people could consume their drugs safely. In responding to the poisoned illegal drug supply, some activists even provided packaged, labelled, individual doses of

safe (drug tested) illegal heroin to be distributed with drug user unions and their members, along with packaged doses of cocaine and methamphetamine.

Yet, with neither adequate safe legal drug supplies nor health, social and legal resources, efforts are limited and some workers are at risk of arrest. The question that looms large is why all levels of government failed to act quickly to prevent these deaths early on. Are these lives not worthy?

As I worked on this book in 2020, the global COVID-19 pandemic emerged. In stark contrast to the few or no measures taken by local, provincial and federal governments in Canada to stem illegal overdose deaths, all provinces and territories declared a state of emergency or a public health emergency to address COVID-19. All levels of government acted swiftly setting up COVID-19 safety measures (including economic support, social distancing, online schooling, travel restrictions, testing). The province of BC quickly declared a public health emergency on March 17, 2020, in order to address the pandemic. In contrast, it took about six years for the province of BC to declare the rising overdose deaths (since 2010) a public health emergency. As the two public health emergencies coalesced in BC, a steep increase in illegal drug overdose deaths was reported in the months following the beginning of the COVID-19 pandemic.³ Similar increases occurred in Ontario and Alberta. In the pages of this book, I try to make sense of our failure to address the illegal overdose death epidemic by examining the history of heroin prohibition, our punitive and flawed drug policies and the decades of resistance to these policies. Aided by more than one hundred images, the story of heroin prohibition unfolds. Drawing from primary and secondary sources, this book provides an illustrated history of the regulation of heroin in Canada.⁴



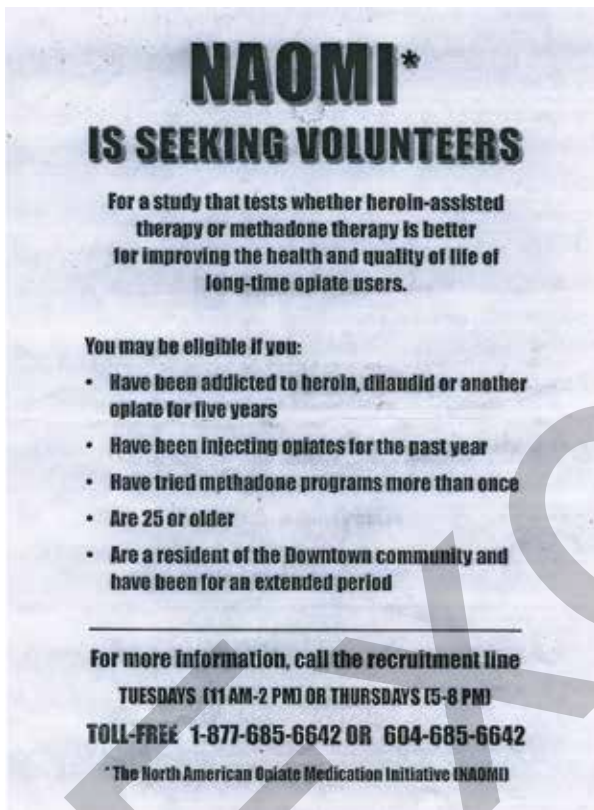
Dave Murray of SALOME/NAOMI Association of Patients (SNAP), formerly NAOMI Patient Association (NPA), at the four-year anniversary celebration on February 28, 2015, at Woodward's in Vancouver. (Photo by Jade Boyd, reprinted with permission.)

Although I have written about Canadian drug prohibition and its manifestations for decades, I began to focus more closely on heroin regulation in 2011. My interest was spurred on after participating in a Canadian drug reform meeting in January 2011, organized by what was to become the Canadian Drug Policy Coalition. A number of long-time activists were there, including Dave Murray. At a break, Dave told me about a new peer-led group that had just started meeting weekly at the Vancouver Area Network of Drug Users (VANDU) in the Downtown

Eastside (DTES) of Vancouver, BC. Dave was facilitating these meetings with the support of VANDU. At that time, the independent group called themselves the NAOMI Patients Association (NPA). Dave invited me to meet with the members of NPA. After meeting with the NPA, they invited me to collaborate with them to tell their own story as the first people in North America to receive heroin-assisted treatment. Thus began a nine-year collaboration.

