ARTWORK / STREETLIVES,
STREET-INVOLVED YOUTH IN THUNDER BAY:
A COMMUNITY-BASED, ARTS-INFORMED INQUIRY
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Abstract

Artwork / Streetlives is a community-based, arts-informed, research project which addresses harm reduction amongst street youth in Thunder Bay, Ontario. Nine street-involved participant researchers (supported by a team of researchers and community organizations) used art making and storytelling as ways of understanding the risks specific to street-involved youth in Thunder Bay. Due to the heterogeneous nature of the participant researcher group and a majority of Aboriginal research participants, a novel approach was used to create principles of research collaboration, in pursuit of the principles of ownership, control, access and possession for ethical research with Aboriginal peoples. The participant researchers found that their most common experience was their vulnerability to governmental social services and law enforcement personnel and policies. They further agreed that the risk of losing their children to child protection services is a source of increased vulnerability and a barrier to accessing treatment. They all agreed that the process of art making was fruitful and were surprised by the clarity and evocative nature of their artwork, finding that meeting weekly to do art is gratifying and therapeutic. They were interested
to discover that the art they created, just by telling their stories, contained strong prevention messages they would have been influenced by as younger people. As such the participants want to continue making art, and showing their work, particularly to young people, social service providers, and law enforcement officers, who they think are in the best position to learn from it. This project is building capacity in the community (by teaching artmaking, group work, organizing, critical thinking, and presentation skills), is contributing to scholarship, and significantly and positively impacting the lives of the participant researchers. This work is represented in traditional academic prose and as collaborative fiction.
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Community Organizations
Superior Points Harm Reduction
AIDS Thunder Bay
Catholic Family Development Centre

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This project is dedicated to one of the young researchers who died unexpectedly in an accident. He was a father, and a kind, creative and motivated young man. He will be missed.
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Part One: The Story

if I think it's the right thing to do,
when I am ready.
This research project documents a process that began as an idea to engage with a particular population in my community, Thunder Bay, to address needs that emerged in my activities as a social worker. It evolved into a collaborative process that involves many other people, principally a group of nine street-involved youth who came together to address the harms that they experience as a result of three intertwined forces: their engagement in street life (drug use, homelessness, and sex work); the entrenched criminalization of their lifestyles; and, their increased vulnerability to marginalization due to firmly held but often uninformed opinions about their lives as imposed by people in positions of power over them.\(^1\)

This text is composed of two parts. The first is a story in which my purpose is to plainly engage my primary audience, young people (the research participants, and their peers) emotionally and intellectually in the complexity of themes and issues revealed by the project. It became clear to me over time that the best way to engage with young people as an audience, and the best way to reflect the complexity of their lives and the courage with which they are living them, was to tell their stories back to them. The same stories they could tell with a sigh were stories that drew tears when I told them back. This reflects my “methodological commitment” and intention to “remain true to the narrative and emotive quality of what people contributed” (Cole & Knowles, 2008, p. 66).

The second part of the text uncovers my intentions in storytelling by connecting these themes with relevant research and professional literature in order to describe the process and contextualize the rationale for the research.

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\(^1\) There are many of these people but some examples are: parents, teachers, probation officers, police officers, and social workers.
methodology, and final form of this document. This more conventional form is my contribution to the domains of academia and practice.
This Story is For You: The Artists.

This story is for you. It is partly the story of what you learned about yourselves, but mostly, it is the story about what I learned about you, and from you. It is basically the same thing as the chapters of text that follow the story. In the chapters after this I just took the things that I learned from you, and I looked them up in journals, and books so I could see if other people had some of the same thoughts and experiences as you. It turned out that many people did.

I learned, from you, and from books, that people can use without becoming addicted. I know that it is possible to use if you are a good, intelligent person and that in fact it takes lots of smarts to use without hurting other people. I wanted you to know that I think that wanting too much of something is human, and that everybody wants too much of something. I saw how it is really the fact that drugs are illegal (criminalized) that makes them so risky to use (Chapter Seven). I wanted you to know that I believe that people generally try their best to be good people (Chapter Two).

I learned from you that one of the significant challenges of the street involved life is constant surveillance by service providers and law enforcement. I want to acknowledge that this lack of privacy is dehumanizing (Chapters Four and Five).

I learned from you and from books about how there are too many street involved youth that are Aboriginal, and how it is that this has been passed down, and resulted from my white immigrant ancestors taking over, and taking things that were not theirs (Chapter Five).

I also wrote this story because I wanted to tell the story of people who have kids, and how being a parent makes all of this so much more difficult (Chapter Four).
I witnessed the power that art had for you, and listened to you tell me that, so I made this a story, hoping that this way you might listen to it or read it. I listened to you say that you felt left out at the academic conferences we attended, and I want to include you (Chapters Three and Four).

I heard you say that if you had seen your art when you were younger that might have stopped you from making some of the choices you made. I wrote this story also for younger people so that they might have a way of hearing your stories, as well as seeing your art (Chapter Four).

I wrote this story because I think your stories are important and I think you are important.
April 2006

I am achy, slightly sick when I go to drop him off. I am, I admit to myself, both eager and reluctant to do this. I am smug then shameful in the next second. And, in that second moment, I have an awareness of my guts and the passing yellow glare of vomit rising in my throat.

I take a deep breath.

We are walking down the street, me with D.'s kid-sized knapsack, tightly packed, stretching across my shoulder blades. My own bag is slung over that, diagonal, and jammed with my own usual stuff. In my left hand, on the road side, the potty seat (in case V., his Gramma, is up to practicing). In my other hand, house-side, are four warm fingers and one thumb. A hand attached to an arm, which leads to a shoulder and a neck and a head with a mouth that is chattering, chattering, chattering, chattering.

 Mostly I listen to my kid. He is beautiful, magical, intense, humbling and he does everything slow except talking. He is interested in so much (dragons and babies and birthdays), and is relentlessly full of questions. I would even like him if he was not my kid. But sometimes I let myself drift off and have my own thoughts. I am doing this now. Letting some of his words escape — I imagine them floating

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2 I have used initials instead of names here because I want to reinforce the idea that the people in this story could be anybody, that all of us want too much of something, and make good decisions and mistakes.
away free. These words are unconfined by my constant need to understand him, unlimited by my can you try again Babe, or I'm sorry little dude, I just don't know what you are trying to tell me right now, or no³.

It is, I have found, so hard to stick to no. So hard to think of why it seemed so important to say no to what now, somehow seems so much easier than a tantrum.

*I sleep Daddy's*, says he.

Yes, I say, confidently, brightly.

*Mummy sleep Daddy's?* him, hopefully.

*I'm sorry, babe*, I say. But in this moment, looking at his teary little eyeballs, it drifts over me like a clean sheet. All I want is to be a good mum — and for a moment I don't want to leave him there, and I think mums are meant to never be separated from their kids.

But in the next moment I remember that is stupid, and I feel a swell of excitement at what's next after I drop him off.

I have four rules. He comes first, in every way, whether it is diapers or bananas, his needs are met first. If he is home, I will only do it if he is sleeping, and only

³ I am using *italics* (slanty writing), to show that somebody is talking.
enough to keep me from getting sick. Always clean works, I will not expose myself to somebody else's blood. Secrecy.

We get to V.'s place and D. is excited to see her but then worried in the next second that I am leaving. I hate this part. She chooses this moment to ask me about next week, and Christmas — it's hectic, and I wish she wouldn't. I pull out my school planner to look at the dates but we don't get very far and then D. is crying.

I say, Can we do this later?

She nods.

He knows what is coming next. I pick him up and sit down on a comfy chair. He plasters himself to my chest. I sit for a few minutes, and then motion to V. that I am going to leave, and need to pass him to her. I tell him I love you, and give him a last squeeze, and pass him to his grandmother. I peel off his fingers and I make a break for it.

I wave at him through the window and walk out of sight down the block. I have a smoke on the corner and think about falling in love. I enjoy this uninterrupted moment. I take my time. It looks like a sizzling rainstorm is coming. There are dark clouds in the sky and the air feels warm damp. I walk back up the street and
sneak into the yard. I peek into the living room window and see D. perfectly happy sipping a giant chocolate milk.

I am relieved and excited. I take off.

I realize when I get home that I don’t have my school planner. I suddenly imagine something horribly personal scrawled in the margin for Tuesday October 22nd: “I have no intention of spending Christmas with my ex’s mum”, in a list after “bring in old toilet paper rolls for daycare”, or “make Dr. appointment for D.”

I don’t know if I actually wrote anything like that. When I am bored it entertains me to write down my unedited first thought about something in an everyday place like a grocery list. I knew that if she sat down to flip through it, she might find something she didn’t like or something I didn’t want her to know. Even if there is nothing that would upset her particularly, I am private on principle. I like to keep most things to myself. I like to figure things out on my own.

I know that she has had a look through things in the past. I have noticed this or that a bit different than I left it when she’s been at my place. This is why I try to bring D. to her house. Sometimes I feel angry and irritated and completely unforgiving about this but, other times, I am able to understand that she is
worried, and she loves little D., and her intentions are good. When I see her I
know that she knows there is something up with me but she is not able to put a
finger on what it is.

So, even though it is crash bang raining now I set back off, this time without bags
or bits or pieces, and full speed to retrieve it.

There is something stinging in my eyes, and I wipe the rain that is streaming down
my face with the back of my hand. Squinting I can see that my hand looks pink
and I realize that the hair dye I used this morning is streaming down my face. This
is the way things go for me.

As I am running down the street I see a cat dart onto the road. I hold my breath
but I hear a thud and I know the cat has been hit by the assbag driver of a silver
Toyota who does not even stop to see if it is alright. I expect to see it lying down,
but it isn’t. It’s head over heels, and heels over head, seizing gruesomely in the
street. I put my hand over my mouth. I want to stop it from happening. A bus is
stopped beside me. The driver is watching the cat. I bang on the door.

_Run over it!_ I say. _Please!_ It is agonizing. I want it to die.

_I can’t_, the bus driver says.

_It’s cruel!_ I yell at him.
He opens his mouth, and then closes it. His eyes are sad. I'm so angry with him he doesn’t know what to do and he shuts the door to the bus. He waits another few moments, until the cat has stopped moving, and drives away.

I am furious with him. I want to smash him to smithereens. I want to know why do these things happen to me, and what does it mean? Why do I need to see things like this? And why do things die? And why is there pain? And why don’t people help?

I think about the cat all the way back to her place. The sidewalk is wet and dirty. There’re still bits of garbage and partly liquefied dog shit from the winter melting away. I am soaking wet. The crap weather doesn’t do a single thing to improve my mood.

Hey, I say. I forgot my book. Relief. I can see it across the room where I left it.

MUMMA! D. says running in, You’re back! I miss you.

Oh Babe, I smile. I am. But I have to go again, I say.

His eyes widen and tear, his lower lip comes out, he cries.

I gather him in my arms. Know what I saw? I say. I peeked in the window and I saw you and Gramma, and you were smiling and sipping a big chocolate milk. It sure seemed like you were having fun here. I know that you and Gramma
really love each other, and that the hard part is just when I go, and then there are all kinds of happy parts after that.

Yeah, he sniffs, but is non-committal. I hold him with one arm, and walk with him to the counter where my book is and slip it into my bag so I don’t have to grab it after I pass him off. I’ll make a clean exit.

*Babe, if I stay then you won’t be able to have your special Gramma and D. fun.* (This is true because even though I know she loves him, I can’t stand being here, and she doesn’t like me, and it makes everything unpleasant).

Okay Mumma, he says. I wonder if he understands what I said. He takes a deep breath. He is still holding on tight and I need to, for a second time today, peel his soft, disappointed body off mine.

Sorry for the drama I say as I leave.

Later I am hanging out with K., and I ask her if she thinks I am a seizing cat, and she says *sometimes, but not usually.* And I smile and tell her to fuck off, and she says *this is how you tell me you love me. I say I don’t know about that.* Then she says that if I want her to believe that I’m tough as dirt, I need to stop asking questions that reveal me to be as insecure as everybody else.
The best thing about K. is that I did not even need to tell her about the real cat.

She just gets me.
April 2003

It is motherfucking cold today and I decide to ride. I have been out most of the night and the bus is an inexpensive, warm and marginally acceptable place to sleep. I get the little spot I want at the back of the bus and pull up my feet on the seat in front of me. I slouch down so I can sleep.

There aren’t too many people on the bus — which is perfect. I figure I have a while, anyway, before a well intentioned but irritating person wakes me to see if I have missed my stop.

I sleep.

Hey there, I hear.

I keep my eyes closed. I am not getting off, I say.

Oh, okay, she says.

I open my eye a small crack and it is bright and unwelcoming — the glare of sun and snow. I can only see her silhouette.

You okay? she says.

I’m fine, I say, with a period after it.
Okay then, she says. But she sounds nice and I open my eyes a bit more. I like the way her eyes crinkle. I close them again.

I think about sleep, and pillows, and covers, and I imagine myself in bed. It smells pissy in here. I can smell the people around me, and exhaust, and the salty dry winter outside. The heat is coming up from the vent under my right foot. I try to find a spot that won’t bounce my head against the window.

I sleep.

In my dream I am in a wooded ravine with a bunch of kids. There is dark water at the bottom. A tree fallen across the water makes a bridge. Some roots are still attached to the earth on one end, and at the other the branches have been ground in to the hillside. I am ten maybe. The other kids are my age, some younger. I say, if you want to be part of this club you have to cross the water. I step onto the log and bounce it up and down. My sneakers slip a bit because the bark has fallen away, and the naked tree is smooth and a bit slick. The tree bounces more than I expect when I cross to the other side. I know when I finish that it might be too hard for some of them, but I have already said they have to do it and I don’t let up. Who’s first?, I say. A few of them are looking nervous, and one takes off back up the hill. The others look at each other. One kid climbs up. His arms say whatever. I am impressed by his confidence. He crosses easily. I figure it’ll be okay now.
The rest of the kids cross now, too, one at a time at first but, by the end, there are several of them on the log and it is bouncing with all the different rhythms, and this makes it more difficult. The second to last kid gets to the part where the log dips nearest the water. His heel slips on the branch, and he looks at me while he is falling. I know he can’t swim. I think about how he would drag me down if I jumped in, how we would both drown. I stand there. What if he dies? I am scared to call for help. What if they don’t get here in time? What if people know what I have done? It will be my fault.

I wake up on a sharp inhale. Have I said something out loud? But nobody is looking at me. My heart is still beating fast. I wipe drool from the side of my mouth. My stomach feels like shit. I feel like I really did it, like I really let a kid drown. My body is telling me it is a memory and not a dream. Coward.

In the seat in front of me there is a mum and her, maybe, 10-year-old kid. He has a little portable DVD player and he is watching a red sports car come around the corner of a race track and crash again and again. He just keeps rewinding it to watch the same 15 seconds of video. At first I think it’s weird but, once I watch for a while, I feel better. Maybe the kid is onto something.
May 2003

Today I fell asleep while I was doing MSN\(^4\) at the library. My head literally dropped down while there were people waiting in line behind me. I woke up feeling like I hadn’t slept for days. I have felt like puking all week and I have been sleeping at the shelter — which shows how much I need to sleep.

My period is two weeks late. But I don’t think that I’m pregnant. I figure I better pick up a pregnancy test to make sure.

I feel like a criminal in the drugstore, even though I am purchasing the test like a law-abiding person. It’s not that I’ve never stolen anything, but that I reserve stealing for when I really need something — like food — and I can’t figure out the cash. If you look like me, it’s actually pretty hard to steal because everybody is watching. If, on the other hand you have a car, a nice haircut, and a baby — well, in this case it is easy to get a stroller discount, you can always just look surprised and say, *Oh my gosh, I apologize, I completely forgot about that!*

Fluorescent lights make everything plain and naked. The lady at the counter looks at me like she doesn’t want to touch me. I almost expect her to comment out loud. I hate myself for looking down, but I do. I want to look into her eyes and say *Fuck you, so what if I am. And, How do you know what kind of mother I would be. And, I bet your kids think you are boring.*

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\(^4\) MSN is instant messaging, a way that young people write to each other.
I imagine myself as the yummiest, coolest, mummy and I use an imaginary eraser with my eyes and rub out her entire body beneath her head.

I look back, and a woman looks back at me with big open eyes, pursing her lips as if to say, *you don’t pay any attention to her.* She doesn’t like the way the cashier is sizing me up. I want to ask her if she was pregnant by accident once, or if she is just kind. She gives me one last glance of *you’ll figure this out,* before I leave.

I leave with the test. It’s warmish and breezy this evening and I am happy that summer is coming. I am feeling okay now and I figure I just psyched myself into thinking I was pregnant and it probably made my period late. I realize that I don’t want to do this at the shelter, so I find a perfect wooded spot, and I try to pee on the stick — which is tricky because it’s dark outside. I touch it with my finger to make sure it’s getting wet, and when I am satisfied that it is I put the cap on. I look at it for a few moments before I realize that it’s too dark to see.

I pop it in my pocket and leave the bushes. I start walking down the street. I feel great. I feel good that I bought the test and did it. I keep it in my pocket. I’ll look at it later.

I am hopeful strolling along and I run into a friend of mine, and we go get just a little high, because I am pretty sure everything is okay. I feel better about everything now. I think I’d be a great mum. I’m sure I’d be able to pull it off.
We go to a donut place and sit and have a coffee. We chat. We are relaxed. We are happy spring is coming and, with it, more freedom, less to figure out.

I smile, and pull the test out of my pocket, and look at it privately beside my leg. There is a plus sign in one window, and a line in the other. I slide off my chair and head for the washroom. There are fluorescent lights in here too and they are unnerving me. I pick through my bag to find the instructions. I read them again. I try to uncloud my brain. Everything feels complicated with too many words and feelings that I don’t want to feel. I pack up the test and put it in the little disposal in the stall. I don’t want to bring it back to the shelter.

I think it must be because I left it for so long. Maybe it’s not really positive. I pull it back out of the garbage and try to read the instructions more closely.

Crap. Not true. I put it back in the garbage.

I leave the bathroom but I keep thinking about the test. I go back to the bathroom, and pull it out of the garbage again, and unfold the paper and read the instructions. Again. It seems like I did everything right. It seems like the test is saying I am pregnant. It is too much for me to think about so I fold it back up and put it in my bag and resolve to read it in the morning with a clear head. Why did I read it there? What a bad idea.

I tell my friends the lights are bugging me here and we need to leave.
The next morning I wake up at the shelter and think about being pregnant. It stinks like too many people in one room here. I need to leave. The grey paint on the walls makes me feel empty. I get out of bed and grab a coffee. When I lift it up to my mouth I nearly vomit. I put it down and run outside and spit out the salty puke saliva that’s in my mouth.

One of the workers follows me outside and asks me to go back in and wash out my cup.

You have to be fucking kidding me, I say.

I’m not kidding J., she says. If you want to use this service you need to treat people and property with respect. I think we should set up an appointment together.

I could easily get out of this situation by telling her what is going on. Secrets are like cash for these people. I won’t sell her my secret to get her off my back. I won’t give her the satisfaction when she isn’t doing her job well. I haven’t wanted to talk to any of them since R. left. I write letters to R. sometimes, and she writes back. I need to talk to people who aren’t desperate to know.

I’m walking away, I say. See you later.

I suggest making a different choice J.. Think about the consequences.
Is she threatening me here? I bite. I stop and turn around.

What are the consequences, Susan? I raise my eyebrows and look directly into her eyes. It is always best in these situations to level people by using their first name.

J., I am just saying that if you’re making bad decisions, and you aren’t letting people help you... I just wonder what the point of being here is for you?

Susan, are you suggesting that you are going to kick me out for leaving my coffee on the counter?

She looks away, I’m not saying you will get kicked out. We are noticing a pattern of inappropriate behaviour from you though.

Okay then, Susan, I’ll be leaving my coffee cup where it is. I turn and walk away.

I have a smoke saved but it is sulphur and sickening when I light it so I give it away too. It seems unfair that at this moment when I need to do some good thinking I can’t even have a smoke.

I walk.
Abortion is a perfectly acceptable decision for anybody. It’s not a baby, just a little clump of cells. I believe this. I resolve to organize this for myself today. Why procrastinate? Why feel crappy like this, when I could feel like myself?

I walk.

I stop at the lights and think absently about throwing myself into traffic. Not because I really want to, or even because I am pregnant. Just because I wonder what it would be like. Would I have the guts to pull it off, or would I pull back at the last moment and only get a horribly disfiguring injury? How long would the blood take to wash away? Would they get somebody to come hose it down before the rain washes it away? Do the people employed in the blood hosing down business, say — Well, I’m calling it a night, it’s really raining, nobody will be needing us now.

That’s when it hits me. Hard, like I really am getting hit by a car. If I am pregnant, somebody’s sperm is in my body. Despite my efforts to protect myself somebody else’s germs are inside me. Isn’t sperm even worse than blood? I might have syph or Hep C or (yuck!) warts or HIV. Gross. Sick. I want to reach inside myself and pull out the germs. I want to barf them.

The cells might have syph. I put my hand on my stomach. I hope you don’t have baby genital warts, I think. I imagine a little baby with genital warts for a second,
and then squeeze my eyes shut. What if you have HIV, I think. I might have HIV.

Do babies get HIV from their mothers?

Maybe babies don’t get HIV from their mothers.

I walk to the library and stand in line getting very impatient while people do their gaming and messaging bullshit. They have taken the privacy screens off, so I need to wait even longer for a screen that faces the bookshelves. I curse the pervy people who were looking at pervy stuff in public that made them take the privacy screens away.

