

DISLOCATION AND GROWING INJECTION DRUG USE IN WATERLOO REGION

By Joe Mancini, September 2018 Good Work News

The estimate of nearly 4000 injection drug users in Waterloo Region indicates the scope of drug addiction in our communities. This number comes from the recorded unique individuals who visit needle syringe programs throughout Waterloo Region. This number has grown from an estimate of 1,470 injection drug users in 2008.

There are four major conclusions that flow from this obviously growing concern.

FIRST CONCLUSION: INJECTION DRUG USE IS GROWING

The first conclusion is the stark recognition that over the past ten years, injection drug use is rapidly growing. At St. John's Kitchen, in the late 1990's and in the years up to 2008, we noticed a small but new sub group of drug users. In our first years most people's addictions were limited to alcohol. The alcoholics were a group that stuck together and looked out for one another. In the late 1990's, drug usage grew around the availability of crack cocaine. Crack use is marked by high energy and anxiety. There is nothing relaxed about crack; it is a drug that keeps its users searching for more. By 2008, Ontario communities were flooded with crack, perfectly designed to exploit populations that were marginalized.

Presently crystal meth is the dominant drug used by the street population. It is a synthetic product created in underground chemical labs using common, highly toxic industrial ingredients. Pseudoephedrine, found in cold medicines, is the main active ingredient. Most crystal meth is produced in the United States and Mexico by cartels that then supply markets throughout North America. Gangs use decentralized local dealers for distribution. Meth is sold as a powder that is snorted or in a crystal ice form that is smokable. Both forms can be injected by dissolving the drug in water. Either way, the crystal meth high lasts for up to 12 hours, longer than opioids or cocaine. Since 2014 meth use has soared and according to Waterloo Regional Police, replacing crack cocaine on the back streets of southern Ontario.

Opioids are different yet. Most opioid addictions in the general public start after the drug has been prescribed for chronic pain or after major surgery. On the street, the drugs are used for the purposes of getting high. Recent estimates indicate that 13% of Canadian adults used opioids in 2015. As the availability of opioids increased, so has their use as an injectable drug, which increases the speed and intensity of the high.

Fentanyl is a new addition to the opioid market. It is a synthetic opioid that is cheap to produce, requires less volume, and is therefore easier to export, smuggle and distribute. It is a boon to the

dealer network. Meanwhile overdoses soar. In British Columbia, people are testing positive for fentanyl without knowledge of its use, which means that fentanyl is being integrated into the three different drug streams described above - cocaine, crystal meth and opioids. There are no easy solutions. Carfentanil, which is even more powerful, is making its way into the supply.

All of these street drug choices described above can be injected and this is the reason that injection needle use has grown.

**SECOND CONCLUSION:
DRUG USE FOLLOWS THE LOGIC OF MARKET SOCIETY.
GROWING INEQUALITY MAKES THE PROBLEM WORSE.**

The second conclusion starts by the simple observation that the recent history of growing injectable drug use in Waterloo Region mirrors growing injectable drug use in most municipalities and counties throughout North America. This summer we had a visit from a small town in Grey Bruce looking for ideas to combat a growing drug problem. The development of sophisticated production and distribution of cocaine, crystal meth and opioids has taken place at the same time as the North America labour market has been radically altered resulting in substantial decreases in the availability of full-time work.

There is a co-relation between the pervasive drug availability and the decline of the industrial economy's full-time labour market. Drug distribution has followed the logic of market society where everything has a price, everything has a market and everything is for sale. In all cases, cartels have used market logic to increase their scale of operation and profits. They have found ways to import and secure common industrially produced ingredients that are manufactured using sophisticated lab production methods. The resulting drug creates opportunities for mass distribution. Using the techniques of network marketing, these cartels move the product into big cities and then use decentralized markets to spread the product. Every step has a price and every action generates a profit. In this case the product itself is consumable, often by the agents distributing it, which is a form of indebtedness that binds dealers to the organization. The logic of the market spreads the illegal drugs.

While drug production and distribution has grown into major industries, the former industrial and agricultural base of North America has been hollowed out. In fact, it is well documented how the growth of illegal drug manufacturing and distribution has grown in the wake of the consolidation of agriculture. ¹

It is a complicated story. Mary Berry, speaking at our Summer Institute, reflected on her father's work trying to protect rural economies and culture. The process of destabilization has been unrelenting as small farms are forced into bankruptcy, while larger farms consolidate all under the power of a small number of multinationals who have managed to own most of the food producing industries from seeds, fertilizers, pesticides, feed, milling, storage, all forms of meat packing and food processing, transportation to grocery store chains. The big corporations have the power to change the rules and

government becomes ineffective. *In The Unsettling of America*, Wendell Berry showed how the imposition of Big Agriculture dislocates people from the land, smothering their creativity and dreams.

The same process of hollowing out full time work in urban areas can be seen in downtown Kitchener. Previously, thousands of jobs were provided at Schneider's, Uniroyal, Goodrich, Kaufman Rubber, Hoffman's Meats, Domtar, Budd, Lear and Peristop. Each shutdown was an industry consolidation, leaving workers without work. The result is a precarious labour force where people are shuffled in and out of work. This leaves a growing sector of workers without access to jobs that link them meaningfully into a culture of work. A growing drug culture is fed by the continuing loss of stable full-time jobs. It is a process that mirrors farmers who have no land.

Into the void, cartels sell their insidious drugs that offer a way to hide one's fears. Centralized pharmaceutical corporations are only too happy to sell the base materials that become addictive, escape oriented drugs. The distant but symbiotic relationship between the pharmaceutical industry and the cartels is immensely profitable. Governments are seemingly powerless to intervene in this cycle of profit, growth, adaptation and more growth.