Every member of NPA had been a research participant in Canada's first heroin-assisted treatment (HAT) clinical trial, the North American Opiate Medication Initiative (NAOMI), which recruited 251 research subjects from February 2005 to March 2007 in Vancouver and Montreal. The NPA members and other NAOMI

participants were the only people in North America to receive heroin-assisted treatment (HAT) at that time. However, even though the trial results were positive, once the clinical trial ended, a permanent heroin-assisted treatment program was not established. At the end of the trial, NAOMI participants had the option to either return to conventional treatments that had previously failed them or to buy heroin from the il-



NAOMI*
IS SEEKING VOLUNTEERS

For a study that tests whether heroin-assisted therapy or methadone therapy is better for improving the health and quality of life of long-time opiate users.

You may be eligible if you:

- Have been addicted to heroin, dihydrid or another opiate for five years
- Have been injecting opiates for the past year
- Have tried methadone programs more than once
- Are 25 or older
- Are a resident of the Downtown community and have been for an extended period

For more information, call the recruitment line
TUESDAYS (11 AM-2 PM) OR THURSDAYS (5-8 PM)
TOLL-FREE 1-877-685-6642 OR 604-685-6642

* The North American Opiate Medication Initiative (NAOMI)

NAOMI recruitment poster on a wall inside of the Vancouver Area Network of Drug Users (VANDU) site in 2005. (Photo by the author.)

legal market where they were once again vulnerable to overdose death, infection and arrest. Given the success of the trial, it was surprising that a permanent HAT program was not set up in Canada at the end of that first trial. It was also surprising given that HAT is and continues to be available in numerous other countries and is an effective and safe drug substitution treatment for long-time opioid users for whom conventional treatments such as abstinence-based treatments or methadone maintenance therapy have failed.

After much struggle and advocacy, including a second clinical trial in Vancouver and a challenge under the *Canadian Charter of Rights and Freedoms*, a small number of people now receive HAT at four clinics in Canada, all in BC. Approximately 160 people benefit from these HAT programs. Even in the face of two public health emergencies, HAT has not expanded in Canada, even though it saves lives. If we look at the history of heroin over the last century, it may not be that surprising that so many people are confused about the drug and its therapeutic value.

WHAT IS HEROIN?

Heroin (diacetylmorphine) is an opioid, a semi-synthetic drug derived from the compound morphine found in the opium poppy plant. In 1898 Frederick Bayer and Company marketed diacetylmorphine as a pain reliever and cough suppressant and branded it as “heroin.” Bayer advertised heroin as superior to morphine because a smaller dose was needed for the same effect. Heroin was never as popular as opium-based medicines or morphine, possibly because in the early 1900s it was most often advertised for respiratory problems rather than wider applications associated with opium. Heroin is a central nervous system depressant, as are all opioids (such as morphine, codeine and Demerol) and alcohol. Although heroin and other opioids produce similar effects, there are differences in how people respond to them, and they differ in relation to potency, duration of effects and administration (oral, injecting, smoking). Large doses of potent opioids like heroin can lead to respiratory failure and death. Because illegal heroin sold on the illegal market is not regulated, potency and quality are never assured, and a

poisoned drug supply puts people who use heroin (and other illegal drugs) at greater risk of adverse effects, including overdose death. Although heroin continues to be prescribed safely for therapeutic use in the UK and other countries, the demonization of *illegal* heroin users and the drug in North America, especially since the 1940s and 1950s, has altered our opinions.

THEN CAME THE “JUNKIE” AND THE WAR ON DRUGS

Prior to the 1900s, people who used heroin were not seen as criminal or pathological. Rather, people were able to buy the drug legally with or without a prescription. The transition from law-abiding citizen to “junkie” or “criminal addict” is a product of drug prohibition. For over a century, heroin has been portrayed as highly addictive and destructive. In Canada, heroin has long been deemed, until recently, as having no therapeutic value. Lurid representations of alleged junkies and addicts have been produced and disseminated by law enforcement, politicians, medical professionals and others through film, print and other media, language, theory and texts, producing a constellation of myths and stereotypes that contribute to legal and social discrimination and stigma. Stereotypes, says critical race theorist Stuart Hall, reduce people to a few essentialist characteristics, accomplished partially through representation (in visual images and texts). Hall is referring specifically to Black people; however, his analysis is relevant to people who use illegal heroin. Hall also explains that stereotyping occurs most often when there are “gross inequalities of power,”⁵ so that some meanings of an image are privileged over others. Images accumulate meanings over time and play off one another, but often one image is repeated over and over again in texts and visual representations (in print, television and online news, police reports and popular media and films). Think of the negative images and stereotypes that you have been exposed to over time about people who use illegal heroin. Most often they are poor and racialized people, and equally often include the iconic image of “shooting up.” This image is now associated with deviance and degradation.