What sucks about being poor, more than crappy food, or being hungry, or not having a place to sleep, is the constant lack of privacy. I growl with my eyes at everybody to tell them not to look at me, not to watch what I am doing. I look like I might punch them in the face if they do something I don’t like.

I search around, scroll around . . . and . . . turns out we should be okay for HIV because I can get tested and if I am positive, they can give me drugs and that will stop the baby from getting it. And, in any case, I can’t be that unlucky, so I’m probably negative and I’ll know that way before my baby comes. I blow out a long slow breath. It feels good.

This is when I realize that I have decided to have this baby.
I know it won’t be easy, I know I need to get my shit together. But the decision gives me an electric charge of I can do this.

It starts to rain and I have a bus ticket that a girlfriend of mine gave me the other day, when she didn’t have the two bucks she owes me. I hop the bus. As soon as I get on, I notice the crinkly eye lady, and I want her to talk to me but she is looking out the window, so I sit right where she’ll notice me.

We ride the bus for a while, and she’s just staring out the window, staring out the window, and I think she’s never going to notice me. I stand up, and walk over and sit down right beside her. I say I’ve seen you before, and she smiles at me, just like I want her to.

She says she is M., and that I can talk to her anytime. She tells me she always has time for stories, and I laugh and tell her that I have lots of those.

She raises her eyebrows, and her eyes are all sparkly like little black jewels. She listens while I talk to her and, soon, I am telling her about everything, everything, everything. I feel better. After a while I feel like an ass for talking so much, and she tells me it’s okay, but not in the way that it is really like she really had nothing else to do but in the way that she was willing to do it. She tells me she needs to get off the bus. When she gets off I see her slowly walking across the street and I know then that she missed her stop, and has to take the bus in the other
direction to get back where she wanted to go, and has to use another bus
ticket. I hope she has a bus pass.
June 2003

I am having this baby. I have met with the midwife, T., and she mostly seems nice but I can’t be sure. When we did the intake she asked me about drug use, I said I used to, and I don’t know if she believed me. She decided not to breathe down my neck about it, which I think was a good choice. I’ll tell her when I trust her better or when I am done. Maybe. She didn’t do a whole physical exam and I kept my sleeves pulled down over the tops of my hands. They don’t look too bad but, if she knew what she was looking for, she could find it. She says that when I go in next time I may be able to hear the heart beat and I think that’s pretty cool. I have no doubt that there is a baby growing in there. My body feels so different right now. It has already changed who I am and what I think about.

She says I can have a homebirth if everything is looking good, and at first I laugh and tell her I don’t think so. I’m not going to be lighting incense, or chanting to mother earth or anything. But later I consider that I have been to emergency a few times hoping for dope from a Doctor who is busy and not paying enough attention, and I think it would be best not to risk getting recognized. I will avoid the hospital if I can.

I am really not using much. I’m not partying anyways, just what I need to, to keep from getting sick. I can’t go to detox because I don’t want a case number at CAS. I stopped going to the shelter. I have been staying with a guy I know.
The situation is marginal as far as my personal safety is concerned, but I need privacy more than anything.

I am going to housing to apply for a place. I’m going to stand in line and tell them I’d like to be on a long waiting list to live in an uninspiring shithole. Or, I’ll say that I’d like to (please) be on the waiting list for an apartment. I’ll decide when I get there. I already got myself signed up for cheques. It’s dehumanizing. I prefer to take care of my own needs but I don’t see a way of doing it with a baby that I’ll feel good about.

I hop the bus to get down there. It’s raining so hard that I am soaked. Each time the bus stops, all the water rolls to the front of the roof and flies off the front, like somebody is throwing a big bucket of water on the street. I can’t help but laugh a bit when a lady in a fancy outfit gets drenched. Is her car in the shop? Did she get in a fight with her man? Did he say “Prove it to me princess – you take the bus today”. When I get off I notice M., and I am excited because I have been saving a bus ticket for her. She smiles when she sees me. I explain what I am doing and she says if I tell them I am pregnant that they will bump me to the front of the line, and I will get a place soon. Hey, she says, maybe in the same building as me — it has lots of single mums, young girls like you.
I tell her I am afraid to do this, that I don’t want people to know I’m pregnant, but she says it will be all right. I trust her. I slide the bus ticket into her bag when she isn’t looking.
I have made a plan with K., and she has taken a week off work to be with me while I am sick. It’s a big deal and I know she will get behind on her rent but I will give her some of the money I’ll get to buy a crib and stuff.

It’s awful and I do it.

When I am done I don’t feel proud or excited like people do on tv. I just feel like I want to burn up the last few years of bullshit and start fresh. I don’t want to remember who I am. I want to be somebody new and promising.

I’m such an asshole that I ditch K. with the rest of it. The new me just doesn’t want to be reminded. I will get her money to her for sure.
February 15, 2004

I am getting really fucking tired of people telling me that I can’t possibly imagine
what having a baby is like. I want to tell people that I’ll just be blowing smoke
rings when my baby comes out. I want them to know it is no big deal for
somebody like me.

I just want it to happen. I want to get it done. It’s like when K. said:

You don’t understand, it’s just so emotional, and you feel like so close, and that I
would cry when I finally had sex.

Whatever. I can’t stand people saying they know who I am or how I will react.
So I called this guy I knew and told him I wanted to do it.

And he said — Seriously?

Yes.

You’re not fucking with me?

And I said No.

For real, I am going to come over there and this is going to happen?

And I said I can call somebody else if you are going to be a pussy about it.
So he said he was coming. He showed up at my work, a nursing home, and we went into a supply closet and had quiet, awkward, dry sex on the dirty floor. The whole thing just made me laugh.

It’s good about having the baby at home because now that I am not using I want to be as far as possible away from the morphine, and fentanyl that would be offered to me in labour. I don’t want to judge anybody who gets an epidural or anything, I just know that it’s not for me.

Last night M. came over, and she said,

*What do you think, my girl, are you ready for your baby to come?*, and I busted open like I didn’t want to.

I tried to think about really irritating things, like math textbooks, waiting in line, and putting little hearts on top of “i”s, but it didn’t work. I dissolved.

*Oh*, she said, *did I tell you about the girl who was afraid to climb?* I said no, and *maybe I don’t want to hear about her.*

*There was a girl who wanted to climb mountains,* she said looking out the window.

*Uh huh.*
She was scared though, she looked at me.

Really, I said dryly.

Yep, she said.

Coincidence, I said.

Yep, she said.

She started to climb and her legs were shaking, and her arms were shaking, and her breath was shaking. She was looking at the ground. She didn’t think she could do it.

And then?

And then I said, come down.

You did not, I said.

I did too! I was scared she would fall. I was scared she wouldn’t be able to get back down. I was scared she would get stuck and I wouldn’t be able to help her.

So what did she do? I asked.
That’s the wrong question.

What’s the right question? I asked.

The right question is, What landed on her shoulder?

Of course, I said. What landed on her shoulder?

She yelled down to me, It’s okay, there’s a butterfly here. I am going to keep going. Are you sure? I said. (I thought it was a bad idea). I’m going, she said, and she started going up. She was climbing all shaky, just a little bit at a time up that mountain. I kept thinking, but what if the butterfly flies away, what if she can’t do it? What if she falls off the mountain, what if she dies? I didn’t trust that butterfly.

Did she make it?

She did, she said.

And was the butterfly still there?

She raised her eyebrows at me. All the way to the top.
February 19, 2004

Suddenly I am awake because I feel the most intense clenching pain I have ever felt.

I fight back. I try to stop it with my body. I bite my pillow and squeeze my fists and punch my bed and scream. Hard. It is huge and scary, and I don’t want to do this. I hold my breath. It ends.

I can’t do it this way.

I feel like myself again, but I am scared it is going to come back.

This time I put my hands on the back of the couch. I lean over, I imagine one thousand angry bulls running through my apartment and me just breathing in the middle of it. I ride it like a wave. It still sucks but it works way better. Maybe I can do it.

I am ready. I say to myself. I am ready for my baby to come.

I call my midwife, T., but, accidentally, smash the phone on the floor while I am talking to her because another contraction comes and it’s so hard I forget about phones and talking and midwives. She’s knocking on my door twenty minutes later. I open the door, and roll my eyes, and she says, You’re doing great, and she looks so proud that I nearly cry but I have another contraction
and lean into the wall. When it’s over she says, Can I help you with the next one? And I say, Hell yes, what does it look like? and she laughs.

Next one she squeezes my hips, and I bend over further, and it feels better. And I know this is happening fast.

M. shows up from next door with her crinkly eyes and soft hands and says, I heard there’s a baby coming, and puts her warm hands on my back.

She tells me she used to do this, in her community.

T. says she’s going to call the second midwife.

I say, Does this mean it’s soon?

She smiles, We never know.

Another contraction comes and M. pushes against me and it feels better. I am there and not there. I am not scared and scared. I think I can do it and I think I can’t. We move around the room together, thinking and not thinking.

She says let it roll right over you — and I mostly do.

The second midwife shows up and now all three of them are telling me I am almost there, and I can do it, and it’s time to push when my body tells me to.

Suddenly there is a shift, and I feel this very strong urge. My body is ready to push
this baby out. I bear down and there’s all this pressure, and it feels right and, I think I am going to meet my baby.

I push and I work and I am sweating, and I push and push and, finally, T. takes my hand, and brings it between my legs and I can feel the top of my baby’s head. T. says, You are almost there now, and I say As if I didn’t know that. And it is slow and is quiet for a moment.

I feel a strong urge again and I push with all my strength but then, suddenly, it burns white hot and I panic and try to jump back away from my body. It won’t fit, I say. It hurts too much. I can’t do it. But I can’t even think about it because another contraction comes and I realize it’s not my decision to make, and that there are two of us now and I can’t stop this, and that’s when he comes through my hips and into my life.

It’s a boy, she says.

Who gives a shit, I think. It’s my BABY!

I reach down to bring him onto my chest, and he melts into me while they put a blanket around us, and I am kissing his head, and I am amazed, and I am crying, and in love, and I look up and everybody else is teary too.

I did it, I say. He’s here.
He is, they say. You did.

Now that it’s over, and I am not blissed out on birth, my ass is so, so, sore. When I stand up it feels like my insides are going to fall out. I never want to have sex again. I had to get a bunch of stitches and they only gave me Ibuprofen and Extra Strength Tylenol. T. gave me this little lecture about T-3’s and how some people are super-metabolizers, and that some babies have died from an overdose because the mother metabolizes the codeine into morphine, and gives it to her baby in her breastmilk. I wonder if she was on to me all along, and this is her way of saying, Don’t you dare use, but without confronting me.

Everybody wants to say how hard birth is but nobody mentions breastfeeding or how messy this whole thing is. I am living in more of a mess than I want to but I can’t afford to do the laundry every day. The diapers don’t close properly around his chicken legs we get baby pee and poop all over the place. My breast milk leaks everywhere, and I am still bleeding. T. says you miss nine periods, and then get them all at once. I feel dirty and ravaged but also triumphant.
March 2004

Having a baby is the most kick-ass thing I have ever done and I know I was good at it. I would be amazing at martial arts right now. I would never need to take a single lesson. I could smash assholes like plate glass windows.

I’m figuring it out. We go to the food bank, to our post-natal appointments, to my drug counselor, to the single parents’ centre (if there is anything good going on). I have all the forms filled out. I feel like a stick of celery. It feels simpler and I wonder why it took me so long to get here. I almost trust myself enough to call my parents but I don’t.

D. looks like my ex. He looks like him in a creepy I-feel-like-I-am-looking-directly-into-my-ex’s-long-lashed-blue-crystal-flower-eyes-spitting-fucking-image way. I know that I will need to deal with this at some point. But I don’t want to do it now.

❖

I need to make some money because while I was in labour, I hung right off of M.’s neck, and I hurt her. I learned from our neighbour that she got her phone cut off because she had to pay for physio. I can’t figure out how to save it. I barely have enough for myself and this nice little babe.
But before I found out I paid this girl I know to give me a new little tat — just so I
don’t feel too much like somebody else. She learned how to do it while she was
in jail. She says that, there, they use a sharpened staple. I made sure she used a
clean needle with me. I love it, it has D’s birthday underneath a little ankh, which
is an Egyptian symbol for life. It’s on my bicep because my bicep still looks like it
used to — unlike my bum or my boobs or my belly.

Right now I feel like covering it up when I notice it, because I am ashamed that’s
what I spent my extra money on.

So, I ask M. if she can listen for the baby, and she says yes, so I prop her door
open, and mine, and I walk four or five blocks so fast that I get a cramp in my
stomach.

I go to see this guy I know. I think fuck it and I just lay it out. I tell him I need cash
and can I blow him. He hesitates. I guess it’s an insult. Before he could give me
drugs and I could have sex with him and we could pretend we weren’t doing
what we were. But then he says, Sure, whatever, and I say thanks, and then I
think it’s fucked up that I just said thanks to this guy that I don’t want to blow for
letting me blow him, and then I remember I am saying thanks for the money.
And then I feel sad that I am asking him to pay me.

It’s awkward when he gives me the money. I never asked for a particular
amount and he shuffles around and then gives me twenty bucks in two fives
and a ten and I feel ripped off. I think, How much is a blow job worth anyways? And, I give really good blow jobs. I take off. It turns out that I feel okay about it. It is way more honest than what I did before. I don’t exactly plan to do it again but I make a small list for myself of how I would do this right and, then, I fold up the imaginary list and put it into my imaginary pocket. I am back in less than an hour, and D. is still sleeping. It feels pretty neat and tidy, all things considered.

I go say thanks to M., and I plant the money in her cactus while she isn’t looking so that we don’t have to talk about it.

I won’t feel bad about insulting him. If he wanted to help me he would have given me that cash without the blow job.
February 2006

The phone rings.

_Honey, it’s me._ We both pause.

It is hard with me and my parents. They are irritating and dysfunctional and they are both good people — better people since they separated from each other. I love both of them. I hardly ever talk to them though because there is no room to breathe in their worry and disappointment. I can’t tell them what I am planning because I can’t handle it if they don’t think I am capable or if they want to keep me to what I have said and worse, how they react when I don’t come through.

I had this friend a while ago. We were staying in this crappy place and down the street, there was this dusty old place called the Rotary Pie Service that sold passable pies in flavours like chocolate and lemon. One day we were trying to agree on a pie when she said, _Sometimes you need a pie to yourself. Sometimes you need to get exactly the flavour you want, and know how much of it is going to be left when you go to get a piece._ My feelings were a bit hurt. Did she think that I ate more than my share? But since then I have realized that I need a pie to myself lots of the time. I need to be able to choose what is right for me like keeping a baby or being a mum in my own way. I need to know that I am the
person I answer to if I choose something that isn’t good for me. It never helps if somebody else is telling me what to do.

But even though it’s easy for me to say, This is my pie, and I am going to eat it how I like, it’s still too hard to have my mum be devastated by my decisions.

So,

Hi, Mum. I say.

How is D? How are you?

It’s hard for her to ask this, because it probably reduces her to tears on a daily basis that she has not met him.

We’re good Mum. He has lots of words. He cracks me up all the time. He’s a great kid.

And how are you?

I think to myself. I’m a good mum. I’m a good mum. I’m a good mum. I’m a good mum.

Mum. I’m fine. I am deeply appreciative of this convention. I can say I’m fine, and all it really means is: I am politely answering your question. Let’s continue with the conversation. Really though, the real question hangs in the air between
us: Are you using? But we both know we need to avoid it. It is this uneasy silence that is the only way that my mother can avoid confronting her belief that I can't parent responsibly if I am using, and evade getting her hopes dashed if I have stopped but, later, begin again. It is better for both of us — the not knowing.

So we pretend we don't know by not talking about it. But the pretending conflicts with the very real feelings we have for each other. We do love each other's imperfect selves. In talking we impulsively and recklessly want to know and understand each other — and this is why we can't talk at all.

What do you need to say, Mum? Heartbreakingly, she understands this for what it is. She knows I could burst into tears this moment. She won't suspend this.

I'm sorry, I needed to tell you that I am moving. I want you to know where to find me.

Where are you going? I am stunned. Though I have never consulted her on any of my decisions, I feel betrayed by her making this decision without me. She will be leaving the place where I grew up.

Well, I think I had told you that I was seeing somebody and we have decided to move in together. We are going to get a small place downtown.

I'm happy for you, Mum, I say. Happy for her and sad for me.
Thanks, I knew you would be. You have always been so supportive ever since you were a kid. I will e-mail the address and phone number to you.

Okay Mum, I say, but I am crying and she can tell.

Oh, honey. What’s making you sad?

But I am silent.

I miss you, she says.

I miss you too, I say. I need to go now.

Okay, I love you.

I love you too Mum. I hang up.

I cry.

D. comes over, You sad, Mum?

Yep, babe, I’m a bit sad.

He does a silly dance and then pretends to fall asleep standing up.

I laugh.
Mum, you are happy now! he says.

I guess so, I say. You are a pretty funny kid.

I am funny, he says.
June 2004

I have the little dude strapped to my chest, and I am off to look for my ex, L.. I did once love him — truly. He is tormented and creative, genius-ly intelligent and completely incapable of getting his act together.

I don’t warn him. I don’t make plans to meet with him next week, so that he can ditch me. I will go to sleep tonight with this all done.

I wander around to the places he likes to hang out. It’s not long before I find him in Waverly Park with some people I used to hang out with. I can hear him drumming before I get there and I fall into the music and I wonder if maybe I never loved him. I still love his music.

I remember one time we were talking on the phone and he was playing for me on the phone, but breathing all heavy into the receiver. I said, Can you just pull that away from your mouth a bit so I can hear you better, and he was embarrassed, and I realized he was trying to get me going by breathing sexy.

When he looks up his mouth drops open and I realize that, somehow, he never knew I was pregnant and that makes me angry — he never even asked anybody how I was doing. He’s so fucking self-centred.

No way, he says.
I am pissed off now and so, in front of everybody, I just shrug and say, He’s yours.

I want to stick it to him.

Heavy, says Q., his shitbag little sidekick.

Fuck yourself. I say to Q.

This is bullshit, L. says.

D. wakes up (he must feel the intensity) and lifts up his head, and thinks about crying. Once his head is lifted it is plain to everybody what is going on, and now people say things like, I’m gonna split, and get ready to go. Before they get their shit together though, L. says fuck this, and takes off himself.

Q. says, I’m sorry man. I didn’t know.

A few days later I get a phone call.

Is this J.?, she says nervously.

Yes, I say.

Um, I am V., L.’s Mum. His friend told me that — well, he said that L. has a baby, and I would really like to meet him.
I am really fucking surprised that Q. did this.

*Uh, L. does not have a baby, I say. I have a baby. L. does not think the baby is his.*

*I’m sorry, she says. It’s just that Q. said the baby really looks like him.*

I tell her I need to think about it and she says, *okay, and bye and thank you.*
After we get off the phone I think about how I don’t want to share but, then, I think about my Dad’s mum, my own Gramma, and how I loved to play cards with her, and I know I’ll need to do this.

I call her later that day and she is breathless and teary, and I know it is cruel, but she is letting me call the shots and we make a plan to meet a few weeks later. She wants to give me her cell phone number, and all this other information, but I say, *slow down, it’s going to happen.* I realize that this lady I have never met is going to be part of my family forever and that makes me never want to meet her.
September 2005

I can’t figure out how M. is so calm and confident and gentle when she is really this very hardcore individual. I also don’t know how she can be so kind, and inspire respect in such a quiet way. The only way I get people to listen is by scaring them.

Now that I am getting to know her I feel like my problems are really fucking trivial. She grew up in this little reserve a few hours from town. She says that ever since her community had contact with white people there have been problems. Problems with disease and drinking, and all this very brutal stuff. I feel guilty, and I think of all my relatives and I try and think if anybody could be Native or something, so that I could be one eighth like M., and one eighth less who I am. I want to be a success against the odds instead of a failure despite being born with every privilege.

I asked her if she had any kids and she told me she had three, all grown up. I was surprised that she could have three grown up kids — she doesn’t seem that old. She told me how she got pregnant. It was this very intense story, about how she woke up sore and without any pants on and this guy, who was laying next to her, said, You were tight, and she said to him, Of course I was, I was a fucking virgin.
I was angry. I wanted to know if she called the cops (she didn’t). I wanted to know if the guy knew about the kid (he did). I asked if the kid knew the guy (he did, but she regretted that he had only wanted to have sex, and never wanted to be a dad). Then I asked something that was too personal, and she said it was too personal. And I said I was sorry for asking, and sorry for it all happening to her. She laughed and said she doesn’t regret it because she loves her kids. And I asked how come she laughs about something like that? She just brushed my question away with her hand.
October 2005

I have decided to finish high school. There’s this program that’s only for new mums and there’s a day care right there. I went to check it out and it looks okay, but it was sort of weird because there was this pregnant Native girl there flipping out because she just got cut off some kind of money she was getting from being a foster kid (for not showing up at school enough). Now she has to go on welfare and it’s way less money, and she doesn’t have a place to live anymore, and she still feels sick, which is why she was missing school in the first place.

I am reminded about what a failure I am. Against the odds.

You could tell that one of the teachers got her but other people were rolling their eyes and being assholes. And then she asked me what the fuck I was looking at, and I realized that I had been staring, and I looked away like an idiot.