THIRD CONCLUSION: DRUGS FILL THE VOID OF DISLOCATION

Dislocation is the root cause of addiction.

To understand dislocation, we must first consider the role of the individual in society. Our society expects individuals to rise above the other, to gain some greater advantage. We live in a society that promotes a mentality of us against them, winners and losers. Well, how does one cope with such pressures that inevitably pull relationships apart? In fact, our society hardly deals at all with these pressures people face. We live in a world of cultural and social fragmentation. We celebrate the power of wealth. We celebrate the idea that individuals are not connected to each other, we celebrate competition over cooperation. It gets very tiring for the individual. Where does one learn another way? Schools are places that teach competition for better marks. The labour market is reduced to a competition for greater wages rather than a place for discovering meaningful work. Dislocation then is what happens psychologically to people when they realize that they no longer feel they belong.

In a hyper competitive society what happens to those who fail to compete or who compete at a level where they need drugs to balance their hyper-activity? All research into addictions suggests that the addiction itself is often used to mask trauma, abuse, shame, failure and stress. While it is part of the human condition to overcome the fear of rejection and inadequacy, in a competitive, fragmented world, where do we help people process deep human emotions? When family relationships are scattered and emotions remain unacknowledged, there are few outlets for building greater emotional understanding. In our society, people are mostly left to their own devices. For some, the easy availability of highly addictive drugs is a path that few would choose, yet many are unwittingly dragged along with little power to resist unless significant support is provided.

The description above is the underlying argument that demonstrates that our society promotes dislocation as a cultural value. It is in contrast to former societies that had higher levels of psycho-social integration, meaning that people pulled together to look after each other, in a common project of serving the common good. If one thinks that this is utopian, then they have not learned about or experienced a society where there was a high common purpose for the benefit of serving all.

What is lost when individuals are isolated and left to compete against the other? Bruce Alexander calls this modernity and “beneath the steamroller of modernity, extended families and communities are scattered, nuclear families become dysfunctional: local cultures are pulverized; legitimate authority is toppled, religious certainties disappear; ...People and social groups that do not contribute to the advance of modernity are marginalized or exterminated.”²

Dislocation then is the result of social fragmentation. One does not have to journey far to understand that the flood of modern addictions, addictions that start to degrade an individual’s ability to function, addictions like drugs, alcohol, prescription drugs, shopping, gaming, sex, internet, are acts of withdrawal from society. “They are what people do when they cannot make a difference in the world confronting them...humans under stress take advantage of whatever tools their environment affords for reducing stress.”³

In all cases, humans then hide from the emotional losses of broken meaningful relationships. Dislocation theory demonstrates the need to recognize that this process is personalized by the loss of meaningful family relationships and is generalized by the loss of community relationships.

FOURTH CONCLUSION: HOW TO SUPPORT THOSE WHO EXPERIENCE THE FALLOUT OF DEVASTATING DRUG ADDICTION

Over the last several years it has become impossible to ignore the growing number of injectable drugs users in Waterloo Region. The effects can be seen in a homelessness where people’s drug habit degrades their ability to live in regular housing provided by landlords. People are choosing camping and moving from place to place. Throughout the Region’s downtowns, all public spaces are trying to cope with the spread of injectable drug use in public washrooms. The problem has been growing and now it is impossible to hide.

Gabor Maté asks why we try to ignore people who are suffering through the intensity of addictions. To addicts he asks, why the pain? Often, underneath all addictions, especially this round of injectable drug addictions, is some kind of major trauma, a severe hurt such as sexual abuse, or some kind of perceived failing from which an individual retreats from society into drugs. While the drugs are addictive, the underlying trauma is the main problem. The widespread addictive behaviours in society, exacerbated by an online culture that promotes “likes” while inadvertently discouraging friendships. The fallout for those dealing with the worst traumas is that they cannot find their way out. It is up to society to help build those bridges.⁴

The Working Centre has been working to create places of welcome that work to counteract dislocation. Our shared community spaces are places of creative problem solving while our community tool projects build on gift and engagement. This latest issue of drug use has drawn us to explore a new space in the house we have purchased on Water Street. In April, at this year's Mayors' Dinner we described the kind of service we were working towards.

We need places of rest where self-awareness can build, places where one can process the meaning of family breakdown or episodes of trauma. Places where people have the space to think about their defeats and also their successes. Rest, reflection, relationship building cannot be accomplished with pressure but with time, discussion and openness. This kind of support and listening helps people construct an imagination for a future that is hopeful.

The goal of this house is to build on communal supports, help people to feel part of a community, to find ways of inclusion over separation and in a phrase, to work to develop psycho-social integration. This house will not solve the wider issue of the globalization of addictions, but it will provide our community with a place to support those most affected by the injectable drug crisis.

1 | Reding, Nick, *Methland: The Death and Life of an American Small Town*, New York, 2010.

2 | Bruce K. Alexander, *Treatment for Addiction. Why Aren't We Doing Better?* March 2018, Speech to NHS Foundation Trust, retrieved from <http://www.brucealexander.com/articles-speeches/297-treatment-for-addiction-2>.

3 | Ken Westhues, *First Sociology, Liberation, Chapter 10*, New York, 1982. p 456, 461.

4 | Gabor Maté, *The Search for Oblivion: Addiction is neither a choice nor primarily a disease, genetic or acquired, but a forlorn and ultimately futile attempt to solve the dilemma of human suffering*, *The Globe and Mail*, Aug 18, 2018.