Following the criminalization of narcotics in the early 1900s, the heroin user was transformed from a patient in need, to a weak-willed individual, a “dope fiend” and then a “junkie,” symbolizing degradation, deviance, addiction and death. For decades following criminalization, ideas about out-of-control and criminal “junkies” informed drug law and policy. In Canada, people who used heroin would also be labelled as “criminal addicts” in order to emphasize their supposed criminal nature. Over time, recurring stereotypical images of ruined people who used heroin and racialized violent traffickers have an effect.⁶ Since the late nineteenth and early twentieth century, people have been horrified and entertained by stories about drugs, immorality, degradation, addiction and traffickers. As we will see, international and domestic prohibition, white supremacy, colonialism, racial and gendered violence, social and legal discrimination and stereotyping and othering all shape drug policy and have terrible consequences.



“Shooting-up” scene in the 1971 film, *The Panic in Needle Park*. (Reprinted with permission from Photofest.)

A CRIMINAL JUSTICE APPROACH

Drug prohibition refers to international and national drug control systems that nations, including Canada, adopted and refined for over a century. Drug prohibition is a set of international treaties, domestic laws and policies that criminalizes some drugs and the people who possess, produce, sell, or import them for non-medical or non-scientific reasons. Canadian drug laws also shape the type of services that can be provided to people. For example, publicly funded drug treatment and heroin or narcotic clinics were not set up following prohibition in Canada. In the 1920s it became illegal for doctors to prescribe drugs like morphine or heroin as treatment for those labelled addicted. In order to set up the first official supervised injection site in Canada, Insite, in Vancouver in 2003, a section 56(1) exemption from the Controlled Drugs and Substances Act (CDSA) was necessary. The CDSA is our most current federal drug law. The CDSA also fulfills Canada's international drug control obligations set out in three United Nations drug control treaties. Along with the new Cannabis Act and the Food and Drug Act, the CDSA and other federal acts detail what substances are illegal or legal to possess, produce, sell, import or export in Canada, and the associated criminal offences and penalties.

The CDSA also includes a series of lists or “drug schedules” of criminalized drugs. Schedule 1 includes the most highly restricted drugs, such as opium, heroin, morphine, cocaine, codeine, oxycodone and hydromorphone, among others. Many drugs included in Schedule 1 can be legally prescribed by a doctor; however, they are criminalized when bought on the illegal market or given to a person without a prescription. Possession of illegal heroin can lead to a prison sentence of up to seven years. Trafficking illegal heroin can lead to imprisonment for life. Although many people in Canada receive lesser sentences for Schedule 1 offences, the CDSA is harsh, and the accumulation of lesser offences – even fines – can snowball into prison time.

Rather than adopting a health and social approach to drug regulation early on – an approach that would allow for personal possession and focus more on education, based on civil fines and less punitive

sanctions for illegally selling small amounts (similar to tobacco regulation) – drug prohibition in Canada started out with and is still primarily uses a criminal justice approach. In the early 1900s some drugs, such as opium (in smoking form) and later heroin, became constructed as evil and dangerous. So, too, were the people who were thought to use and sell these drugs. Over the years, new drugs were added to the drug schedules – thereby criminalizing them and their users. With little evidence of the harm of the drugs themselves, drug prohibition is actually tied up with colonization and systemic racism, as well class and gender injustice, both in Canada and globally.