I don’t think it will be hard but I bet it will be really fucking boring. I tell myself that I am going to get it done no matter how boring. It’s not that I think you learn important things in high school but, unfortunately, everybody else thinks so. I want to be able to do things that I’ll need that piece of paper for. I guess this is me — conforming.
January 2006

V. has my kid for the weekend, and I am nervous. She has been ready to do this for months and probably D. was ready, but I was not. I am excited to have the weekend to myself. It is crystal bright and freezing sunny. I don’t even know what I am going to do. I get some movies from the library and decide to have popcorn for dinner. I walk home laughing at myself squeak, squeak, squeak in the snow.

I watch movies until super late and fall asleep on the couch. When I wake up I walk to the store and get a chocolate bar, just because I can. I eat it slowly on the way home even though it is ‘freeze my snot and steal my breath away cold’. I keep it inside my hand, inside my mitt, so it’s not too frozen, so as not to ruin the melt-in-my-mouth part. When I get back I don’t want to go to bed because our bed is empty and I am restless all night. I wake up even though he isn’t there to wake me. I find him gone again and again. I am up early and tired the next morning. I call V. and I can hear D. in the background, making noisy pots and pans music, and talking to V. She says he slept through the night, and I say No way! I want to talk to him but I just say, Do you think it would be good for D. to talk to me, or would it just upset him? She says she doesn’t know but that he is expecting to get picked up the next day, and I decide not to disrupt the balance.

I am lonely for that guy. I never knew I could miss somebody like this.
I have watched all of the movies I got for the weekend so I head back to the library for more. On the way I see K. and it’s awkward since I haven’t talked to her since I was pregnant. She asks, where’s D.? and I tell her and she says a few people are coming by her place later and do I want to come. She says maybe I could come over first and we could figure our shit out. I say maybe I’ll see her later but I plan not to. I don’t think I can be there. I want V. to be able to find me if D. needs me.

I get my movies and walk home. I keep thinking about it. I call K. and I ask if people will be using, and she says she doesn’t think so. She says she won’t, and she will hang out with me. I ask, Are you sure? and she says, of course, I want you to come. I don’t know how some people can just use on the weekends.

I put myself together and I have fun putting on some makeup. I am happy I can get into an old pair of jeans. I decide not to eat supper. When I sit down my belly squeezes over the top, and I have to tuck it down with my fingers. I call V., and give her the number so she can reach me if she needs to.

I go way too early, and help K. clean up her apartment. I don’t want to stay too late. I need to get a good sleep and be ready for D. in the morning.
She asks if we are going to talk, and I tell her, yes, and, I'm sorry. She's heard it before but she forgives me anyway.

She says she is going to smoke and asks if I want her to go outside because she is thinking of me being a mum now. I tell her it's okay — D. isn't here, and I have always kind of liked the smell of weed. I watch her at first, and then she offers it to me talking on the inhale, squinting. I know this is not addictive. It has never been for me.

It tastes good, and I feel giddy and relaxed because it’s been so long. I sink into the couch, and listen to K.'s stories. She is hoping L., somebody she met last weekend, will come. She tells me that he paints and she likes how skilled his hands look.

People start to arrive and K. drifts away from me and back again. I am happy to be here. I feel like myself. I like these people. I am having fun. I smoke a bit of another joint somebody passes to me. I tell my own stories from before D. I say, It’s great to be out. I feel loose.

L. gets here and he is green-eyed lean and beautiful. I remind myself he is not here for me. I remember my belly, and my kid, and how my bed is already full. K. takes off with him. When she has been gone for a while I go to check on her. He is new and I feel protective.
I find them by the bathroom.

She looks up at me smiling, and then looks down. Her pupils are pinholes.

He sees me looking, and offers me some.

K. says, She doesn’t want any.

But I say, No, I do.

She bites her lip but doesn’t say anything.

And I get high and it feels right and this whole night feels like a good dream.

I leave by one and walk home slowly. I get home and sleep soundly in the bed by myself. I wake up feeling good. I am excited to get D.

✳

When I go to pick up D., he is doing great, and so is V., and she says they had lots of fun, and can they do this again soon? When we leave D., cries, and I feel relieved that he will want to go back and that I don’t need to do this all by myself anymore.
May 2006

The phone rings and it’s V.

*Hi,* she says, but her voice is weird and choky.

*I want you to know that Q. died.*

Oh. It surprises me, hurting me in my heart and lungs. I don’t know what to say. I am quiet.

*Q. died! Did you know he had a kid?* She is angry.

*I didn’t,* I say and I start to cry like an idiot.

It is stupid because it’s not like he ever really did anything I should have hated him for. I just found him irritating when I first met him, and swept him into a pile of people I have disposed of. No second chances, no further thought.

V. said he was in an accident and that he was a real Dad. Him and the mum had trouble working things out as a couple – but he would go and pick up the baby, and bring her to play group at the Anishnawbe Mushkiki with all the mums, and change diapers, and everything. It makes me sad to think about that little girl growing up without this guy who was willing to show up for her.
And what is the difference between Q. and D.’s sperm depositor? Why is Q. able to show up, and he’s not? And why does the dude who shows up die?

They are having a memorial at the high school and I am thinking about going, but I am scared somebody will walk right up to me and expose me for the poisonous bitch I have been to him. I don’t know if I feel badly because I miss him, or because I am ashamed, or just because he is this good person that died, and now that he is dead I can see nobody should have treated him like that.
June 2006

I have been hanging out with L., and we plan to meet later tonight, after I drop off D.

K. is not even talking to me, which makes me sad, but she will get over it.

D. is safe and I want to party a bit. I graduated from high school this past week, and I did so well that I got an award. I walked across the stage with a square hat and everything and usually, I would think that it was all bullshit, but it was a lot of work getting this done and taking care of D. and I didn’t mind the applause when it came. V. came and sat with D. on her lap, and they were both excited. I was pretty fucking pleased with myself for keeping my shit together so admirably, and for a moment I was not ashamed, and I looked at the teachers on the stage and thought — if only you knew what I do. People think that drug users are all degenerates but it’s not true.

L. never showed up that night, but high school’s not really his thing, so maybe that’s okay. I asked him to though, and I am still a bit disappointed. He showed up tonight though.

L. has been to the needle exchange and has clean stuff and he says T. wants me to call him and I say, What’s new?
T. is the guy who drops off our needles and stuff and he likes to talk to all of us, all the time, and I haven't talked to him in awhile. He's not an asshole about it but I still feel embarrassed that I am still doing this and I don't want to talk to him until I am ready to quit again.
L. and I aren’t getting along very well. He moved in because neither of us has any money. Unfortunately I don’t like him anymore. He was nice to D. when I first met him but now he gets frustrated too easily and D. is always looking at me like — What is this guy doing in our house?

I want him to move out but I can’t pay the rent without him.

I can’t trust myself. I make stupid decisions. Why do I live with somebody like this, and why did I think that Q. wasn’t worth my time?

I heard that K. said she is relieved that he’s not with her anymore now that he has proven himself to be a waste of time. I want to know why I end up in these situations and she doesn’t.

I drop off D., and I want to get high as soon as I get home. It can’t come fast enough. I am jittery with anticipation while L. cooks it up. We are happy right now, in this moment, excited together. We are nice to each other.

He says, *Sorry I missed your grad.*

*Whatever,* I say. *It’s just bullshit anyway.* But if it was important to me, then I would think it’s really fucking lame that he missed it.

*So, you got an award?*
Yep.

*That’s really cool,* he says.

*I thought you said that high school just teaches people to follow rules.*

*Yeah, I guess so,* he says. *But it’s easy for me to say that. I never finished.*

I smile. He is being kind. I kiss him. It feels hopeful and reckless.

He uses a vein in my hand, and I sink into it, but everything slows down way too much,

and I think about D.,

but I can’t breathe in enough,

and I can’t think right,

and I can’t believe it,

and I try to think about D.,

but I can’t hold onto him hard enough. My arms feel so heavy they just drop him.
I open my eyes, and see L.'s face, wild, right in front of mine and he says, **YOU STOPPED BREATHING.** I try to get ahold of things and I mumble *you didn’t call anyone did you?*, he says, **NO!**

**YOU STOPPED BREATHING FOR 40 SECONDS,** he says, **I COUNTED.**

Relax, I say. **I need you to relax. As long as you didn’t call an ambulance.**

He tells me again he didn’t but he is moving this way and that, and stressing me out. **I need to be still.**

That’s it, I say. **You have to go now. I need you to call T., and ask him to come in the morning. Don’t tell him why. Do that and then go.**

He picks up his stuff. **That was very fucking close,** he says. He is freaking out. He is so freaked out that he does what I say. He leaves the room.

He comes back and says T. is coming in the morning. Then he goes.

I call K. I start to cry. **I’m sorry. I screwed up. I need your help.**

Where’s D.? **Is he okay?**

He’s at V.’s, I say.
I need you to sleepover, I say. She starts to cry too. She says she will be right over.

When she shows up I tell her L. is gone, and won’t be back, and she says it’s okay, and I say, I am sorry. She says, that stuff doesn’t matter and that I know it. She says she can be here tonight but she needs to work in the morning and she can’t lose her job.

She lays on her stomach beside me and holds my hand. We sleep like this all night.

I wake up early, disgusted with myself. I slip my hand out of hers. Soon she starts to stir and quietly gets ready to go. I can’t face her so I fake rolling over in my sleep and stare at the wall and punish myself until I hear her leave.

I am repulsed. Ashamed. Furious. I have to call T., because he is probably waiting for a reasonable hour when he thinks I will be awake, but I will kill myself if I have to wait any longer.

He arrives, and I tell him, I am a mess. I am a bad parent. I am a fuck up. I don’t deserve D.. I am the kind of person I hate. I am the person who has every
fucking privilege, and blows it. I tell this to T. He listens and shakes his head slowly. He is very experienced in disagreeing with these sorts of statements.

Last night I was going to tell him I would stop. Last night I promised myself that I was done.

I tell him that I am ready to stop. He agrees that Detox might not be the best way. It’s hard to say what CAS will do. He asks about M., but I tell him I have been avoiding her lately, and I don’t think she would want to help.

Actually, he says, I saw her on the way in.

I say, Isn’t that some kind of confidentiality violation?

Nope. I only said ‘Hi’ to her. She said, You tell our girl that I am here when she is ready. I am passing on a message.

I cry. He sits there. I don’t deserve his sitting there, her help.

After awhile I swallow my pride and call V. and ask her if she can keep D. for longer. She doesn’t ask any questions. I get choked up by this kindness, and have to get off the phone quickly.
I know I should be calling T. back, I know I should be setting things up for myself. But I just don't think I can do it. I'm just not ready yet. I just need a day or something.

I wander around downtown until I find L. and we look at each other expressionlessly. We don't have any money, or anything left to pawn, and he says, *You could . . .* and I don't let him finish because I think he is a lowlife for suggesting it. I go and do it anyways and we meet up later at home. The phone has been cut off. It doesn't feel like a party.

I go out first thing the next day to call V., and tell her the phones aren't working in my building and I will call her each day. I can't have her show up here. I can't have her see this.

I miss D. like crazy. But I can't see him. Every time I want to see him I remember who I am and I feel like a piece of shit and sometimes I don't even call. I don't want to be his mum like this. It is a pathetic pit of self-loathing but, even though I know this, I don't get out. My stomach is falling out, or my heart, and I don't know how to stop it.
I am at V.'s place. It's after lunch and she insists on running out to the store because she is all out of chocolate milk, and D. was disappointed. I don't want him to think that people will run to get anything he wants, but I also think it's pretty nice to have a grandmother that thinks you are the cat's ass.

When I was a kid, I used to go stay with my grandmother for a week each summer. We would drink tea and play cards all night while she smoked a million cigarettes, and cracked jokes in French that sounded like English, and English that sounded like French. She taught me to shuffle and let the dishes pile up. When people stopped by it made her hysterical with laughter to pass around unflattering pictures of her children from a collection she kept in her purse. She never cared if I was working up to my full potential, and let me sleep as late as I wanted. She once lived with us for a while, when she had lung cancer, because we lived in a bigger city, with a hospital where she could have the treatment she needed. She brought her yappy little dog, and her cards, and had quit smoking. Though my parents mortified me at the time, I invited my friends over to play cards with us. I adored her and the feeling was mutual.

I am thinking that I could do the dishes while V. is gone, but D. wants to go outside. Then I realize that if I stand in front of the sink, I can see the full, fenced in backyard. I could never do this from my apartment. I try out the idea on D.
What do you think about going out there by yourself, Babe?

He raises his eyebrows and makes worried corners on his mouth. I lift him up over the sink to show him how we will be able to see each other. He seems reassured, and I help him into a warm jacket and mitts.

I watch him through the window while I fill up the sink with warm water and start the dishes. It is nice to have my hands warm, get something done and be able to watch D. all at once. This is why people live in places like this. At first he’s not sure what to do without me. He looks around at the fence, and checks out his domain. Then he’s off, running here and there, finding me in the window with his eyes now and then. I go to turn off the tap, but for some reason it won’t shut off, and the sink starts to get very full of water. I look outside while I am pulling out the plug, and D. is trying to cross his legs while he is walking, so I quickly knock on the window, and gesture for him to come in so he can pee. I look down at the sink, which does not seem to be draining quickly enough, because the water is still climbing. I scoop my fingers around the drain, but there isn’t anything I can find blocking it. The sink will definitely overflow if I don’t do something immediately so I grab a pot from under the counter, scoop it full of water and set it on the counter. I keep doing this while I look out the window, and I see that he is walking towards a little tree and undoing his pants. I figure he’ll be okay, I can’t let the sink overflow here. Now I am running out of pots, so I grab the biggest full one, and run to the bathroom to dump it. When I get back I look
through the window again and he is a few steps from the tree but his pants are already down around his ankles. He trips then, and bangs his face on the tree with his pants down. Oh, I want to gather him up in my arms, but I am handling this flood. I crack the window open, and tell him it will be okay and he cries louder, but gets up and walks.

That’s it, Babe! I call. Not helping him right now makes me feel sick.

He can’t pull up his pants because they are all wet with pee so he shuffles to the door with pants-half-down-sticky-soaky-legs.

I will never have more kids. If there is a raging fire, and I can only grab one kid, I would never be able to choose between two people I love this much. I need my hands to be free for D.

I scoop the largest pot again, and dump it super-fast in the bathroom so I can dart to the door, and grab D., who is beside himself. I push over some full pots to make room for D.’s wet little bare butt on the counter. This is when V. gets back, hands D. the carton of chocolate milk, jiggles the tap, and then is able to turn it off.

I’m sorry, she said. It never occurred to me that you would do the dishes while I was gone.
That's okay, I say. I have never done them before.
March 2008

I saw her sitting. She was listening to a friend, taking in every single detail. They were in one of those boutique coffee shops. I thought flippantly, *fuck you and your fancy coffee.*

I decided as I walked, I was in a lay-it-on-me sort of a mood. I thought, *Who cares?* But I remembered why I liked her when I saw her smile.

*I saw you, so I thought I would say ‘Hi’. I’m late for work,* I said.

*Do you have a phone number?* she asked. Her smile was so hopeful. She looked straight into my eyes. I think she meant it.

I paused, *Yes,* I said.

*I have to go,* I said. And then I walked away. I wanted to give her my phone number but I needed her to watch me walk away. To think about what she had done. I wanted her to feel bad.

I felt sick remembering the letter I had written her. Written when my life was feeling empty and I knew hers would be full. I wrote to her after writing bullshit now and then. I wrote to say I had been having sex with a social worker at the shelter I had lived at — and she had worked at for two years. It was one of her
co-workers, I knew she had spent time with him, laughed at his jokes, at least a bit.

I wanted her to say it was wrong. I wanted her to understand that the part that hurt the most was that I thought it was a relationship at the time. I had wanted to do it. And when he ended it I was devastated. I wanted her to know she could mistake intimacy for closeness, and attraction for attention. I wanted it to ring true for her. I knew she would believe me.

I wanted her to apologize for missing it, for him doing it, for all the protection that didn’t take place in a place meant to protect me.

I wanted her to tell me that my consent at the time was irrelevant.

I wanted her to affirm that it feels sad and lonely to be rejected, to have something end, however wrong it might have been.

I knew these things but I wanted her to write them to me. I wanted her to write that I have a gift with words, for expressing the tormented, and that I am intelligent, and that when I am ready I am going to blow people away. I wanted to feel hopeful and full of promise.

I wanted her letter to come right away. And when it didn’t, I wrote, ‘Sorry. I never should have told you.’
It was soon after that I got another letter but I burned it because I was mad.

I walk away fast but then stop. I lean against a brick wall. My face flushes and I think of how easily my anger flashed out. Again I look up at the sky. It doesn’t tell me what to do. I get choked up and pull out a smoke and sit down on the curb.

I don’t want to be so angry anymore but I am on nights and I want to get back to put D. to bed at V.’s before my shift.

I chew off my thumbnail.

I call V. on my cell to say I will be later than I planned. She isn’t sure what to think. She knows she can’t trust me anymore.

I’ve had my shit together for a while now but both of us know I’m not solid—that maybe I will never be. Okay, she says, and passes the phone to D.

I tell him I have something important to say, to somebody I care for.

Okay Mum, he says. Sometimes it’s not easy to say sorry. But take a deep breath and you will be able to do it.

I have to cover my mouth so I don’t laugh out loud. I recover. Thanks for your encouragement babe, I say. You are a four-year-old genius.

I know that Mum, he says, and I feel proud of his confidence.
I walk back to the cafe. She’s still there. By herself. She smiles. She is waiting for me.

I’m sorry, I say. It tumbles out. I shouldn’t be so mad. I want you to know I am okay. I’m not mad at you. I have a job.

I know, she says. Can I get you a coffee? I nod. She says she’ll be right back. She says take ten slow breaths, and it doesn’t irritate me, it just feels like a good reminder.

Okay, I say, and I try to slow things down while she is gone.

She gives me my coffee. So I hear you are doing well.

I should have known she would keep track of me. I should have known she wouldn’t forget me.

You are working at the needle exchange.

I am, I say. I’m just a peer worker but I love it. And I have a kid, D.

She smiles. What do you think about being a mum?, she asks.

I tell her that it’s amazing. He saved me from myself, I say.
I tell her all about how he is brilliant and that he insists on being a vegetarian except for pepperoni pizza and that he makes me laugh all the time. I tell her he has long eyelashes and can write his name already. I say that at bedtime he lays there and stalls and says: *but mum, in Dragonland . . .* 

She listens. She nods. She says, *No way,* and *Just like his mum,* and, *Wow.*

*If you knew where I was, why didn’t you try to contact me?*, I ask.

*You didn’t write back,* she said. *I figured you were still upset. I thought you needed space. I knew that you know how to find me.*

*I’m sorry,* I say. *I always liked you. Even when I called you names.*

*It’s okay,* she shrugs. *You were sixteen.*

*I know,* I say. *Crap, I actually need to go. I have to get home to my little dude before I go to work.*

*I understand,* she says.

We say bye. I start to walk. I turn back. *I am taking a writing course,* I call out.

And she grins.
Part Two: Process, Art, Excesses and Less Harm
In this section I uncover my intentions for storytelling by connecting the central themes of the inquiry (the criminalization of drug use and harm reduction) with the research and professional literature in order to situate the story. I describe the rationale and methodology for the research project and discuss the utility of the arts in researching and knowledge translation in the context of the troubled ethical ground of research in Aboriginal communities.

I have purposefully chosen to use the present tense when discussing the research — as the work is ongoing. There is a distinction between the conclusions the participants in this project have come to, at this point, and what I am left with. Their conclusions lead to very practical directions for continuing the research. They read like plans ‘a, b, c, and d’. This is consistent with their general pragmatism and competence in survival. My conclusions are reflective of the luxury of the researcher to prioritize reading, thinking, and talking. My conclusions read more like ‘these are my ideas after considering a, b, c, and d’.
Superior Points Harm Reduction serves the district of Thunder Bay, Ontario, population 109,140 (Statistics Canada, 2006b). The program opened its doors in 1995, and in that first year 40,000 needles were exchanged. Alarmingly, in 2005, close to 450,000 needles were exchanged (DeProphetis, Nelson, Young, Sieswerda, & Binette, 2006, p.10). In 2006 the Thunder Bay District Health Unit released a report on the previously un-reached population of street involved youth in Thunder Bay, documenting that 30 percent of respondents reported using injection drugs and 61 percent of respondents reported sharing drug paraphernalia that can carry transmissible viruses (p. 32). Additionally, there was an over-representation of Aboriginal young people who composed 42.5 percent of the at-risk sample but only compose 8.2 percent of the population (p. 20). This is likely reflective of the over-representation of Aboriginal peoples in preventable social, economic, and legal problems in Canada (Chansonneuve, 2002).

The purpose of this project at the outset was to use community-based, arts-informed research processes to understand the risks and harms specific to street involved youth in the Thunder Bay context and to work with these young people to develop a support, resource, action and / or service that addresses these risks and reduces the harms experienced by street-involved young people.

The research findings build on local knowledge generated by the aforementioned 2005 survey (DeProphetis, Nelson, Young, Sieswerda, & Binette, 2006) and contributes to the broader fields of work with at risk and vulnerable

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5 This data is an example of potential for HIV spread, similar to data on STI’s and sexual risk behaviour (Larkin, Andrews, & Mitchell, 2006).
populations, community-based HIV work, and arts-informed research. It was important to do the research in Thunder Bay, specifically, instead of relying upon research findings from other communities because of the unique context. Thunder Bay is different from larger urban centres in Canada because of cold climate, abundance of synthetic opiates (DeProphetis, Nelson, Young, Sieswerda, & Binette, 2006), lack of a downtown core, less transient population (DeProphetis, Nelson, Young, Sieswerda, & Binette, 2006), large Aboriginal population, and an egregious lack of youth-specific resources and services.

As a group, young people are experiencing a growth in rates of HIV. Half of all new infections worldwide are in youth ages 15 to 24 (Flicker, Larkin, Smilie-Adjarkwa, Restoule, Barlow, Dagnino, Ricci, Koleszar-Green, & Mitchell, 2008; UNAIDS, 2004; UNICEF, UNAIDS, & WHO, 2002). Aboriginal people in Canada are disproportionately represented in HIV infections. In 2006, 28 percent of people with positive HIV tests were First Nations, Inuit or Métis (Public Health Agency of Canada, 2007) even though Aboriginal people comprise only 3.8 percent of Canada's population (Statistics Canada, 2006a). Further, 48 percent of Aboriginal people who test positive are women (Ontario HIV Treatment Network & Ontario Aboriginal HIV/AIDS Strategy, 2008). Further, Aboriginal youth are more likely to have a late diagnosis, more likely to become acutely ill earlier, less likely to receive optimal medical treatment, and have shorter survival rates (Mill, Jackson, Worthington, Archibald, Wong, Myers, Prentice, & Sommerfeldt, 2008, p. 133; Spittal, Small, Wood, Johnston, Charette, Laliberte, O'Shaughnessy, & Schechter, 2003). In Vancouver, where statistics exist for the Injection Drug User (IDU) population, the cumulative incidence of HIV in the four years is 18 percent, and the prevalence of Hepatitis C is 90 percent (Spittal, Small, Wood, Johnston, Charette, Laliberte, O'Shaughnessy, & Schechter, 2003).

My theoretical approach is informed by feminist theories (Graveline, 1998; Ristock & Pennel, 1996), post-structuralism (Rossiter, 2001), post-modernism
(Foucault, 1965), decolonizing methodologies (Tuhiwai Smith, 1999), and queer theory (Wilchins, 2004). All of these theoretical approaches interrogate the power relations which are at play with regard to difference. Particularly crucial to this research are difference in sex, sexuality, ways of making money, consumption, lifestyle, race, and class. Further elaboration is provided in Chapter Two.

The guiding questions included:

- How will these street-involved youth transform what they learn about themselves as individuals, into what they learn about themselves as a group?
- What will we (the participants and I) learn about effectively reducing risk in this population and context?
- What actions will the participants take as a result of their collective research?
- How will the community respond to the creative work of some of its feared youth?
**Her story, and my story**

“DAD”, she repeats, exasperated and annoyed.

“Wha! Hey, relax”, he laughs slowly.

“Dad, we need money for dinner”, one hand on her hip, the other outstretched for cash.

“Okay, okay . . . here, go to the store”, he waves us off, making light of the interruption for his friends.

She rolls her eyes. She thinks her legs are too fat. She’s worried about her monologue in drama tomorrow. She is hungry. She is not worried about her father right now.

We take the money and I try and pretend that I am so cool, so edgy, that it is normal for me to see a friend my own age, just casual in her irritation with her father. Just the usual amount of annoyed with her father for being hammered and not remembering to buy groceries. Later I’ll ask a few questions and act like it’s a typical day for me when she tells me that when she was younger, and couldn’t make her own dinner, she had to call her father home from the bar to make her supper.

She got groceries, she made food, she cleaned her room, she did her homework, she got to school on time, and she installed a lock on her door for
when her father had parties. She kept herself safe inside that bedroom. She took the bus. She took care of herself.

It is perspective that I am offered, and perspective that I am offering you as a reader when I tell you her story. It is my intention to make my subjective presence as a researcher known by “reflexive self-accounting” (Cole & Knowles, 2008, p. 66) in order to make clear my connection with the research, so that as a reader you may use this context to make sense of the work. When she would come to my place, I would casually open my own fridge, with crisper drawers full of crunchy fruit and vegetables that I routinely rejected, and grimace. “Uh” I would groan, “there is NOTHING to eat”. It was unfortunately, a few years before I recognized my lack of insight.

So no matter what I say next, remember this. There was a fridge full of food at home, and there was a family, and I knew I was loved, if not understood, and everybody noticed and worried and stayed up all night when I didn’t come home.

I hated school from the day it started and not in that normal reflexive, “nothing happened in school today” way. I hated it in the way that I had trouble sleeping since kindergarten, just from knowing that, as soon as I gave into the lull, I knew in the next heavy conscious moment that it was time to go to school. I hated the structure, the routine, and having to hold up my hand to go to the bathroom. I hated being graded, I hated running in gym, and I hated competing. I hated the feeling I had when I didn’t “get it” in math. Mostly I just complained, and dreaded, and dragged my ass wherever I was supposed to go.

But at the very dawn of adolescence I developed a more active sort of resistance. I started to get angry when adults told me what to do. As a matter of
fact I positioned myself against adults any way I could. This made my peers like me. A lot. And that felt good. It was all more interesting than doing what I was told. So I disagreed more and I didn't worry too much about the consequences. O’Neill (2006, p.188) writes:

> it is important to hate the people who work in child welfare if you want to protect yourself from their prognosis. You have to think that they are idiots. Because when they say you are troubled and a delinquent, you need to be able to laugh in their faces.

It was in this way that I disqualified what adults thought of me, in favour of the opinions of my peers. I began to see myself as a risk taker. I was defiant. I wanted to be different (in the way that means unique and interesting, without breaching any really significant norms like gender or sexuality). I was a negative role model. I taught people to smoke, I dyed their hair red, and I persuaded them to skip class and smoke pinners in the park.

It thrilled me to resist any structure imposed upon me. I was a revolutionary in my own mind. I thought of myself as a capable, complete, and mostly invincible person in charge of my own destiny. I was full of opinions, and attitude, that occasionally went to very good use.

There were a few problems though. In my rush to make sense of the world, I identified only with my peers, and dissociated myself from adults. Because I felt adults had so much power over me I forgot they were human beings and, in hindsight, I realize I hurt the feelings of lots of well-intentioned people. Also, I only had 13 years of experience of life. Even under the best conditions, I did not

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6 This has been hard for me to change as an adult. I still reflexively resist people in positions of authority to me.

7 Similarly Orford (as cited in Alexander, 2008, p. 190) writes: “to be a junkie is to kick sand in the face of respectability with it’s myriad hypocrisies. It is to work a terrible revenge on resented parents. To be a junkie is to be feared as well as pitied, and to provoke awe as well as endure humiliation”
always make the best decisions about my well-being. A drunk 13 year old me, a high 13 year old me — had some seriously compromised decision making skills.

Sometimes I had lots of fun. I did have lots of friends. Some of them are great people I still know. Other times I walked into some really bad situations and could not find my way out. And often, in the days and weeks after, I would dismiss what happened, diminish its significance, and assume my “fuck all of you” tough girl persona. But, the truth is, after a few years of this, there were some lasting impacts.

It may not seem lucky to you but in hindsight it was lucky for me that I got pregnant as a teenager because, in the gravity of exhaustion and nausea, I really got some perspective and made some decisions that ultimately made me happier.

A bunch of other things went right for me. I went to an arts school, so two and a half hours of each high school day was spent in a drama studio which was a much kinder sort of torture than being in the average urban high school. I was never tormented by my peers, which I have come now to understand as a rare gift. I had no idea that my parents thought I would not graduate from high school. In fact, I assumed that they assumed I would go to university. I was able to make up for the courses I had failed pretty easily, and though I would need to pay for it myself, I come from enough privilege that I saw university as the easiest way out of town and on to new adventures.

The significance of my story, and what leads me to the research, are two types of feelings that I experienced too many times. The first, feelings that I did not fit in to a mainstream school experience. This is something I have consistently seen in my work with at-risk youth. Their skills and talents are not recognized in schools. The second, and more important, are the feelings of fear I had at situations I
knew had reeled beyond my control. That fear, the pounding heart, the struggle, and sometimes the surrender, these are things I feel compelled to act against in my research. I am passionate about creating a space that makes more young people “fit”; a place where they are supported in living, loving, working, finding pleasure, and learning with the greatest degree of consent and least possible risk. This is something I do not see in the community where I live and work, and I want to change that.

My story is illustrative. When adults are scared by the way young people act they are driven to look for a cause. They need the cause so it does not feel so random as in something that could happen in their own home with their own daughter. And if that young person has a bona fide trauma, such as sexual assault or the suicide of parent, then there is some level of understanding. In the absence of this the teen is seen as either self-indulgent or, worse, “bad” (in the anti-social, messed up beyond repair, probably belongs behind bars sense).

“Bad” behaviour cannot be explained by self-indulgence or “bad”ness. People act out for a large variety of reasons, for example: the deep unfairness of being born in poverty, traumas they are unable to integrate or make sense of, chaos at home, or sometimes just sadness. Though I have had my own bona fide traumas they occurred after I started acting out. So what I think happened for me is that I was raised in a generation where there were constant messages that I could realize my dreams and that I could expect meaning and purpose in the world. And some people can find a sense of accomplishment, of dreams coming true, in school. But some people, like me, expected fulfillment and then were met year after year with no such thing. After a while I gave up.

These experiences impact the way I understand street-involved youth. First, I embrace the ways that their expressions of identity challenge the mainstream, and I know that this difference is enriching. Second, I believe that there is always
humanity, context and complexity that is hidden behind behaviour which hurts or endangers self or others.

As I developed this research project I was drawing spoons. It seems inane now. Thinking about what spoons mean to me, in my life, and in the lives of the young people with whom I want to do research. Baby spoons of food, wooden spoons that make cookies and whack bums, a set of spoons which, when placed back to back, make a fine musical instrument, and stacked on top of each other are a useful tool for crushing pills into a fine powder, or cooking drugs.

![Figure 1. Spoon. (28cm x 22cm).](image)

But then I very briefly saw a young person from my past. And her story — or our story — was the unplanned entry into how my own artistic expression fits into the research. It was drawing her face, and remembering her story that required me to investigate and consider the catastrophes I encounter, the mistakes I have made (in omission or commission), the mistakes I am making, and the mistakes I have yet to make. It seizes me with the tensions of community-based research. It evokes issues of confidentiality, responsibility, and duty to report. It hits me in the stomach with how determining what is right is so complicated, when somebody
who has already lost so much only stands to lose more. It challenges me to evaluate how much I am truly prepared to be involved. It is the reflexive piece.

What is knowledge and how do I learn it?

I am always immensely satisfied by moments of clarity, by being able to drop a thought or feeling, the unarguable truth\(^8\) in the moment, like the final curtain at a play. But when the question was asked, “what is knowledge?”, my own truths seemed to be like just a few maggots in one writhing old meat pile — small and busy limbless larvae in a universe of growth and garbage and regeneration.

So here it is.

I know more of my own story than anybody else. My story resides mostly with me but there are parts of it I will never know, partly because I am not always open to learning. Knowledge is the stories that reside within each of us, and the stories we create with other people, infinitely different in content and perspective (King, 2003). It is what I know to be true, in the moment, as an individual and as a member of a group. It is dynamic and although often carefully protected by its holders, it is vulnerable to change. It is learned from how I feel and think about all that happens inside and outside of me. It is limitless and contradictory — and not possible to know in its entirety.

However, as a part of a group, I have some collective stories that I tell, stories of what I have experienced more or less together with others and feelings or thoughts that are similar enough that a group of people can call the story

\(^8\) There is widespread disagreement on the meaning of truth. The definition I like the most is one I found in a children’s dictionary. It reads “True means that something really happened and is not made up”. (Levey, 1998, p. 199)
“ours”. And this is significant, the “ours” of a story, because an “our” can often be more powerful than an “I” in creating change. But, mostly, the “our” is important because it helps us to be a part of something, to belong. This research is knowledge that can be pursued, and that is worth pursuing, because a story of “our” can capture truth in a way that shows itself to be significant not just to an individual but to a group.

There are many ways I obtain knowledge, and I do not even know all of them. Sometimes I carefully consider the weight of knowledge, its inconvenience, or safety before I pick it up. Sometimes it is like a card missing from a deck, and I slip it in, completing the set. Sometimes it is something I take in absently, like part of the newscast that I accidentally accept in its incomplete entirety that slips in before I can think of where it originated or what might be missing. Sometimes I cannot even remember how I learned something. In fact, sometimes I am not even aware that it is a hidden truth that I am using to make decisions. I try, often not successfully, to notice knowledge when it arrives, to examine it, to understand what it means in relation to the knowledge that has come before it, and most importantly, not to resist what may be “true”, simply because it is uncomfortable.

Knowledge can be re-shaped at any time by analysis, further experience, and by the unarguable truth (self-knowledge in the moment) appearing without notice. Sometimes the truth is spoken softly, and sometimes it roars indignantly, or is suddenly before me, like an ocean I did not previously notice on a walk I have taken one million times. The truth can make me feel sick, or scared, or irritated but I love it most when it makes me feel like life is a magical miracle that I am grateful to be a part of.
It is my belief that too many of us are swayed by the story that we deserve only pleasure and comfort (King, 2003), and that it is not our responsibility, or even wise to get involved when injustice is occurring.

Given my belief in the plurality of truths and the value of “our”, as well as my conviction that it is my responsibility as a human to act against injustice, I have developed some ideas about how to initiate change in my own community. This is the underlying “moral purpose” (Cole & Knowles, 2008, p. 66) of the research effort.

**Theoretical approach**

Children make the best theorists since they have not yet been educated into accepting our routine social practices as “natural” and so insist on posing to those practices the most embarrassingly general and fundamental questions, regarding them with a wonderful estrangement, which we adults have long forgotten. Since they do not yet grasp our social practices as inevitable, they do not see why we might not do things entirely differently (Eagleton, 1990, p. 34)

I reveal here the theoretical underpinnings that have shaped the process so far. It is important to reveal clearly how I see the world so that you, as a reader, may consider my opinion in context. Theory helps me to make sense of the world, and I hope, like Eagleton suggests, to ask the “embarrassingly general and fundamental questions” which challenge what might easily be seen as inevitable.

My work is informed by feminist social work theory as well as structural and post-structural analysis, postmodernism, queer theory, and the strengths approach (Saleeby, 1997) to practice as follows.
A structural analysis resists the pathology of the individual in favour of pathologizing the system (Mullally, 1993). The work of a structural analysis is to identify the barriers, and the connections between those barriers to young people. This informs my research with the assumption that some of the main difficulties of using illicit drugs are the stigmas, denial of self-determination, poverty, and criminalization associated with the way society addresses drug users. A structural approach also strives to analyze the significance, and interconnection of other sites of oppression such as: class, age, race, gender, and sexuality. Particularly relevant to me, as a non-Native person, is to be aware of and challenge my own euro-centrism (Graveline, 1998).

It is an assumption of the strengths approach to practice that every person has strengths, resources, and an ability to contribute to their own well being as well as to the well being of others. It is Saleeby's (1997) contention that too often the focus of traditional practice is to seek out deficiencies, to pathologize, and to assume that that capacity to heal resides within the helper. This is consistent with community-based research in which the capacity for learning resides within the community. Saleeby encourages social workers to elicit and encourage strengths in every interaction with a client.

A decolonizing framework (Tuhiwai Smith, 1999) challenges the dominant, western, research paradigm of white doing research on “other”. It encourages the use of research approaches in which the inquiry comes from the community, and the community is involved at every stage of the research. Using collaborative research practices is both “ethical and pragmatic” because including people who are more vulnerable to HIV makes the research more likely to be utilized (Flicker, Larkin, Smilie-Adjarkwa, Restoule, Barlow, Dagnino, Ricci, Koleszar-Green, & Mitchell, 2008).
Simply analyzing the barriers to drug users\(^9\) and doing a thorough inventory of strengths will not yield a complete picture nor facilitate the creation of an effective approach to practice. If this work is to be grounded in reality it must acknowledge that although people who use illicit drugs are often survivors of harmful circumstance, they are also responsible to varying degrees for their own choices and actions. The young people involved in the research do have agency, and are responsible for their decisions and mistakes. I am interested also in problematizing the structural framework from a post-structuralist perspective (Rossiter, 2001). While it is important to acknowledge the function of socially constructed categories like race and gender — and the impact of these categories — on those who are marginalized and made “other” by them I want also to reveal the ways in which those neat categorizations do not accurately reflect lived realities. Identities are not fixed; who one is as an individual is messy, complex, and changeable. Further, I look critically at myself as a helper, looking at the mutuality and contradictions in possible relationships, and evaluating how I am addressing the dilemmas of being in a position of power and being capable of a dividing practice (a position from which my perspective on right and wrong impacts the people with whom I work) (Foucault, 1965).

It has been particularly useful to consider queer theory. People who are engaged in street life cannot be respectfully described or understood without calling into question the most commonly used tools of understanding. In particular, the institutionalization of sexuality (according to Foucault) “led individuals to willingly manage their own private behaviour in ways they would never have undertaken otherwise” (in Wilchins, 2004 , p. 52). People who live outside of those rules, who use illicit drugs, or engage in the sex trade, suffer the consequences of this departure. Sometimes it is the case that people end up on

\(^9\) Barriers such as criminalization, poverty, prejudice and lack of support.
The street because their sexuality or gender identity diverges from those rules in ways that their families or friends were unable to accept.

The rhetoric on drugs belies its complexity. While it is true that some people become addicted, constantly seeking drugs to the exclusion of meeting other personal needs, the evidence demonstrates that the majority of illicit drug users use infrequently and are able to maintain this behaviour without significant consequence (Alexander, 2008; Erickson, 1980, 1994). Although a relevant research literature is only beginning to develop (likely due to how it contradicts the broad acceptance of popular models like treatment and mutual aid) the majority of people end their drug use without the assistance of either mutual aid groups like Alcoholics Anonymous or Narcotics Anonymous or conventional treatment, successfully engaging in what has been called self-recovery (Sobell, Klingemann, Toneatto, Sobell, Agrawal, & Leo, 2001). This research therefore calls into question the suspicious practice of the criminalization of drug use.

Part Two of this thesis is a chronology, the progression of my understanding of the world of research, drug use, harm reduction and decriminalization. It is a story about a group of young people I came to know and admire. It is also a story about me, and how I make sense of the world.

So, now you know two of my stories, a story of how I make sense of the world in relation to how some others make sense of the world, and a story about how I make sense of my experience, by relating it to the experiences of other people. It’s just another story among so many but it belongs here because it is the story of why I wanted to do this.

It is a story of “a girl who never realized how much she had”, “a girl who didn’t know when to stop,” and a girl who still learns from “a girl who took care of herself.”
Chapter Three:
Why Art-Making is Good Research

Methodology

As a practitioner of Art Therapy I see how creative expression has transformative effects on people. Often people have had an experience early in their lives that led them to determine that they are not “artists” (McNiff, 1992). A teacher has said: “That doesn’t look like a horse”, or somebody has actually altered their work: “No Alec, the elf’s ears belong here”. Cavanagh (2006, p. 71) writes:

One of the principal functions of art is to disrupt expectations. The common sense notion of “I cannot draw” may be true when our scale of drawing includes only Pablo Picasso, Jan Vermeer, Frida Kahlo, Da Vinci and Artemisia Gentileschi. But if we were to include on our scale the drawing of a child to whom we would not dream of saying “that’s nice, but you don’t know how to draw”... then, of course, we can all draw.

People experience incredible surprise and satisfaction at seeing their own visual representations of emotions, struggles, challenges and strengths (Levine, 1994). Shifting from talking about problems to creating artwork can lead people to discover their choices, to see themselves as creators of their own realities, rather than as persons who simply experience difficult situations, or are treated badly by others (Moon, 1998).

While this project was not intended to be group art therapy the transformative power of art in facilitating change still occurred. The difference between art therapy and arts-informed research is significant here. Instead of facilitating a process of individual change with the goal of decreased distress and enhanced well-being it was the facilitation of a process of change in which group art process (information gathering and analysis) led to a generation of collective and individual knowledge. Further, the larger community is explicitly included in
sharing the findings. This distinction is important, but does not preclude fun or the therapeutic nature of art as intervention (Mitchell, Moletsane, Stuart, Buthelezi, & Lange, p. 3). In this case knowledge production for the purposes of research was the primary goal.

Pursuing arts-informed research (Cole & Knowles, 2008; Cole, McIntyre, & Burns, 2006; Eisner, 2008; Finley & Knowles, 1995) is something that has emerged from my experiences of using art in therapy with young people. Two of Moon’s (1998) fundamental principles of art therapy are significant to the inquiry into harm reduction for street involved youth. First, he writes: “artistic expression is a healthy act” (p. 76). Art can provide a safe outlet for violent, difficult and damaging experiences and feelings, and this on its own is a contribution to the well-being of a person. Next he writes: “The primary feelings related to events in the patient’s life remain powerfully attached to artistic portrayals” (p. 82). The act of creative expression provides an opportunity to explore feelings that can otherwise become buried. In addition, Barndt (2001, p. 41) writes that the “creative energies (are) released when people come together to make something, using their mind and their hearts as well as directly engaging their bodies in production”. Further, McNiff (2008, p. 45) writes:

> We are discovering how these art-based methods, making use of a larger spectrum of creative intelligence and communications, generate important information that often feels more accurate, original, and intelligent than more conventional descriptions.

Though the research method is not ethnographical as a researcher I also have aspirations in storytelling. As Behar states so simply, she wanted to do ethnography because “[she] wanted to be a storyteller who told stories about real people in real places” (2008, p. 866). I want the story that is created to “transport (the people who learn it)...into experiences and make them feel as well as think” (Ellis & Bochner, p. 18). Ellis writes that ethnography is “a way of
being in the world as an involved participant” (Scott-Hoy & Ellis, 2008, p. 128).