Over the last century, lives have been destroyed – literally – due to what is often referred to as the “war on drugs.” That is, it is the prohibition itself, not the drug or effects of its use, that causes the most harm. As Steve Rolles, an internationally renowned UK senior policy analyst at Transform Drug Policy Foundation, explains:

Consider, for example, two injecting heroin users; the first is ... using ‘street’ heroin (of unknown strength and purity) with dirty, possibly shared needles in unsupervised and unsanitary environments. Their supplies are purchased from a criminal dealing/trafficking infrastructure that can be traced back to illicit production in Afghanistan. They have HIV, Hepatitis C and a long, and growing, criminal record. The second uses legally manufactured and prescribed pharmaceutical diamorphine of known strength and purity in a supervised, clinical setting, with clean injecting paraphernalia. There is no link to failing drug producer states; no criminality, profiteering or violence involved at any stage of the drug’s production, supply or use; no blood borne disease transmission risk; a near zero risk of overdose death; and no offending to fund use.⁷

Drug prohibition as a whole is not driven by evidence of its efficacy in dealing with drug use nor “addiction” but rather by structural violence, including colonialism, gendered and racial violence, legal and social discrimination and stigma, a growing global illegal and some-

times violent market, a poisoned drug supply, racial profiling by law enforcement and healthcare professionals, incarceration, child apprehension, loss of custody, experimental drug treatment and compulsory drug treatment. As Steve Rolles makes clear above, many of the outcomes we associate with heroin are actually the result of drug prohibitionist laws and policies coupled with structural violence. By examining the past – the reports, policies and practices that support heroin criminalization and drug prohibition – the drivers of the current illegal drug-overdose death epidemic in Canada are brought more clearly into focus. We need to know the history of heroin and drug prohibition in order to understand its present and its future.

RESISTANCE TO CRIMINALIZATION

The heroin story is also one of resistance to criminalization. The impact of drug prohibition and resistance to it takes many forms. Each province and territory, city or region has its own important story to tell. Since the late 1940s, drug reform advocates in Canada have called for a health and social approach rather than a criminal approach to drug use, including the setting up of publicly funded drug treatment services and heroin clinics (that would provide legal heroin). From the 1960s on, people who used cannabis advocated for an end to cannabis prohibition. Due to their efforts, since 2018, cannabis is legally regulated in Canada. It is no longer a crime for an adult to possess 30 grams of legal cannabis. However, much to the disappointment of cannabis activists, although possibly not surprising given the Canadian governments' attachment to prohibition, the Cannabis Act consists of even more laws than before and many of these laws are quite harsh. For example, it is a criminal offence to possess more than 30 grams of cannabis and to grow more than four plants in one's home – an offence that can result in prison time.

In the early 1980s and 1990s, drug reform activists in Canada rallied to stem the tide of rising drug overdose deaths, as well as HIV/AIDS and hepatitis C infections. Without government support, activists

set up services that provided education, harm reduction services and even unsanctioned safer injection sites. They also brought attention to the harms stemming from drug prohibition and called for an end to punitive laws and policies.

HARM REDUCTION

Introduced by people who use drugs, harm reduction services emerged in the 1980s in the UK and the Netherlands as a way to save lives and counter the harms stemming from drug prohibition. Allies in Canada also began to set up harm reduction services, such as needle distribution in the late 1980s and 1990s. Harm reduction is not a rejection of abstinence, but it is not the sole objective of services or drug treatment. Harm reduction advocates assert that non-judgmental and practical integrated services can reduce harms. Many of the harms linked to drugs are not actually specific to the drug; rather, they stem from criminalization and a lack of a safe supply (such as legal, unadulterated drugs), equipment and education. Drug prohibitionist policies and laws are seen as negatively contributing to and exacerbating the factors that such criminalization claims it will reduce. For example, criminalizing needle distribution negatively impacts HIV/AIDS infection rates. Criminalizing heroin and not providing a safe supply for those most affected can lead to a poisoned, unregulated, illegal heroin market and fatal drug overdoses. Harm reduction advocates see drug use and services on a continuum: for some people, abstinence-based drug treatment or twelve-step programs work best; for others, alternative options provide essential support.