However, the practice of ethnography:

began as a method – discovered, perfected and institutionalized in Western centers of power – for telling stories about the marginalized populations of the world. It has its origins in the flagrant colonial inequalities from which modernity was born and in the arrogant assumptions that its privileged intellectual class made about who has the right to tell stories about whom. (Behar, 2008: p. 529)

This is a tradition I do not wish to perpetuate. So, my interest was to facilitate a research process that builds on emancipatory qualitative research traditions, using story (in words or images) as its form for communicating knowledge about culture, in this case the behaviour patterns of street involved youth (McQuiston, Parrado, Olmos-Muniz, & Martinez, 2005). Stringer (1996) says simply community ethnography is: “the process of working with a group of people to tell a story about some aspect of their lives which will enable them to accomplish some purposes they have together” (p.36). This process invites vulnerable participants to take an active role as artists, researchers, and storytellers.

This project is informed by previous community based frameworks in an Aboriginal context (Flicker, Larkin, Smilie-Adjarkwa, Restoule, Barlow, Dagnino, Ricci, Koleszar-Green, & Mitchell, 2008; Riecken, Conibear, Michel, Lyell, Scott, Tanaka, Stewart, Riecken, & Wilson, 2006; Ristock & Pennel, 1996). Feminist participatory research (Maguire, 1987) is also relevant since this tradition insists explicitly upon revealing and changing systems of oppression (Reinharz, 1992). The history of ethnography in HIV research and street involved populations demonstrates how ethnographic methods build a unique understanding of behaviour patterns in a subculture (Higgs, Moore, & Aitken, 2006; Koester, 1996; McQuiston, Parrado, Olmos-Muniz, & Martinez, 2005; Weibel, 1996). The HIV community in North America was one of the first communities who have insisted
upon research that is community based and driven (Flicker, 2005). Training youth in local communities builds the capacities of young people to engage in research and promote dialogue about HIV prevention, with multiple benefits: the youth acquire confidence and skills that can lead to long-term opportunities (Flicker, 2008; Jarrett, Sullivan, & Watkins, 2005) and the communal social capital is strengthened by keeping knowledge and resources in the community after the project is completed (Hawe, Noort, King, & Jordens, 1997). A community based framework allows positive and empowering work with a group of young people and the delivery of nuanced, contextualized results in a compelling and concrete way to four significant stakeholders, the participant group, policy makers, service providers, and community members.

Arts-informed research and storytelling come together in many unique ways. One of these is that the participant stories that were evocative in the research process, can be shaped into a final story form. As the research progressed, I realized that a work of fiction for an audience of young adults could translate the research findings into a form easily understood by participants and their peers.

The value of this research

Knowles and Coles' (2008) “qualities of goodness in arts-informed research” attend to the question of how to evaluate unconventional academic work for quality.

I sought to make clear the “intentionality” (p. 65) in this work, by clarifying my moral commitment to helping the youth themselves, and others to see meaning, purpose and humanity in their lives. My intellectual purpose was to better understand alternatives to the mainstream approach to drug use, and to write and speak about why I think these changes should occur.
I made my subjective presence as a researcher known by “reflexive self-accounting” (p. 66), in order to make clear my connection with the research, so that as a reader you may use this context to make sense of the work.

This rigorous process, the generation of ideas, practicing images and colour, working carefully to achieve a specific effect and the ongoing processes of analysis achieves “holistic quality” (Cole & Knowles, 2008, p. 66). This is why these powerful images are worthy of inclusion in the local and larger discussions of harm reduction.

Flicker describes a technique of “triangulation” (2005, p. 54), which I have tried to achieve by using a variety of sources, in this case group and individual analysis, literature review, and informal data, which agree with each other. I have carefully recorded the process in sequence keeping all of the images, and documented one on one and group analysis, group meetings, and other artifacts of the project. This leaves a clear “audit trail” (p. 54).

To the end of “aesthetic quality” (Cole & Knowles, 2008, p. 66) I have solicited feedback on this work from traditional academic reviewers and participant researchers. In addition to this I had feedback twice, (formative, and close to completion) from two published writers, one a novelist and teacher of writing, and the other a short story writer. It is my hope that in this way the work is easily “communicable” (p. 67) to my intended audiences. The text is meant for academic reviewers and community members. The story is designed for participant researchers and their peers.

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10 I was surprised to learn how similar my process as a researcher was to their normal processes as writers. The research, the layers of intention, presence of a moral purpose, and of course aesthetic quality were all similar.
My “methodological commitment” is reflected in the design of the process in which participants were able to identify substantive themes in the research, and fiction as a form was chosen to communicate with them as an audience.

This research “advances knowledge” (p. 66) in the generation of stories, art and agreements that feel true to participants. It is clear that the art they created feels moving and powerful to people who see it, as evidenced by the way viewers describe their experience. The most important “contributions” (p. 67) I hope to make with this research are two. To encourage participants to use more gentle and loving eyes when they look at themselves to reveal their capacity, courage and promise. The second contribution is to convince readers to consider a significant departure from law enforcement as an approach to drug use.
“That was before my brother was murdered.” she said.

I was silent. She had never mentioned this before.

She went on, “You know, it started before, and he kept at it after.”

“You never mentioned that before, that your brother was murdered.”

“I didn’t?”

“No.”

“I guess we were, you know, talking about sexual abuse, and I didn’t think of it” she said.

It is important to attend specifically to Aboriginal people in this research endeavour because the HIV epidemic is distinctive in Aboriginal communities (as discussed in Chapter One), and the issues that HIV positive people face are likewise different. Also, the representation of Aboriginal peoples by white people like me, is extremely problematic. Further it is important because the process of ensuring ethical research is different in research with Aboriginal peoples.

Clearly, when Aboriginal people are HIV positive, they face discrimination in addition to that encountered by their Aboriginal HIV negative peers. Some of the additional issues that Aboriginal people encounter are that confidential

11 In addition to the routine university ethical review process there is an additional process which will be discussed later in this chapter.
testing and treatment are extremely difficult, or impossible to access in remote communities. Further jurisdictional complications make funding and services more difficult to access (Canadian HIV/AIDS Legal Network, 2005, p. 2).

In their qualitative research the Gendering Adolescent AIDS Prevention project found that Aboriginal youth also understand HIV uniquely (Larkin, Flicker, Koleszar-Green, Mintz, Dagnino, & Mitchell, 2007). Aboriginal youth are more likely to make a connection between HIV and structural forces like colonialism than their non-Aboriginal peers. In addition Aboriginal young people are more likely to see themselves as vulnerable to HIV, and to blame their own community for it’s spread.

It is well documented in Canada that colonization, the residential school system, the apprehension of children by child protection agencies and the resulting loss of language and culture, widespread physical, sexual and emotional abuse, and the separation of families and communities have all had devastating intergenerational impacts (Chrisjohn & Young, 1997; Fournier & Crey, 1997). The current and historical practices of racism and colonialism in the Canadian context, and my experiences of privilege, impact my perspective as a non-Native person and intensify potential negative impacts. The cycle persists as “the programming that turns little babies into colonizers is very deep, very entrenched, and certainly very reinforced by rewarding colonizers with every privilege and advantage” (McCaslin & Breton, 2008, p. 513).

Thomas King’s (1992, p. 15) story of Christopher Columbus illustrates the single minded self-interest that is the cultural legacy of Europeans.

Boy, what a bunch of noise, says Coyote. What bad manners. You guys got to stop jumping and shouting or my nose will fall off.
We got to find India, says Christopher Columbus. We got to become rich. We got to become famous. Do you think you can help us?

But all Coyote can think of is playing ball. I’ll let you bat first, says Coyote. No time for games says Christopher Columbus. I’ll let you make the rules, cries Coyote. But those Columbus people don’t listen. They are too busy running around looking for India. Looking for stuff they can sell.

Rupert Ross, assistant crown attorney in Kenora, Ontario sent the following statement as part of an open memorandum I received, relating his concern that:

in many respects the criminal justice system has been rendered powerless to effect significant change. In fact, I believe that in some respects its normal application may operate as an obstacle to necessary community healing. (Personal Communication, 2006)

Ross attributes this to intergenerational trauma. Intergenerational trauma perpetrated by colonists is central to contextualizing socio-economic conditions. Phillips writes:

If we do not deal with our trauma, we inadvertently hand it down to the next generation. We often take our pain and hurt out on those we love the most — which is ourselves, and those closest to us — our family and friends. So, Intergenerational trauma is trauma that is passed down behaviourally to the next generation: if we’re angry, and act angry all the time to others, our kids will think that’s normal and do the same. If we ignore each other and deprive each other of love and affection in our relationships, our kids will see and feel that deprivation of love and might think it’s normal. (Phillips as cited in Menzies, 2005, p. 82).

Aboriginal participants in this research project reported similar experiences. When discussing a tree as a metaphor for family one participant said: “I would
have to draw a broken branch, with garbage all around it”. Another participant added: “Yeah, and the house would be half on fire — the firefighters in X wouldn’t even have a job if it wasn’t for our reserve”.

Some people argue that this history is an excuse. They know people who have grown up in terrible conditions with parents who have been neglectful or abusive and yet these people have become healthy and productive human beings. We all know people like that. What is important to remember is that given that kind of context — that not only parents but extended family and, in fact, most of the people in a community are impacted to a greater or lesser degree from multiple layers of the intergenerational traumas of colonialism. In these conditions it becomes a significant challenge to grow up healthy. A participant in Menzies’ (2005, p. 139) study comments on his mother’s experience when he says: “there was no love shown because she went to residential school, she didn’t know how to express it . . . she did exactly what those people did to her in residential school”. The Gendering Adolescent AIDS Prevention Project’s work with Aboriginal youth reflects this:

From my understanding, from seeing my mother’s generation and being taken away from her mother and with her having children and not knowing how to be a mother, then raising children is hard, because she didn’t know how to be a mother. They didn’t know the teachings and the things about culture. They were taken away from them. I think the whole residential schools had a huge effect on self-esteem. Safe sex has a lot to do with self-esteem. Like saying the way you want to respect yourself and it has to do with social problems. (Female, urban) (Flicker, Larkin, Smilie-Adjarkwa, Restoule, Barlow, Dagnino, Ricci, Koleszar-Green, & Mitchell, 2008, p. 186)

Where do I stop telling the story? Do I stop because it is too much to read? If I do not tell how can the unfamiliar reader grasp the severity of the situation when it is so outside of their frame of reference. And if I give the details, the wrenching
truth, how can I be sure it does not “prove to be beyond criticism, [so] that it will be un-discussable” (Behar, 1996, p.175). There is no doubt that I have shared stories here that are wrenching in their truth and difficult to discuss. King writes that stories are medicine, and that a story told one way could cure, and the same story told another way could injure (King, 2008, p. 14). I have tried here to tell stories so that they are strongly connected with the person who has survived them.

Razack (2007, p.1) levels a relevant critique about Western consumption of the images of genocide in Rwanda.

...outrage has not followed from our consumption of the horrific images and stories that filled our screens about the Rwandan genocide. Rather, we have engaged in a peculiar process of consumption, one that is the antithesis to genuine outrage and which amounts to what I call “stealing the pain of others.” I see this process as a national one. Believing ourselves to be citizens of a compassionate middle power who is largely uninvolved in the brutalities of the world, we have relied on these images and stories to confirm our own humanitarian character. However, I suggest that our witnessing of Rwandans’ pain has mostly served to dehumanize them further, and in the process, to reinstall us as morally superior in relation to them.

In a parallel process I would argue that non-Aboriginal Canadians see themselves as largely uninvolved (and definitely not responsible for) the brutalities of life as an Aboriginal person in Canada. This assessment relies on images of youngsters sniffing glue and homeless Aboriginal people to confirm the superiority of non-Aboriginal families and communities and, in the process dehumanize them further. The manner in which these images are presented in the mainstream media and consumed in our homes does not challenge this interpretation. These images only serve to perpetuate the prejudice and discrimination that Aboriginal people encounter on a daily basis.
As Fine, Tuck and Zeller-Berkman write, some knowledge in marginalized or vulnerable communities should not be documented or known to outsiders because it is sacred local knowledge or because the community is “already under siege and surveillance and the knowledge will only be used against the group” (2008, p. 161). This critique is entirely relevant to the continuing relationship between Aboriginal people and Canadian Society. This is because despite repeated testimonials by Indigenous people about the atrocious nature of colonization rarely have any of these sparked action of any sort. More routinely, if and when change occurs it is a painfully long legislative process, a situation of potential economic gain, or to curry political favour. The inaction on the recommendations (Assembly of First Nations, 2006) from the Royal Commission on Aboriginal People (1996) is an excellent example of this.

In addition the nature of the tale has ethical implications. Too many outsider accounts of Aboriginal communities are stories of weakness, vulnerability, and decay (Schnarch, 2004). This is the story we have already heard and is one we need to reject in favour of a more balanced account. I see it as my responsibility to include some raw details but to contextualize this within the resilience, strength, courage, and creativity that comes from Aboriginal participants in this process.

Denzin and Lincoln (2008, p. 2) write about a merger of critical and Indigenous methodologies which seek to dismantle the Western academy with a decolonizing approach. They describe these methodologies as those:

- [In which] all inquiry is political and moral and uses methods critically for explicit social justice purposes.

o [Which] value pedagogical practices that produce these knowledges and seeks forms of praxis and inquiry that are emancipatory and empowering.

o [Which] embrace the commitment by Indigenous scholars to decolonize Western methodologies, to criticize and demystify the ways in which Western science and the modern academy (operate).

An example of resilience and strength is witnessed as organized resistance in the Aboriginal community to the overwhelming history of researcher exploitation in Aboriginal communities and the inadequacy of institutional review boards in protecting Aboriginal research participants. One manifestation of this resistance has been the creation in many different forms of ethical protocols and review boards set up within Indigenous communities. For example people who would like to conduct research with Inuit people in the territory of Nunavut need to apply for a license, and have their research screened by the Nunavut Research Institute. In order to do research with Inuvialuit people in the Western Arctic the Aurora Research Institute screens proposals and conducts community consultations on prospective research projects. There is no formal Aboriginal review process for research projects that take place in urban settings, however, principles of Ownership, Control, Access, and Possession (OCAP) for research in Aboriginal communities, have been developed collaboratively within “a large scale social movement of anti-colonialist discourse” (Lopez, as cited in Denzin & Lincoln, 2008, p. 3). OCAP principles insist upon the meaningful collaboration of Aboriginal community members in all stages of the research (Schnarch, 2004).

A research protocol for this project was more difficult to establish since two out of nine of the participants were non-Aboriginal. Further, the Aboriginal research participants were not all from the same community and, to complicate the situation, some did not acknowledge a particular nation or heritage.
In designing Principles of Research Collaboration (Appendix C) for this project I consulted with a research technical assistant from the Canadian Aboriginal AIDS Network. An Aboriginal Research Advisory Committee was struck. This included a local Elder, a representative from the Ontario Aboriginal HIV/AIDS network, a young woman who was both a facilitator and participant in this project, and myself. The Principles of Research Collaboration were subsequently finalized with the members of this supervisory committee. The purpose of establishing this agreement was to establish a set of principles that guide the conduct of the research project, specifically with respect to the continuing responsibility to create ethical research in the Aboriginal community. In short, this agreement acknowledges the importance of incorporating cultural values and perspectives into the research process. Broadly this agreement was realized in practice by:

- Determining how to address ethical dilemmas in the research process, such as incarcerated participants, sex, drug use, and racism in the group, by consulting with the Aboriginal Advisory Committee.
- Striving for balance in all representations of the research including the selection of artwork to be shown, this text, the stories, and academic representations (such as posters and presentations).
- Capacity building with participant researchers and the peer research facilitator including but not limited to: participating in group process, data analysis, creating art and creating and delivering presentations.
- By vetting research questions with members of the Aboriginal Advisory Committee.
- By taking care to communicate risks and benefits of the research with stakeholders.
By following regular ethical research protocols with the university as articulated in the Canadian Tri-Council Policy statement.

By seeking permission to share the artwork at the end of the project, after all of the artwork is complete, and participants have had an opportunity to reflect on the representations of their experiences that will be shared.

To write this list is to simplify a complex process. Jones and Jenkins (2008, p. 473) write about the Indigene-colonizer hyphen: “the hyphen is the complex gap at the self-other border which may be an un-bridgeable chasm or erased, softened, consumed”. In this group negotiating the self-other hyphen was a dynamic process. At times we worked collaboratively and respectfully as a group, and at other times people worked as individuals contributing earnestly to a group project. In general, group members were very protective of themselves, giving carefully, certain of their vulnerabilities and less able to recognize the vulnerabilities of others in the group.

As another example, I was challenged on several occasions when group members did not agree with my perspective on difference and privilege. For example some participants did not see race as a significant or meaningful difference or agree that Canadian society is organized to privilege some of its members. While in this case, the research was not specifically about privilege these ideas definitely underpin the project theoretically. If the point of doing participatory research is to privilege the voices of participants, then how should final representations reflect these perspectives? Jenkins and Jones remark on the discomfort of the colonizer at not belonging for once.

I found that this dynamic, more than anything challenged my ability to communicate effectively. For example, in writing the story that is the first part of this dissertation, I collaborated with group members by incorporating their
stories, and by reading aloud to encourage their collaboration in revision. Some
group members seemed to feel more comfortable than others in giving me
feedback. When people declined to give constructive feedback, I never knew
what to make of their comments. How do I interpret their words, in the presence
of the power imbalance between us, which is only intensified by my disbursing
honouraria for their participation? If a participant stated that she did not have
any suggestions for making it better, or that she was entirely comfortable with
me writing dialogue from an Aboriginal speaker, is it possible that she just
didn’t feel comfortable saying what she thought? Or, am I, in my role as the colonizer,
underestimating her agency, and imagining her to be more powerless than she
actually is?

It was uncomfortable for me, to be a voice of dissent, essentially saying, I am the
colonizer, I had privileges you were not born with, and to have people insist that
my achievements were all my own. I am taking up that colonizer role as usual
and saying “I know better”. Swadener and Mutua (2008, p. 32) reflect this and
other dilemmas when they write that we must “approach research, then, from
an anti-oppressive and decolonizing stance, while realizing the impossibilities
and complexities of a truly decolonizing endeavour”. Even with the best
intentions I am aware that I “unintentionally participate in continued
colonization” (Kinchenloe & Steinberg, 2008, p. 141).
Chapter Five:
How We Made the Art and Learned From It

Process

The research team consisted of nine street involved youth, myself, Derek Khani (community-based artist), and Delta Hillyard (youth worker/peer). The research was supported by community organizations including Catholic Family Development Centre, the Ontario Aboriginal HIV/AIDS Strategy, Superior Points, and AIDS Thunder Bay. An agreement was drawn up with respect to the principles of Ownership, Control, Access and Possession, and the research continues to be guided by an Aboriginal Advisory Committee. This committee is composed of an Elder, a representative from a local Aboriginal HIV/AIDS Organization, a young person, and myself.

My plan was to be introduced to the population of users in Thunder Bay by accompanying needle exchange staff on their rounds. After I did this once it became clear that to accompany in this manner was to literally crowd too many people into a doorway. We posted flyers at several community agencies to invite participation. The goal of the recruitment was to find a diverse group of 10 youth that reflected the dimensions and complexities of the street-involved experience. Most important were significant Aboriginal representation, diversity in sexual orientation and gender, disability, ethnic background, housing situations, sex work experience, and street drug use. Twenty people attended this first session. The 9 participants, and one participant/youth worker ultimately recruited were currently or formerly street-involved youth 16-26 years of age¹².

¹² Though sixteen-year-olds, based on who they are as individuals, may or may not be capable of good decision making, they old enough to legally consent to sex, are generally able to move
from Thunder Bay, Ontario. These included 7 Aboriginal participants, 5 male and 5 female, 3 queer, 5 injection drug users (IDU's), all had used street drugs. 4 people reported trading sex for money, drugs or a place to stay, all had experienced unstable housing including living in women’s shelters and homeless shelters, couch surfing, and sleeping outdoors. Three spent time in jail during the project. The sample was limited by not having any people who identified as having a disability or being genderqueer\textsuperscript{13}.

The research coordinators led art/research workshops as a means of collecting and analysing data. In our first engagements with art-making the purposes were to become comfortable with the art making and developing rapport with each other. In the latter stage of art engagements we began the inquiry through story and image development. This next stage has required participant observation. In this process we inquired: What is the meaning of risk? What are the harmful practices being engaged in? What are seen as the deepest or most important to address threats to safety? In the art making that followed, we developed images that explore what individuals have witnessed and done. What is the meaning of those activities and how do they take place? Each image has been documented with photos and notes were made on each artist's interpretation of their work.

All of the artwork illustrated common themes in street life and affirmed a young person’s membership in a group of people with common experiences. This was helpful in exploring how sometimes problems experienced as personal, are actually social or systemic. We were able to, as a group and as individuals, appreciate the art that each other made. We could see that we all made art freely and independently in the world, and do not require legal guardians. I saw myself as a facilitator, and caring person to the young people, and not as a caregiver or guardian.\textsuperscript{13} Genderqueer refers to gender identity that is not man or woman. It could include transgendered, intersexed, and transexual among others.
that was stylistically unique, and this affirmed a positive sense of individual identity.