The drug reform movement that emerged in Canada in the 1990s differs from past reform efforts because, for the first time, people who used drugs like heroin, cocaine or methamphetamine – people with experiential knowledge – were at the forefront of the movement. The first drug user union, Vancouver Area Network of Drug Users (VANDU), emerged in Vancouver BC in 1997. VANDU continues to advocate for an end to drug prohibition and provides outreach, harm reduction ser-

vices and education, while also seeking to protect the human rights of people who use drugs. Since the 1990s, many other “unions” have been established across Canada, such as the Western Aboriginal Harm Reduction Society (WAHRS), Alberta Alliance Who Educate and Advocate Responsibly (AAWEAR), L’Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD), the Cape Breton Association of People Empowering Drug Users (CAPED), and the BC/Yukon Association of Drug War Survivors (BCYADWS). In 2010, a national association representing regional groups emerged to push for drug reform at the federal level: the Canadian Association of People Who Use Drugs (CAPUD). Along with their allies, these groups and others have set up harm reduction services and strive to end the war on drugs, to end criminalization. These groups also argue that access to safe, legal drugs, including legal access to heroin, will curb preventable illegal overdose deaths across Canada. These drug user unions have ruptured long-held stereotypes about who the heroin user is. To be clear, people who use heroin in Canada most often consume other opioids, both legal and illegal, when heroin is unavailable or too costly.

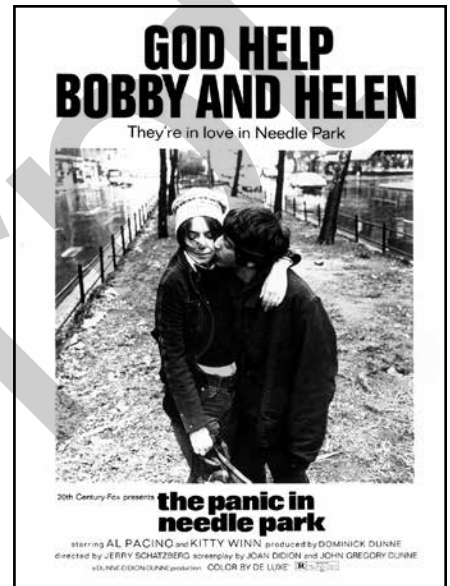


In the 1955 film, *The Man with the Golden Arm*, heroin withdrawal is depicted as so horrendous that people will kill to escape it. (Reprinted with permission from Photofest.)

DEPICTIONS OF HEROIN AND HEROIN USERS

Due to the efforts of drug user unions and allies, conventional ideas about people who use heroin have been challenged. This work is essential because for over a century conceptions and perceptions of heroin have been foundational to drug policy. Heroin has been depicted as addictive and dangerous, as have the people who use the drug. Fictional movies, including old classics such as *Narcotic* (1934), *The Man with the Golden Arm* (1955) and *The Panic in Needle Park* (1971), depict heroin as instantly compelling and addictive, withdrawal as horrific and degradation, criminal activity and overdose death as inevitable. In one of the first major Hollywood films to depict heroin use, *The Man with the Golden Arm* depicted heroin users as cheats and liars who are willing to kill for a “fix.” Heroin withdrawal is shown as so horrific that people who use the drug need to be locked up.

In drug films, fields of opium poppies (from which heroin is derived) are depicted as the domain of ruthless foreign and racialized traffickers. Many contemporary films adopt similar themes. People who use illegal heroin are othered. They are depicted in both popular culture and in some academic theories as pathological and criminal. In many ways, we fear criminalized drugs and the people who are suspected of using them. Sensationalized drug imagery also frames some drugs as desirable, giving them almost magical qualities to uplift and then destroy people.



In the 1971 film, *The Panic in Needle Park*, degradation is depicted as inevitable following heroin use. (Reprinted with permission from Photofest.)

FROM IMMORAL TO DISEASE, BUT ALWAYS CRIMINAL

Stories and research about people who use heroin and addiction over the last century most often include similar storylines: from a law-abiding patient to a weak-willed, immoral, criminal and pathological person. These ideas have informed approaches to heroin use in Canada

and other nations. For quite some time, however, critical drug researchers have challenged assumptions about illegal drugs, including heroin, and the label “addiction.”⁸ Our ideas about addiction, drugs and the people who use them are central to prohibition because they influence drug policy (including drug services) and law.

“The Tree of emperance.” This 1872 lithograph depicts temperance — an abstinent life — as leading to, amongst other positive outcomes, health, success, love and virtue. (Coloured lithograph by Currier and Ives, reprinted with permission from Wellcome Library, London.)