Many qualitative researchers suggest that making sense of information gathered is a process that can begin before data collection is complete (Kieffer, Salabarria-Pena, Odoms-Young, Willis, Baber, & Guzman, 2005; Merriam, 1988). In fact Agar (in Wolcott, 1994, p. 11) writes:

> you learn something ("collect some data"), then you try to make some sense out of it ("analysis"), then you go back and see if the interpretation makes sense in light of new experience ("collect more data") then you refine your interpretation ("more analysis"), and so on.

Wolcott adds: “by no means do I suggest that...description, analysis, and interpretation are mutually exclusive. Nor are lines clearly drawn where description ends and analysis begins” (1994, p. 11). This process was similar. Once we completed the rapport building stage, we decided to work on three primary images related to sex work, homelessness, and drug use. Each participant chose to complete these in his or her own sequence. The completion of analysis of one image would often lead to a direction for the next. We used some of Bogden and Bilkin’s suggestions that we phrased as questions, such as: “What themes are we noticing?,” “What has come up that we want to learn more about?,” and, “What does this remind me of?” (in Merriam, 1988, p. 124).

Data collection was not a discrete phase. But a shift did occur when more time and energy became devoted to larger sessions of analysis. In these sessions the participants, as a group, reviewed images and interpretations to determine key themes and priorities for the action phase. We arrived at the “saturation of categories” Guba and Lincoln describe (in Merriam, 1988, p. 125).
The plan was for analysis and interpretation to lead into another evolution in which more of the group’s energies can become invested in action. McNiff writes: “Artistic images are never fixed, and are incapable of being described absolutely” (in Crowe, 2004, p. 125). Participants will continue to ascribe meaning to their own art pieces, as well as to the collective process as they plan the action they will take. As a group we began to share our art, at academic conferences, and locally. But what became clear was that to fulfill the goals of the participant researchers we would need to access further funding.

Rhodes and Quirk (1996), in their research into HIV prevention, were at first confounded by the lack of condom use within injection drug users accessing clean works. It was not until they understood that the risk of not feeling close, or losing a relationship, due to the use of a condom was perceived as a more significant risk than HIV, that they deepened their understanding. There were unexpected results in this research as well.

Using Cole and Knowles’ (2008) defining elements of arts-informed research is helpful in defining the methodology. The project began with the use of visual arts. Visual art works well in small spaces, it is something people can easily do on their own between times with the group, it can be kept private, it is easily transferable to the outdoors and, unlike performance, it is something that can be viewed for a long time after it has been created without very much additional effort. In addition, among many art forms that could be transformative as a process, it is the creation of visual art that I have developed skill in facilitating.

Visual art making was a means of learning from and creating relationships with participants, and is also the concrete form of our information gathered. It turns out to shape one of the ways we use the research in the community (but more on that in Chapter Five).
Information was collected in two ways. One was the more formal plan for information collection which is discussed above. The other significant method of collecting information was through the informal social interaction that took place within this process.

The group met each Wednesday. Usually one or two participants showed up ahead of our planned meeting time because of the bus schedules and, in order to be on time or because they wanted to talk or help to prepare our weekly meal. At 5:30 pm the group sat down together and shared a meal at a large dining table. Following this all the participants and the peer facilitator smoked cigarettes and chatted outside and, by 7:00 pm, most people were engaged in an art project. For the first several weeks we facilitated art activities but, after this point, people worked independently on their own images. There were three people who facilitated this process. The first, and perhaps most important, was Delta Hillyard, who was employed by the project as a peer facilitator. She used her own experiences of street life to create images, supported her peers and demonstrated how her willingness to try different things resulted in being very productive. The second was a community-based artist, Derek Khani, who helped people with the technical aspects of articulating their ideas. For example he suggested practicing particular sketches or helped people experiment with colour to create an effect the participant wanted to achieve. The third person was myself, an art therapist and researcher. I saw my role as supporting participants to remain engaged and to help them discern the meaning of their work as they worked on it and, more formally, once each piece was completed.

It was this rigorous process, the generation of ideas, practicing images and colour, working carefully to achieve a specific effect and the ongoing process

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14 Appendix A is a script of how art activities were initiated.
of analysis which yielded powerful images worthy of inclusion in the local and larger discussions of harm reduction (Cole & Knowles, 2008, p. 66).

During art-making time we also engaged with each other informally, pursuant to our own interests in connecting with each other, learning from each other, probing to achieve better understanding, and needing to be heard. This occurred both in the more formally structured art-making time, and in the less formally structured times of dinner preparation, and the actual sharing of the meal. Through the formal and informal times the group moved through phases of more and less cohesion. Further, there were some individuals who would arrive with a plan, working earnestly and methodically during our time together, and others who would spend more time listening to music and chatting. At times, participants who saw themselves as making a more substantive contribution to the project would either encourage, or hassle participants who did not seem to be contributing as much. There is no doubt that there was a useful learning curve for participants in group work and respectful collaboration.

Salazar and colleagues write that, in using informal conversation as data collection, “there are no specific questions asked, rather, topics emerge and flow from the conversation” (Salazar, Crosby, & DiClemente, 2006, p. 181). Though the purpose of these conversations was not to survey the participants “attitudes, interests, feelings, concerns and values” (Salazar, Crosby, & DiClemente, 2006, p. 182) this nevertheless happened in detail. One very detailed thread of this conversation was the vulnerability of street-involved youth to social services and law enforcement policies and personnel, and another was the complexities of parenting while living a street life. In hindsight it

15 Of course there are many possible explanations for this behaviour. Was it creative time/space those young people needed to percolate their ideas (consciously and unconsciously)? Was it down time in a safe warm space needed to balance the precariousness of their lives outside the project? Was it reflective of a lack of confidence in the ability to produce something worthwhile? Or, was it just being lazy?
may have been useful to interrogate these more formally with our art process. However, there is no question that both of these topics were explored exhaustively verbally within the group. As such, the conclusions that young people came to hold were informed not only by their experiences with the art but also, and inseparably, by their experiences with the group. Their analysis reflects the whole of this experience.

It was important to me that participants were compensated for their contribution to this research. To this end, I wrote a proposal to the Ontario HIV Treatment Network, and was successful in obtaining funds for the project. This money was used for supplies, to employ the peer research assistant, and the community artist. It was also used to compensate participants. Participants received an honourarium for their participation in each session, as well as any time they contributed to the project outside of that time, by doing presentations, or extra work. They also got dinner, transportation money, and money for childcare.

While my conviction that people deserve to be paid for work outweighs my concerns, money can complicate a process. Just as I engage in paid work about which I am not always passionate, certainly there were times participants were coming for the money and food, rather than the project. This does not mean that the work that they do is not useful, or valuable, but it does impact their enthusiasm and focus, much as my focus or enthusiasm can flag at times in my own paid work. Further, participants may have done work that they thought might please me, as the person who disburses the money, rather than work they felt completely invested in. Giving money for work also intensifies the power differential between them and me, as I was at times the arbiter of the value of work. For example, if a person asks for additional money for a project they wish to complete at home, and then shows up with something that appears to me to be hastily thrown together, and not reflective of what I know to be the quality of
their work, do I disburse the honourarium, or request more work on their project? If I question their work, and it happens that I have misjudged, that certainly negatively impacts my relationship with participants and the group. If I accept work that seems hastily thrown together, and of poor quality, does that lower the bar for the whole group? There is no question it would negatively impact my rapport with participants as they certainly do not respect anybody who is easily fooled. In the case of work with this population, whose experience of conflict is that it can easily erupt into violence, this relationship is critical because my ability to hold a safe space depends on their respect. I have shared this to demonstrate some of the weaknesses of using honouraria in research. It is important to note that largely my experience was that participants worked very diligently, and took their involvement with the project very seriously.

After a great deal of discussion, the final words from participants were not what I expected when I initiated the project. My expectations at that time were that the participants would come up with numerous insights that would likely lead to their developing an innovative and simple intervention that would make a small but meaningful difference in the lives of their peers. Of course, in hindsight, I underestimated the amount of time required for that sort of outcome. I also imagined that I understood the problems better than I actually did.
The art

One of the most pervasive features of the street-involved life is its lack of privacy. I would like to remind the reader that:

for those imbibed in privilege, to know someone is to expect them to reveal themselves, to tell themselves, to give up their sovereignty, while at the same time, shielded by their privilege, never having to show their own bloodstains, track marks, piling bills, or mismatched socks (Fine, Tuck, & Zeller-Berkman, 2008, p. 169).

The images in this chapter were selected by participants as representative of the artwork done in the project. They selected these with careful thought into addressing homelessness, sex-work, incarceration, parenting, relationships, poverty, family, and drug use. Each participant is represented in this collection of artwork. I have chosen not to use pseudonyms because I am concerned that by making distinct the work of each individual artist, I am revealing composites of lives that are too easily identifiable. This is particularly important because one of the most pressing risks that young people reported facing was their concern that they would be separated from their children.

From the start of this project I was clear with participants regarding my legal and ethical duty as a social worker to report harm to a child, pursuant to section 72 of the Child and Family Services Act of Ontario. There was no time during this project when I suspected harm to a child. On the contrary I was often impressed by the ability of participants to prioritize their children’s needs and safety.

I feel conflicted about sharing interpretations and ideas about individual pieces of artwork (and in doing that, passing judgment upon the individuals in this
project\textsuperscript{16}) when we have so consciously as a group defined what it was the work means to us. The collaborative use of visual methodologies creates multiple possibilities for interpretation by participants and facilitators. There were several layers of interpretation by participants – the choice of issue to represent, the images chosen to represent the issue, the individual meaning making about the image making process and product, and the group analysis. I found the process of engaging with these artists and their work was evocative. I have witnessed this work, as it has moved people, and upset people. I want to emphasize that it is principally their findings (which I will share at the end of this chapter), and to a lesser degree what I learned from the process (chapters one through five) and where I went with their conclusions (chapters six and seven) that I think are most useful.

Sometimes what I learned from their work was very different from what they learned from their work. Since this is my dissertation, it is my responsibility to share what I have learned from each part of the process. I want it to be clear that there is nothing definitive about the meaning I make from their individual pieces of art. It is simply what I have learned, and illustrates how the imbalance of power between project participant, and principal investigator can impact a research process. Sharing this makes my process transparent as a researcher, and informs any conclusions you come to as a reader.

It has been a process for me to understand why I have resisted going into the details of what I have learned from their work. I did not want to accept it at first. That is, contrary to the values I proclaim in developing the research, I wanted control over the conclusions in the end. Which is to say that I did not want the final conclusions to reinforce what I see as very detrimental, discriminatory and

\textsuperscript{16} For instance, if I question a participant’s way of seeing the world I am making a comment on their capacity for self-awareness and analysis of what they see around them.
prejudicial views. Because of this, I did not want to focus on the individual interpretations of artwork (mine and theirs).

I have argued earlier in this text (Chapter Two) that a multiplicity of truths exists. My judgment here is a very real example of a ‘dividing practice’ (Foucault, 1965), where I am by my privilege, in a position to call some things right and some things wrong. Even as I write this, I am aware of the hypocrisy, of my intention at the outset to create a space for participants to make meaning of their work, and now my inability to let their ideas stand on their own. This hypocrisy is particularly egregious in this context where I have discussed the history of researcher exploitation of vulnerable populations at length.

The art is shown here in two ways. First, it appears on its own, in colour, so that your first impression as a reader is less impacted by these interpretations. Though certainly the way you will view them has already been influenced by what you have read so far, I want to create an opportunity for you to view the art on its own. Second the images appear within a discussion that reveals both participant interpretations, and my own interpretations.
Chapter Six: Gallery of Participant Artwork
Figure 2. Circle of Life. (54cm X 44cm)
Figure 3. Two sides to the same person. (64cm X 48cm)
Figure 4. Are you safe? (64cm X 48cm)
Figure 5. Sexual risk. (48cm X 64cm)
Figure 6. Sex work and risk. (64 X 48)
Figure 7. Either way it’s bad. (64cm X 48cm)
Figure 8. Something great came out of it. (48cm X 64cm)
Figure 9. A habit, a pleasure, an everyday thing. (64cm X 48cm)
Figure 10. If I was homeless I would go through that. (54cm X 60cm)
Figure 11. Image about risks of tattooing.\textsuperscript{17} (54cm X 44cm)

\textsuperscript{17} The name in the lower right corner is a pseudonym.
Figure 12. He is a predator, looking at his prey. (64cm X 48cm)
Figure 13. Chasing the dragon. (54cm X 44cm)
Figure 14. Smoking metal causes lockjaw. (64cm X 48cm)
Figure 15. Which way are you going to go? (54cm X 48cm)
Figure 16. No escape. (28cm X 22cm)
Figure 17. I ducked seconds before. (22cm X 28cm)
Figure 18. The risk is being a woman. (64cm X 48cm)
What is the meaning of risk?

Many participants understood risk as a threat to their physical safety. They described physical risks they take, for instance, jumping off the roof of the mall into snow banks or cleaning out a pipe (they use for smoking drugs) with a knife or using somebody else’s needle. Some participants reported that they thought about the risks before or while they engaged in an activity. However, most participants reported that they did not consider risk before acting. One participant said “I don’t think about it until after I do it” and, another, similarly “I don’t stop until I get damaged in some way”.

Participants also revealed emotional risks, for instance, looking stupid, or not fitting in. The two most commonly discussed risks were the risks of losing their children, and the associated risk of involvement with law enforcement or child protective services.

Everyday risks (for example not having enough to eat, doing sex work) were not discussed here. Wood makes sense of perceived risk in South Africa in a way that also applies here:

Risk is something which can only be defined by individuals in relation to other risks .... The precariousness of life in this setting is dramatic. Sudden trauma-related death is not uncommon. This kind of risk is more immediate than that posed by HIV which is a disease which manifests itself over time. (in Larkin, Andrews, & Mitchell, 2006, p. 215)

People reported on risk in a way that was influenced both by their understanding of this research having something to do with HIV prevention, and by their high threshold of acceptable everyday risk.
There was nobody in this project who reported their drug use to have resulted simply from recreational use. All participants had some serious challenges in their lives that they saw as causal to their risk taking behaviours. This story illustrates how for this participant, fears about losing his mother led to his choice to use:

*Figure 19. Circle of life. (54cm X 44cm)*

He says about this piece:

> My mum almost died a few times when I was younger. I was sad, and I got depressive, and I used drugs to escape. It starts with one thing that hurts you that you can’t deal with, or should have dealt with, but used drugs to escape. Then I got more depressed and suicidal. That’s me looking through the window at the relationship I could have had with my mum. It started with me worrying about my relationship with my mother, but I ended up ruining my relationship with my mother.

> I just thought of it from my perspective. How I wish I hadn’t screwed up with my family. When I think of shelter, I think of security, and safety. And then work – lots of homeless people can’t work. Lost jobs, complications coming up. You need food. I’m going to have
to figure out something for the next 2 weeks, until I go firefighting. I think I’ll go to Shelter House. Right now I am going there to eat.

Let’s say when I lived with my parents I always had food, warmth, hygiene but you never think about it, until you don’t have it. When you have a home, you have somewhere you belong, you are welcome there, you can say “I come from here”. It’s important! You are happier when you belong somewhere. (Male, Aboriginal)

For the participants in this project living a street life meant being riddled with serious conflict about oneself. Participants constantly struggled with whether or not they were in control, whether or not they were good people, and whether or not they were capable of, or interested in making decisions that would be healthy for them.

Figure 20. Two sides to the same person. (64cm X 48cm)

This participant explains:

It’s two sides to the same person. One side is a teenage mum — everything is happy! It is the good side. The other side is a junkie, so
all the colours are dark because it is the bad side to the same person.

She is scared because she is a mum. That is why she turned to drugs — drugs make you feel like you can do anything and it takes the pain away.

Drawn to conflict — it hurts to look at — it makes you sad. (Female, non-Aboriginal)

This image elicits my awareness of how I would, at times, like to reframe the meaning of somebody else’s work. I did at times challenge participants by sharing my perspective. For instance in this image, the young women uses a very stark emotional dichotomy to reveal herself as either a bad drug user, or a good mother. During this project we witnessed her struggling with her shame at using, and not wishing to identify herself as a drug user. Knowing her simultaneously as a drug user and as a parent I am aware of the careful choices she makes as a person to reduce the harms of her drug using, and to protect the safety of her child. This image is not a testament to that and, instead, reinforces a more mainstream idea that a drug user cannot be a good parent.

The following image evokes a similar desire in me to re-write and re-frame the work. It is my belief that a body, regardless of violence that is perpetrated on it, remains sacred. I am very conscious of my desire to have control over the final interpretation of an image. I for instance would see it as counter to my purposes in this project, if the final meaning that rested with this work, if the meaning that other people got from it, was the artist’s.
Figure 21. Are you safe? (64cm X 48cm)

This participant says:

I did the vagina as a zipper with a lock, because to me that’s the only way to prevent rape. And then I did the braids as you would if you were dancing, like regalia, because something that should be sacred, like your body, isn’t after you are raped. (Female, Aboriginal)

Images about sex were difficult for participants to make. They seemed to bring up the most internal conflict. Though most participants had traded sex for money, drugs, food, or a place to stay, this was difficult to come to terms with, and so more of the sexual risk images were described as something that happened to somebody else.
This participant says:

This is my sexual risk picture. I drew a naked woman — a sex trade worker. She is covering her nakedness because she doesn't want to be naked — but she has to be. Her mouth is sewn shut because she'll never ask for help — or tell what she has been through. She has a bar code because she feels like a product. Everyone buys her. The red handprints signify all the people who have abused her — so much pain. All the people who have been all over her.

Since I was sixteen when I was alone I always thought that sex is what guys want — it is a way to stand out, because if you are good at sex, people will like you. Sometimes I feel like a product — a lot of guys would give me drugs so that I would stick around. I felt like they were buying me. I knew that's what was happening, but I did it anyway.
I have this personality that I know that people would like – and I would put it on — and it’s like selling myself to them. (Female, non-Aboriginal)

This following image (Figure 23) is more clearly about sex work and risk. This participant spoke about how the man is in control, it is in his car, his hand is on her head, she can't even see what is happening (Female, Aboriginal). This participant often shared concerns about girls (12 and 13 years old) working on residential streets just off the main drag. She argued that by asking for youth older than 16, we as researchers were missing out on some particularly vulnerable voices. The Elder who was involved with the project agreed, stating that 11 would have been a more appropriate age. At the time I considered whether we could revisit the ethics process in order to include younger participants, but I was doubtful that we would be able to clear ethics for the process we set out without having consent from parents or guardians for participation in the research. Also, I questioned whether having a group with such a large age range would be appropriate for the younger people. Is harm reduction even an appropriate philosophy for work with people who are so young? I concluded that the younger people would need a research project of their own.
This participant explored his perception of sex work with this image:

*Figure 24. Either way it’s bad. (64cm X 48cm)*

This is a pretty big risk because there is a wall there and it could be anybody on the other side. I think that’d be pretty rough. You’ve got kids and you have to pay the rent or you need drugs — either way it’s bad. It’s the first thing that came to my mind. The girl wants to think it’s some hunky guy. There was a situation like that [at a party I
Art-making came easily to some participants and was more difficult for others. After we had completed the group art making most participants independently pursued their ideas. Some struggled with confidence. In those cases we worked closely with people, talking about their experiences, and what was most important to them to represent. We looked at art they liked with them in order to help them figure out what they liked about how those ideas were represented. Without exception every participant eventually produced pieces they were proud of and which communicated their ideas clearly. The following two images are examples of this.

![Figure 25. Something great came out of it.](48cm X 64cm)

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18 The text here is: I had gotten drunk the second time and blacked out ... ... ... I knew because I woke up naked beside him. He said “you were really tight”. I said, “Of course I was, I was a fucken virgin” ... ... ... I was young, and it was hard. Some say that I am crazy for saying this. But I wouldn’t change it for the world. Something great came of it ... ... ... My child.
This participant says:

Really I don’t think about anything when I look at it. It’s true as it is. The only thing I would change is trying to force X to be a father to my son . . . I kept hurting my son, putting him somewhere he wasn’t wanted. X doesn’t want him because of how he came into this world. He doesn’t want nothing to do with him because he is ashamed. (Female, Aboriginal)

Figure 26. A habit, a pleasure, an everyday thing. (64cm X 48cm)

This participant says:

When I look I hopefully see something from my past. When I don’t use I always wish it could be permanent. I had this done in different ways. She doesn’t have a nose because I have a hole right through my nose. It’s damaged from all the drugs I snorted.

It’s not easy to look at (as sad as it might be). Everything is true.

A habit, a pleasure, an everyday thing. I am glad I am able to look at my whole life and not be ashamed of it. I’m not ashamed of getting raped. I’m not ashamed of using drugs.
I haven’t used in the last 16 days. The mirror — it’s almost real. That’s what I use when I snort. I see myself — my reflection and it doesn’t seem to have an effect on me. I don’t know why I’m not ashamed of what I do. It’s stupid. (Female, Aboriginal)

Though this participant says that she is not ashamed, in the context of my relationship with her, I think this is more of a reflection on how she felt in the moment, than how she felt most of the time. Or possibly she is not ashamed of her drug use, or being sexually assaulted, but I know that there are parts of her life about which she is ashamed. I think it is important to note shame, because as a counselor I see shame as a barrier to healing. When people do not feel good about who they are, it is hard for them to think that it is worth trying to make changes. Or, they think that changes are worthwhile, only they see themselves as incapable of change based on what they see as a history of their failures.

This participant struggled constantly with staying on task but, when she finally did, in a last minute rush complete her pieces, it was clear that her insight contributed uniquely to the project. This piece below is a collage of photos she took that are about homelessness. There are photos of sources of support like a food bank, and the women’s centre. There are images of places she thought people less fortunate than her would need, and photos of the places she frequents.
This participant says:

I was waiting for my bus and I thought if I was homeless I would go through that [garbage] (the image of garbage beside a fence). This is where it happens — in Thunder Bay, this is where I was — homeless for the duration of this project (the picture of lights). My cell phone is my lifeline, so people can find me. I feel more grounded [with it]. There are lots of people who live under bridges (photo of garbage and snow and a cement wall). You find so much stuff there. I went to a food bank (Christian community centre sign) the other day — we needed food, they were giving out donations, it made me feel a bit better to have food in our stomachs.

This is the alley you sometimes find people sleeping in. Our litter is their treasure. I just thought this graffiti was cute (capitalism graffiti). Every man for themselves. When you are out on the street you can’t worry about anything else. You are out for you. Everything sorts itself out when you leave [home]. The NOW Woman’s Centre is a place
you can go. There are so much resources there. Pamphlets about pregnancy, pamphlets about everything.

It’s a cheap affordable way to travel [on a bus] — so I put that (photo of the inside of a bus) because it is realistic.

And then me...I am not shown. (Female, Aboriginal)

It is worth noting here that her sense of her cell phone as her lifeline, and something that grounds her, seemed to reflect the practices of other participants, as most of them prioritized the expense of a cell phone, using it mostly to inexpensively communicate through texts. A cell phone, if used sparingly and pay as you go, is less expensive than a landline, more easily accessible, portable, and requires no commitment. Participants had a high degree of proficiency with communication technology, and social networking programs, making regular use of free internet access at public libraries, and other community settings.

This quote again illustrates one of the common tensions in the research process. Is the art about the participants, or somebody else? In this quote she sometimes speaks of her own experience of homelessness but she also distances herself from the experience of homeless people as though it is something she is aware of, but not experiencing. One participant says:

I like being personal and getting in there and telling my story, but I wanted to tell other people’s stories, stories that were worse than mine. Yes — I was couch surfing, but I always had shelter, and it wasn’t just with people I didn’t know — it was family and friends. (Female, Aboriginal)
Images often started this way — with generalizations about the experience of homelessness, or sex work, for example, before they became more personal. Also participants made art about “somebody else” because they did not want to share some of the more personal details of their lives with other participants. Though there seemed to be an easy openness about personal experiences of homelessness and drug use, there was less openness about family experiences of drug use and homelessness. One participant confided:

This is what happened to us one time we were talking and laughing about this guy on a bench all covered with newspapers, and then he sat up and he was our uncle X, and we were ashamed because it was somebody we knew.

It’s sad — normally it’s strangers. I have a lot of bums that are relatives of mine. Some people say they can’t help themselves, but I don’t believe that. I believe that if you are strong enough, you don’t have to choose to live on the streets. (Female, Aboriginal)

It seemed that most participants were quick to judge, and seldom extended the very latitude that might help them to feel better about themselves. While they were often quick to judge others, they were even quicker to judge themselves,

Figure 28. Image about risks of tattooing. (54cm X 44cm)
This image is of a homemade tattoo gun. It came out of a conversation about the risks of incarceration. During the time that the group met three group members spent time in custody related to their involvement in gangs. It was the opinion of all three (two men and one woman) that people are more likely to share homemade tattoo equipment (like a sharpened staple), than a needle for using drugs.

![Image of a homemade tattoo gun](image)

*Figure 29. He is a predator, looking at his prey. (64cm X 48cm)*

This participant says this is an image of:

> [a] guy holding a computer in that general area\(^\text{19}\). He is a predator, looking at his prey. The kid has no idea what is happening. He is being taken advantage of. I made him lighter skinned and [a] businessman because lighter skinned people tend to be sexual predators. I wanted to look at something more disturbing than not using condoms. I have a younger brother who is always talking to people on the Internet. (Male, Aboriginal)

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\(^{19}\) By ‘general area’ this artist is referring to the businessman’s genitals. Several of the participants in this research project disclosed a history of sexual assault.
Race was, as ever, contested. Some participants had a very carefully
developed analysis of racism, and others a more immediate emotional reaction.
There were also the regular everyday struggles with representation, like for one
participant who used magazines to do a collage: “I tried to put people with
different coloured skin, but it was stupid, it was so hard to find. All these women
are caucasian.” Her image is about how vulnerability to violence is a normal,
everyday, occurrence.

![Image](image.png)

**Figure 35.** The risk is being a woman. (64cm X 48cm)

She says:

> The risk is being a woman. I just made this woman with all different
types of features. You get put in all sorts of groups if you are a
woman. It doesn’t really matter what you look like, something could
still happen to you. You could be walking down the street and get
taken by a man.
How you dress can put you at risk. Looking good puts you at risk. She should be proud to be who she is and speak her mind. (Female, Aboriginal)

I struggled with how to describe two participants in this text because depending on the situation they would identify themselves as either white or point out that they were status Indian. Further, one of them would at times make remarks that were disparaging to Aboriginal people, distancing himself as a white person, and criticize injection drug users specifically, despite the fact that he was an injection drug user himself. Restoule (2000) argues that ‘identity’ suggests fixedness and empowers the observer who is defining, whereas ‘identifies’ captures the fluidity of the process of “becoming and being what one is in the moment” (p. 103) empowering the self to own Indigenous ancestry at a particular place and time. Identifying as Aboriginal in Thunder Bay, contrasts with Restoule’s more positive experience of identifying as Aboriginal in an urban context. It has “meanings and consequences” (p. 106), of prejudice and discrimination, and without a strong sense of self and community, it would be difficult to endure. Restoule captures these concerns when he writes:

Shame about being Aboriginal continued to exist in her community. Most of the people in her community would hide their Aboriginality if possible . . . in her experience the issues of drug abuse, AIDS, diabetes, unemployment, spousal abuse and others were seen as more pressing concerns than identity . . . . How can some of us talk about struggles for identity when on a daily basis, so many of us struggle to survive? (p. 102)

Or, as Pinneault and Patterson (in Restoule, 2000) write:

Attempt to put yourself in the following story. You are living in a land which is the first and only foundation of your philosophy, spiritual beliefs, historical patterns, cultural distinction, and ancestral connections. At the same time, you never see a
reflection of yourself within the philosophy of others, the educational system, popular culture, or day-to-day events within the community. Stereotyping remains entrenched in most societal situations and you are constantly in a position of needing to defend your rights and position. When you are able to visualize yourself, it is through the interpretation of others who have little understanding of who you are. You are constantly being defined and redefined from an outside system (p. 106).

There were times when one of these participant’s comments were catalyst for significant challenges in the group. So much so that his participation in the group was discussed with the Aboriginal Advisory Committee who ultimately felt he should remain a part of the group. Despite his sometimes very challenging behaviour, his insight, his ability to articulate himself verbally, and express himself visually contributed significantly to the group. This following image is one of his.

![Image: Figure 30. Chasing the dragon. (54cm X 44cm)]

He says:

I did the dragon because of chasing the dragon, because you can never have enough. You are always after that feeling of ultimate happiness.
I painted the background red because it is a passionate colour. You love them, and you hate them at the same time.

You think it makes you happy, but ultimately you are unhappy.

I really can’t remember not doing drugs – now I do them because I feel sick when I don’t. The characters are pain, unhappiness, crying, evil, death, alone, addiction, sadness. (Male, Aboriginal)

![Image](image.jpg)

*Figure 31. Smoking metal causes lockjaw. (64cm X 48cm)*

This participant says simply:

I think I shouldn’t have smoked metal. (Male, Aboriginal)

This piece is related to the very widespread idea that using a pop can to smoke drugs may cause health problems, particularly Alzheimer’s disease, from inhaling heated aluminum, or chemicals in the paint on the cans. I was unable to find any evidence that this is true, however it is very clear that using pop cans exposes the user to heat which is more likely to damage lips than a device which does not become as hot. Blistered or bleeding lips are a hazard particularly for people who share their pop can pipes with others because of the
risk of exposure to HCV and HIV from blood on the pipe, and open sores on the lips (Canadian HIV/AIDS Legal Network, 2008). The idea that using pop cans causes Alzheimer’s disease is an example of misinformation that is available on the street.

Figure 32. Which Way Are You Going to Go? (54cm X 48cm)

This participant says:

I’ve never really painted before painting this one. I painted just about everything on it. I wanted empty spots to draw your attention. This one is about drugs and sort of sex. Sex and drugs go together.

I started drawing a table — when I drew the legs I realized they were going the wrong way — but I liked how it made a 3-D perception. The ladders are all going totally different directions. I made all the table legs into ladders.

For me it was always needles and booze. Usually when you are doing that kind of stuff you are paranoid that somebody is watching you.
You could do a lot of things with the knife — rob people, kill people. You can do lots of things with a knife — suicide, murder, robbery. That table is lower than the others because it helps you get to the other ones (booze, needles, etc).

When you look at that, you want to look away from it. When I look at it, I am drawn to the bottle and it looks like a big arrow pointing to the needles.

I should have drawn a slide there. (Male, Aboriginal)

I appreciate how this artwork illustrates so clearly how trapped, tempted, and powerless he feels. These are very common feelings in this group of young people. Another of his is the following:

![Figure 33. No escape. (28cm X 22cm)](image)

Experiences of violence were commonly discussed both formally (in the research process) and informally as an explanation for a visible injury.
This participant says:

I once (a few years ago) was shot at by someone. He had a rifle pointed at my face and I ducked seconds before he pulled the trigger. (Male, Aboriginal)

When we were looking at this image, another participant shared:

A friend shot himself in the head sitting next to me on a couch. I had to stay seated there for three hours before the police allowed me to move. I was covered in his blood. (Male, Aboriginal)

This last piece reminds me that though we have been talking about street involved youth as young women and men, some of the young people were in fact not adults. This participant was young, and on her own far from home.
In making sense of the outcomes of their art-making the young people came to the following conclusions and related objectives:

Their first agreement was that street involved youth are particularly vulnerable to social services and law enforcement policies and personnel. In order to be better understood and treated more respectfully, they want to use their art as a teaching tool with these service provider groups. They surprised themselves by how evocative they found both their own images and the images their peers created. All of these young people could have easily been seen by anyone as victims while they were children but, as a result of living in compromised and unstable circumstances, can be seen now as:

scruffy and dirty, shifty and manipulative... police often handle them roughly. Cops are not necessarily pre-disposed to roughness, but a loss of human interaction inevitably results whenever an entire group of people is de-legitimized while another group is granted virtually unrestrained physical authority over them (Maté, 2008, p. 268).

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20 See Appendix B for a transcription of the text in this image.
Their second agreement was that, meeting weekly to do art and presenting their work, was both gratifying and therapeutic. They want to find a way to continue meeting and include more young people.

The young people got very different responses to their art depending on the audience. Audiences of academics applauded their work and called it “moving”, “powerful”, and “courageous”. However, the scholars were unable to engage with the youth in any substantive way. They spoke in a language that the young people did not understand and, even at presentations and workshops entirely relevant to their lives (about young mothers, and needle exchanges for example), the young people were unable to understand the discussions and were too intimidated to participate. Locally, the young people brought their work to a youth worker conference. At this non-academic conference the participants understood exactly what the youth workers were saying. The youth workers said that the art-work is “disgusting” and “disturbing” and they wanted to know why the youth were showing it. 21

Given these experiences, you might wonder why I suggested the conferences to participants. There is definitely a risk/benefit equation. Going on a plane, to Victoria or Toronto, and getting to see another city, as well as the sense of pride they felt from the response of academic audiences — they felt this was worth the inconvenience and discomfort of attending the actual conference.

Their third agreement was that the additional risk to parents of losing children is both a source of increased vulnerability and a barrier to treatment. They wanted to investigate how treatment can be provided in ways that do not involve their children being in the custody of child protection.

21 Of course there are many other ways of considering these images. Mitchell and Allnut argue that as difficult as some images (in her case, photos) can be to look at, they may be reflective of the situation a young person faces, and that studying these images suggests possibilities for hope and change (2009, p. 261).
Their fourth agreement was that their art contained strong prevention messages that they, themselves, perhaps could have learned from as younger people. They want to use their art as an educative tool with other young people.
Chapter Seven:
Do Lies Make Better Stories?

There’s a friend of mine, a former housemate, who is very charming in a most sincere and friendly way. He is the sort of well-intentioned person who seems at ease as much with people he has never met as friends he has known for many years. He is a sensitive cliché, always helping out with the dishes at a party, eager to play the guitar, and learning how to knit or some similarly cute trap for the sort of lefty women he loves. His warmth is genuine. His eyes say convincingly, I am unafraid of dirty work, and I am interested in knowing you. He seems so safe that he is the sort of person you might hand your infant to if you had to choose from a sea of strangers.

Sometimes, though, when he told stories, I found myself asking can that really be true? Was it really that beautiful, that intense, or so transformative? But though I could in his absence loathe the way he left his smelly running clothes on the banister, in his presence, I still appreciated the way he lit up our kitchen.

I notice that in my exuberance to tell a story I often feel constrained by the truth. My restraint (I think) is why I have been such a miserable pill to others who happily take liberties with the details. Sometimes I feel like I could really bring the larger point home if the story could end in a different way. Like if I could combine the really compelling characters in one story with the events that occurred in another. I know that fiction as form has been used now in many academic texts. For example, Graveline (2004, p.19) writes:
WARNING!
WHILE THESE STORIES ARE BASED ON MY TRUE LIFE STORY.
SOME CHARACTERS.
A NUMBER OF INCIDENTS.
HAVE BEEN COMPOSITED.
INVENTED.
FICTIONALIZED.
AND ALL NAMES CHANGED.
INCLUDING YOURS.

Similarly, speaking of childhood sexual abuse brown writes that hers is a "true story with lies" (1999, p. ii). She goes on to say that her work is a "blurring of the boundaries separating the imaginary and the real to get closer to the experience of telling about childhood sexual abuse through art" (p. ii). There is no question that the work is compelling, evocative, and despite the lies resonates with what I know to be true. Still, I struggled with using fiction here. How do I determine if telling the story of this research requires fiction? And, since the story does not only belong to me, is it even my decision?

Strega asks one of my most pressing questions: "How best can I capture the contradictions and complexities" (Brown & Strega, 2005, p. 199) and, Behar (1996, p. 28), in making participants the subject of my "gaze without objectifying them, thus ultimately betraying them". Of course I understand that any story I have written is mine in the sense that my work is an "inscription of the self" (Behar, 1996, p. 20), or as Denzin writes "the Other who is presented . . . is always a version of the . . . self" (in Cole & Knowles, 2001, p. 97), or again "ethnographic writing is always a construction of the self as well as the other" (Foltz & Griffin, 1996, p. 302).
Mienczakowski describes research in which at times fictionalized “links” were created where the form required continuity. This use of fiction was approved in consensus by research participants. Fictionalized accounts in this case were not used to achieve dramatic outcomes by participants (1996, p. 249) because that would have been seen to contradict the “emancipatory nature of the project, and the ethnographic venture”. However, in the case of this story, dramatic events were very much a part of life, and as such were included in the fiction.

To write the story that accompanies this text, I began to write while we were still engaged in the project. I wanted to write while the participants and their lives were very present in my mind. I collaborated with them by reading parts aloud and asking explicitly to use parts of their stories. As I continued, I regularly revisited their artwork, and the conclusions of their research. I was careful to include all of the themes that came up in our research. Above all, I wanted to impart the messages that it is the criminalization of drug use that creates the most risk for drug users, and I wanted to demonstrate an alternative and more gentle perspective on drug users, which recognizes their strengths, and the humanity in their mistakes.

McIntyre writes that “communication occurs in silence and in images, that in these wordless spaces, I have responses to you, and you have responses to me” (2001, p. 222). So that, if meaning and truth can be communicated in the spaces between verbalizations, then the complexity of the story is not told simply by reporting on the transcripts and requires the use of imagination, in the description and interpretation of emotion.

The practice of literary ethnography has the benefit of including all of the “ethnographic particulars . . . set out (not) in the dryly objective depersonalized dissertation account” but instead with all the rich emotional texture, images, and nuance that are more compatible with creative form (Angrosino, 2002, p.
Barone (2008, p. 175), writing about creative non-fiction in research, reveals literary devices that could be used in this type of account:

- expressive, connotative language;
- contextualized, vernacular language;
- the presence of an aesthetic form, perhaps a story or quasi-storied format;
- composite characters;
- inner dialogue;
- complex characterization;
- invented dialogue;
- obvious point of view;
- plot;
- narrative drive;
- metaphor;
- allusions;
- flashbacks and flash forwards;
- synecdoche;
- tone shifts, and so on.

Neilsen (2008, p. 154) writes that the reader does not take away three key points or five examples. A reader comes away with the resonance of another’s world, in the way we emerge from the reading of a poem or a novel, from a film screening or a musical event — physically transported or moved, often unaware of the architecture or structure that created the experience, our senses stimulated, our spirit and emotions affected.

In this way, she argues that the experience of, in her case, lyric inquiry can be accessible and memorable to readers (or listeners) in a way that traditional academic texts cannot. I hope the story here will create ‘a resonance of another world’, and transport the reader into a place where it is possible to consider an alternative perspective.

As Angrosino (2002) points out, the decisions about what to include in the story are not objective. So it is with all data in qualitative research where the researchers (in this case including participant researchers) are always the instrument of analysis. What remains is the crucial act of contextualizing the account as personal and subjective.

The final representation of this research is two parallel texts, the first, is the representation written for the participant researchers and their peers, in their own language, and the second, the academic text which situates the research
in the context of the current literature. I used fiction for several of the reasons described but, mostly, because it is accessible to the participant researchers and their peers in a way that a traditional academic account is not. The story was developed in significant consultation with the participant researcher group. Participants contributed and vetted story ideas, read chapters, and provided feedback. Further, a great deal of discussion was had about voice and how to represent Aboriginal experiences and voices in the story when I am non-Aboriginal. I and my academic peers are far more concerned about this last issue than participants.

Though, as I have said, I am not Aboriginal, most of the participants are. Because of this, the story needs to reflect their stories. I did not want to be in the position of writing an Aboriginal voice, so the protagonist in the story is non-Aboriginal. However, in order to include all of the themes in the research, I needed to find a way of incorporating their stories. This has at times included a small amount of dialogue. It is my hope that the choices I have made feel respectful to all readers. I invite feedback particularly in this regard.

Fiction makes no claim to be objective or to be the one truth. It is fiction’s lack of pretense, and our familiarity with story, that makes people comfortable to be its arbiter. Of fiction, we can be uninhibited judges. Where the young people feel afraid to share their opinion at a conference, they are unafraid to say to me, about a story “That would never happen”, or spring into tears with “That is so true”. Banks (2008, p. 159) writes that truth is “a social construct and is judged not as correspondence to external events but is judged according to its internal cohesiveness and correspondence to a world we recognize in other narratives”.

When I am telling a story it is my emotions that make everything seem more egregious, or fantastical, or funny. In that sense I am telling the true story of how it felt for me to be in that moment. That it, for an instance (as I was beginning my
PhD.) really felt like everyone in class was looking at me with the kindness, pity, and the vicious thought “she really doesn’t know what she is doing here”. It is in this way that fiction represents the true stories that I have learned in this work.

Remember the story I started earlier in this chapter which, as I say, has not departed into fiction? There is a twist.

My golden boy friend, you remember him, sensitive and kind, the one with the dazzling smile? Well, he became a politician and, not only that, he got elected, and then, re-elected. Of course when it first happened I rushed to his website and confirmed my suspicions that his achievements would be inflated. I complained to a friend of mine “Doesn’t it bother anybody else that he makes things up like that”?

“I don’t think so” she said.

And that is when I realized that his imagination and optimism are parts of his gift. People do not like to elect a realist. Politicians (if they are interested in success) need to be the sort of people who either do not have an ethical issue with saying something they only hope will be true, or are actually so optimistic, so glass half full, that this is really how they see it.

So, I think he is wildly idealistic, and wonderful, and entertaining, and kind. And what I wasn’t able to see when I was so busy reading the fine print is that he is the same person, with the same values and politics that we have always shared.

I have lots of literature here that legitimates the use of fiction in the representation of research. But ultimately, it is this personal experience that convinces me I can do it.
Chapter Eight:
Pleasures and Excesses, How I Understand Substance Use

This chapter documents my exploration of substance use, harm reduction, and decriminalization in this project. As a therapist in a family service practice, I am drawn to harm reduction theories, as I have observed clients, particularly disenfranchised and vulnerable people, having success with harm reduction and experiencing a frustrating lack of success in traditional treatment. The exploration of harm reduction has led naturally to the connection between harm reduction and decriminalization, a critical link between direct practice and social policy, which is particularly compelling. This has offered me an opportunity to more closely examine my framework for understanding substance use, to make explicit my perspectives, and to discover some of the challenges that exist to my ideas.

It is important here to look outside the contemporary discourse on addiction which is molded by the “disciplinary rhetorics of medicine, criminology, politics, social psychology and psychiatry” (Alexander & Roberts, 2003, p. 15). The majority of existing literature presumes the use of substances to be “wrong”. A parallel exists here between judgment of substance use and judgment of young people’s behaviour that is otherwise harmful. In Chapter Two I summarized this judgment: ‘wrong in the self-indulgent, or worse, bad (in the anti-social, messed up beyond repair, probably belongs behind bars sense)’. The same judgment is often applied to drug users.

Consider the following:

The complexity, creative value, and diversity of addiction considerably surpasses this rather limited disciplinary view of its limitations. Who could even imagine the advent of modern literature without the addictive, visionary excesses of writers like Baudelaire, Rimbaud, De Quincey, Poe, Burroughs, Ginsberg or Artaud; or, for that matter,
modern culture without its perennial outsiders, its incorrigible addicts, its defaced subjects; the smokers, tokers, overeaters, the alcoholics, the insane, the eccentric and so on? (Alexander & Roberts, 2003, p. 25)

I take the view that to step outside of behaviour that I know to be strictly safe and healthful can be interesting, exhilarating, and transformative. It takes people places in our minds and bodies that we may never otherwise experience. I can think now of how I have previously broken a rule, or eaten too much chocolate, or taken a risk. I do not dispute that there are significant risks to using substances. What I argue, instead, is that these risks are not quantifiable. Nobody can predict with certainty what will be safe for a particular individual let alone generalize and, therefore, the morality and judgment that is usually associated with substance use is unfounded.22

Reader, what if you could have anything that you wanted? Would you eat artisan cheese? Organic food? Take your kids on an educational trip to the South Pole? Fly to Southern Africa and experience a safari? Build a new home? Buy expensive gifts for your friends and family? How about a really fast laptop? Some nice wine that is perfectly paired with your dinner?

What pleasures may a person allow oneself given the resources? What sort of escape from everyday life would a person indulge in given unlimited possibilities? Is this different from what one may feel entitled to if that individual does not have the money to buy it?

Maté (2008, p. 258) writes: “We despise, ostracize and punish the addict because we don’t wish to see how much we resemble him. In his dark mirror our features are unmistakable”. This insight provides entry to Alexander’s (2001) [22 “Within the framework of the conventional wisdom, people argue endlessly over whether the basic cause is a medical problem or a moral error, but generally agree that it is one or both” (Alexander, 2008, p. 6).]
analysis of addiction in a free market society. Most relevant to this exploration is his contention that addiction to substances is not the most destructive addiction. The wasteful use of natural resources, the degradation of the environment, for example, addictions to power, material wealth, and work, are a more significant threat to society.

I am fascinated by how society measures the destructiveness of an addiction by its impact on the individual and that person’s family or social grouping without considering its impact on the rest of society. For example, mainstream society would be quick to categorize a person with a heroin addiction as a problem but a person who has three hundred pairs of shoes, or a huge mansion, or a fast boat? We might just call this person successful. So the question has not been is an excessive appetite present but is this person able to afford their appetite? And not does this appetite have consequences but does the appetite have consequences to the only people who really matter to us — ourselves?

Alexander (in Maté, 2008, p. 264) argues that it is the severing of close family relationships and community interconnected-ness that occurred with the development of the free market that makes people vulnerable to addiction. Further evidence of dislocation causing vulnerability to addiction is that Aboriginal peoples, who have been most dislocated by the free market economy, whose families bear the burden of generations of severe dislocation, are the very same families who are most vulnerable to addiction. Alexander (2008, p. 62) writes:

Even the most harmful addictions serve a vital adaptive function for dislocated individuals. For example the barren pleasures of a junkie — membership in a drug-injecting subculture with a powerful mystique, transient relief from pain, the excitement of petty crime — are more sustaining than the unrelenting torment of social exclusion and aimlessness. At the other end of the social hierarchy, endlessly amassing expensive merchandise and organizing it for display and consumption provides an equally
narrow sense of meaning for affluent North Americans bereft of richer purposes.

Young people who grow up in a context of dislocation are less likely to have sustaining and nurturing connections with their parents and therefore affiliate themselves with their peers to fulfill their emotional needs. Peer affiliation leaves young people vulnerable to the unpredictable affections, drama and insecurity of adolescence rather than the stability of unconditional love and support (Neufeld & Maté, 2005).

The use of substances is something people do for pleasure and also to escape discomfort or pain. It is important to note here, that my characterization of drug use as an experience of pleasure must be taken in context, and as relative to what may be an exceptional burden of emotional and/or physical pain. In the case of these participants, the experience of pleasure removed them from their everyday experiences of poverty and hardship, as well as painful memories. The group of young people who were participants in this project seemed to derive a great deal of pleasure from their use of drugs, notwithstanding the pain and difficulties that ensued when they were no longer high. It is worth noting here, that the use of the concept of pleasure reflects this. The concept of pleasure may be less useful in understanding the experience of a person who has used drugs for a longer period of time.

It is not simply dependence on a substance that is referred to as addiction. In fact the prescribed use of drugs upon which one is dependant is often called therapy. Considering that people can develop a dependence on a prescribed drug, what would you allow yourself to become dependant upon? Crutches? Television? Antihistamines? Painkillers? Oxycontin? Heroin? Who decides what is right?
The decision about whether or not a person’s behaviour is excessive is often answered by other people. Judges, probation, and social workers wield considerable power in this regard. Once involved in child protection or the criminal justice system an individual can be forced to comply with mandatory treatment on consequence of losing contact with their children, for instance, or incarceration.

Further, once a person is, in one way or another, in treatment, support is often conditional upon a drug user’s commitment to abstinence. Is it so that only with abstinence may benefit be drawn from treatment or mutual aid? I think it is possible to reduce the harms (oneself and others) related to using substances, with support, while continuing to use at one’s own discretion. Each person has the right to pursue pleasure, and the right to support (along with responsibilities of course). Harm reduction is an important choice amongst 12 step, self-recovery, and institutional treatment programs.

Further, though some individuals are dependant on their substances, using daily, others are able to make less harmful choices. While the harms associated with the first group are undeniable, is criminalizing the use of substances helpful to either group?

Decriminalization

If you have schizophrenia, and you know that smoking crack has fewer side effects and more benefits than your prescribed medication, who am I to say you shouldn’t take it? (Boni, guest speaker in class, speaking about her experiences on the street, Professor Bonnie Burstow, OISE, Fall 2006)

I have trouble understanding what seems like a very arbitrary approach to substance use legislation. For instance, smoking tobacco is entirely legal for adults, and yet causes fatal health consequences both for smokers, and for
those who inhale second hand smoke. In fact, in terms of negative health consequences tobacco use has significantly more impact than illicit drug use (Herie, 2007). Although Ontario recently legislated smoke-free public indoor spaces it remains legal to smoke in one’s apartment (despite the free flow of air between units) and in a vehicle with passengers who are not children.

Evidence continues to mount over the ineffectiveness of the prohibition of drugs. Policy that flows solely from an abstinence framework to drug treatment is something that even the World Health Organization sees as an un-achievable goal (DeBeck, Wood, Montaner, & Kerr, 2006). Due, in part, to pressure from American politicians (Maté, 2008, p. 282) Canadian drug law continues to work from a prohibition and law enforcement framework. In fact, Skirrow proposes that the ‘war on drugs’ has been developed in the economic interests of pharmaceutical, alcohol and tobacco companies (in Stanford, 2002, p. 4).

Despite the fact that there is no evidence to support the efficacy of law enforcement reducing the number of drug users (Gardner, 2008; Reuter & Pollack, 2006) law enforcement is the anchor of Canadian drug policy. Canada’s drug strategy previously read as follows:

- prevention — measures to prevent problematic use of alcohol, other drugs and substances through education to help people make informed, healthy choices;
- treatment — activities for those who have developed an unhealthy dependency on legal or illegal substances;
- enforcement — measures that halt the unlawful import, export, production, distribution and possession of controlled substances, and the seizure and forfeiture of assets gained through the drug trade; and

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23 Examples of why this approach does not make sense are plentiful, but one is India. India is the largest consumer, and third largest producer of opium in the world. There is a combination of licit and illicit drug use, in which registered addicts may access legal opium. Despite the increased availability of the drug, the actual prevalence of use is comparable to the global average. (Paoli, Greenfield, Charles, & Reuter, 2009)
harm reduction — measures to limit possible secondary effects of substance use, such as the spread of HIV/AIDS and Hepatitis C (Health Canada, 2003).

This strategy was presented in a manner that suggests that each of these goals was equally important. In fact, the website proclaimed that the “ultimate goal is to see Canadians living in a society increasingly free of the harms associated with substance use” (2003). Despite the harm reduction rhetoric, this policy was un-mistakably prohibition oriented. Resources for the illicit drug portion of Canada’s Drug Strategy were distributed thus: three percent prevention, 14 percent treatment, 73 percent enforcement, three percent harm reduction, seven percent co-ordination and research (DeBeck, Wood, Montaner, & Kerr, 2006). This 73 percent that we spend on enforcement has some unintended consequences. Povey points out that:

> the billion Canadian bucks we throw at drug control each year have a trivial effect on supply, but powerfully inflate market value. A kilo of heroin that costs three thousand dollars in Pakistan sells for one hundred and fifty thousand on our streets which explains why a serious drug user needs fifty thousand spare change to stay cool (in Maté, 2008, p. 277).

The main thrust of this policy has remained the same, with the substitution of the strategy that has the strongest base of evidence. Reducing the harms associated with drug use is no longer a goal of the Canadian government. The new National Anti-Drug Strategy, developed by the Conservative government, is focused on prevention, treatment, and enforcement. Specifically, there is new emphasis on co-operation with United States law enforcement to investigate cross border drug trade, marijuana grow operations, and precursor chemicals used in synthetic drug production, and simply no mention of harm reduction (Government of Canada, 2007).
Bratzer (as cited in Addelman, 2009, p. 18) clarifies why ensuring that strong penalties are in place for serious drug crimes (Government of Canada, 2009) is ineffective in stopping the drug trade:

You’re talking about a profession where people accept a risk of being murdered, execution style, as an occupational hazard... How is a mandatory minimum sentence going to deter a person who already accepts the risk of being shot and having their body dumped in a car?

It may not seem clear immediately why attempting to halt the unlawful import, export, production, distribution and possession could be seen as antithetical to stopping the drug trade. The problem is that the approach is premised on a false dichotomy. In an analogy Savage (2007) explains that it is a false choice to imagine that you can eliminate abortions by making them illegal. The real choices we have are: is it better to have safer, legal abortions or very risky, illegal abortions? Similarly, it is impossible to eliminate the use of psychoactive drugs, so the question becomes how can the use of psychoactive drugs be made as safe as possible? Many of the significant harms from illicit drugs (HIV transmission, crime to finance use, sex work), are not due to the use of illicit drugs, but to the criminalization of their use (DeBeck, Wood, Montaner, & Kerr, 2006; Erickson, 1997; Haden, 2002; Hunt, 2003; Magdenko). Erickson writes:

we need to accept that some health costs of excessive or inappropriate use are inevitable . . . [we need to] question whether these should be compounded by the continued cost of criminalization (1980, p. 146).

Consider the example of ‘homebake’ (Reynolds, Lenton, Charlton, & Caporn, 1997) which highlights some of the complexities of prohibition. In Western Australia in the mid-1980s a very successful law enforcement operation eliminated the supply of heroin almost entirely. Since the success of the operation did not diminish demand for the drug, research and resourcefulness
yielded the production of an alternative. ‘Homebake’ is heroin and morphine that has been chemically manufactured from over the counter codeine preparations. Not only did the production process require the use of dangerous and toxic chemicals like chloroform, pyridine, hydrochloric acid and acetic anhydride but also the side effects were consistently worse for users than heroin. In addition, ‘homebake’ was often sold pre-packed in syringes, and consequently users are not aware if the ‘fits’ were sterile. Since the supply of heroin has increased in Australia, the use of ‘homebake’ and its resultant risks have declined.

Individual, community, and global harms take place on a multitude of planes, due to a multiplicity of behavioural choices. It is unrealistic, impossible, and possibly unethical to use abstinence from harmful behaviours as the only or even the primary approach to change. Harm reduction holds great promise as an approach, particularly when drug related harms are increased due to the continued criminalization of drug use.

**Harm reduction theory**

The concept of minimizing harms in behaviour, rather than suggesting abstinence, has emerged from the field of public health with the first evidence of this approach occurring in the 1970s (Erickson, 1995). Harm reduction practice supports individuals as decision makers, and has a focus on providing helpful, accessible information that clearly outlines less harmful ways of engaging in behaviour. Harm reduction approaches are developed with the aim of evading the moral questions about behavior, and claims to be value neutral. Despite these aims though, it is clear that this declaration is false since the goal of reducing harm is valued above all (Fry, Treloar, & Maher, 2005). O’Malley writes:
the focus on risk in harm reduction implies that the locus of harm creation lies neither in the properties of drugs, nor in the characteristics of the user, but in the variable, yet calculable relationships between them (in Stanford, 2002, p. 8).

The central goal of harm reduction is to focus on reducing drug-related harms, rather than reducing use (Lenton & Single, 1998).

Magdenko makes a distinction between “means only” harm reduction, which is reducing harms as a phase with an end goal of abstinence, and “ends-oriented” harm reduction, which has as its only goal the reduction of harms regardless of whether or not use continues (in Stanford, 2002, p. 8). Lenton and Single (1998) argue that interim measures to reduce negative consequences in an abstinence program should still be considered harm reduction, while Wodak and Saunders (1995) argue, instead, for a distinction. Their concern is that broad definitions can extend so far that they no longer bear resemblance to harm reduction philosophy.

Reuter and MacCoun (1996, p. 226) distinguish between micro harm reduction, which concerns the harms experienced by the individual drug user, and macro harm reduction, which concerns the harms experienced by a community or society.

The Canadian Aboriginal AIDS Network (Canadian Aboriginal AIDS Network, 2004; Landau, 1996) and others criticize abstinence-based programs and suggest the use of harm reduction programs for Aboriginal people. Australian and New Zealand scholars in response to Landau’s (1996) article raise challenges to this approach arguing that a harm reduction approach can be culturally unsuitable, because many Aboriginal community members hold a view that alcohol and drugs are alien to Aboriginal cultures, and as such promote the use of abstinence programs (Kahn & Fua, 1997; Sellman & Huriwai,
1997). Not all Australian scholars see harm reduction as unsuitable: another group of Australian scholars propose a model which explicitly includes “encouraging people not to start injecting, protecting the health of those who inject, and providing support and choices for those who want to stop” (Sterren, Anderson, & Thorpe, 2006, p. 224). I have not located any Canadian sources entangled in this debate but, given some similar dynamics, I wanted to include these perspectives.

My experience in this research process was that all participants and the Aboriginal Advisory Committee saw harm reduction as a suitable intervention in drug use. However, it is interesting to note that, while participants (Aboriginal and non-Aboriginal) aligned themselves with the philosophy of harm reduction, they measured their own success only by whether or not they were able to abstain completely.

Certainly, philosophies of means-only harm reduction, ends-oriented harm reduction, and abstinence all have utility here. Just as individuals gravitate towards different ways of making sense of the world, multiple approaches to drug use make it easier for individuals to consider a change in their use that could positively impact their own well-being, or the well-being of people around them.

Harm reduction practice

Although participant researchers in this project demonstrated comfort with service provision in a harm reduction framework, by regularly utilizing harm reduction services, not all participant researchers saw themselves as personally aligned with the goals of harm reduction. While they certainly conceptualized their drug use as their own choice, and in their group evaluation stated that an
important part of this project was “being able to say anything and not being judged for it”, they did not suggest a harm reduction program as a result of their research. Currently, there is a needle exchange, and more recently, a methadone program (though the methadone program has a long waiting list). Below I will explore some current harm reduction initiatives in Canada.

As a practitioner I am aware of many pragmatic and imaginative programs that have come from a harm reduction framework. Outreach programs that provide support, advocacy, referral and access to the equipment of harm reduction. These include a needle exchange, or the distribution of needles, safe crack kits, condoms, lube, information on the safe use of drugs, and party drug test kits.

Peer-based programs can take a number of different forms. In peer-based projects trained drug users offer support, education, equipment and referral to their peers. For instance, in a Toronto program, peer educators staff an information booth at raves (Stanford, 2002). In another example heroin users are trained to administer Narcan, the opiate antagonist Naloxone, when they recognize that a peer is experiencing an overdose, possibly saving a life (Clark, 2003).

Safe injection sites provide a safe and comfortable place for people to inject, with counseling, nursing support, and safe injection equipment available to IV drug users. Vancouver is the site for a pilot project called Insite, which is a safe injection site located in the downtown eastside. Academics have produced research in numerous peer reviewed journals that demonstrate that Insite is meeting its goals of: reducing the rate of public injections, reducing overdose fatalities, reducing the transmission of blood-borne infections like HIV and Hepatitis C, reducing injection-related infections, and improving public order (Health Canada, 2006). Despite this, the program remains under threat by the
Federal Government of Canada. As of 2009 the Conservative Federal Government has threatened to withdraw Insite’s operating exemption under section 56 of the Controlled Drugs and Substances Act, citing a lack of scientific evidence proving its efficacy. This is a puzzling statement given that 22 peer reviewed articles demonstrate the positive impact of the program, a lack of evidence to the contrary, and further, that none of the pillars of Canadian Anti-Drug Policy (prevention, enforcement, and treatment) are shown to reduce the number of people who are engaged in problematic drug use (Gardner, 2008; Reuter & Pollack, 2006). As of December, 2009, Insite continues to operate under an exemption from the Controlled Drugs and Substances Act (Vancouver Coastal Health, 2009).

Substitution therapies prescribe pharmaceutical grade substitutes to the drug user within the context of service provision. Some examples of drugs prescribed for the treatment of drug dependence are: methadone maintenance treatment programs (MMTP), heroin-assisted therapy, nicotine replacement therapy, and CNS stimulant treatment for cocaine dependence. The objectives of these therapies are:

to replace harmful illicit drug use with a safer, licit pharmaceutical drug to achieve where possible a stable dose, avoidance of contaminants, reduced frequency of use, improved physical and psychological outcomes and benefits from a less hazardous route of administration (Shearer, Sherman, Wodak, & Beek, 2002, p. 181).

24 A pilot program, which substitutes pharmaceutical grade prescribed heroin, for street heroin has recently begun. The NAOMI trial (North American Opiate Medication Initiative, 2008) is a CIHR funded study to determine whether heroin assisted therapy will benefit the health of opiate users. The pilot project is taking place in Vancouver and Montreal. It is meant to address the needs of opiate users who have been unsuccessful with methadone programs.

25 Nicotine is not an illicit drug but it bears inclusion because it is a widely accepted substitution therapy which uses some principles of harm reduction in the treatment of physical dependence on a drug.
With regard to lessening risk (contaminants, route of administration) these therapies are consistent with harm reduction theory. They are perhaps less rigidly concerned with abstinence than other treatments\textsuperscript{26}, but this is arguable. Methadone maintenance (and presumably other substitution therapies for opiates) can be difficult for people who have an end-goal of abstinence because many providers and users find that methadone maintenance must be lifelong to prevent relapse. People on methadone can find themselves excluded from abstinence based mutual aid, as some people strongly believe that using prescribed methadone does not conform with program expectations for abstinence.

Where substitution therapies fall entirely short is in the central, most important feature of harm reduction philosophy — the protection of an individual’s decision-making power.

It is important to distinguish between substitution therapies as they are not all the same. For instance, a high threshold MMTP which requires abstinence from unprescribed opiates and other illegal drugs including cocaine and marijuana, regular urine testing, monitored doses which are designed not to induce euphoria, and a high level of contact with service providers, is consistent with the goal of reducing harms but is decidedly value laden in its reward of abstinence, and generally assumes that IDUs must be monitored intensively, and cannot be trusted to make good decisions. This eliminates some of the risks and some of the pleasure of freely engaging in a behaviour, and introduces judgment, a loss of privacy and a rather intensive relationship with service providers. Low threshold programs (Millson, Challacombe, Villeneuve, Fischer, Strike, Myers, Shore, Hopkins, Raftis, & Pearson, 2004), which do not require

\textsuperscript{26} While a participant in a 12 step program might see methadone treatment as not abstinent the explicit, or implicit, goal of substitution therapy is often the eventual cessation of use (Shearer, Sherman, Wodak, & Beek, 2002), the exception to this is low threshold methadone treatment.
abstinence in contrast do not seek to eliminate illicit drug use, and instead “establish and maintain contact with opiate users in order to help stabilize and reduce some of the risks associated with their drug use” (Villeneuve, Challacombe, Strike, Myers, Fischer, Shore, Hopkins, & Millson, 2006, p. 138). These can be seen as more consistent with harm reduction.

Methadone maintenance treatment programs are widely accepted as effective treatment for opiate dependant individuals. Substitution therapy of opiate dependence has been proven to reduce transmission of HIV, reduce heroin use, reduce the mortality rate, reduce complications in pregnancy, reduce criminal involvement, and be cost-effective as a treatment strategy (Strike, Leonard, Millson, Anstice, Berkeley, & Medd, 2006; WHO, UNODC, & UNAIDS, 2004). Villeneuve found that opiate users in low threshold methadone treatment showed improved health-related quality of life after six months of treatment (Villeneuve, Challacombe, Strike, Myers, Fischer, Shore, Hopkins, & Millson, 2006, p. 145).

Buprenorphine, another opioid agonist prescribed medication, has also been used in substitution therapies but is associated with lower retention rates in treatment and is more expensive (WHO, UNODC, & UNAIDS, 2004). Buprenorphine has been shown to decrease heroin use, as well as or better than methadone (Strike, Leonard, Millson, Anstice, Berkeley, & Medd, 2006).

Heroin assisted therapy, while expensive and complicated politically and legislatively, is successful in engaging previously difficult to engage IDU’s in treatment in Switzerland and the Netherlands (WHO, UNODC, & UNAIDS, 2004). Diacetylmorphine treatment has been shown to have an association with increased quality of life, and reduced HIV risk (Millson in Strike, Leonard, Millson, Anstice, Berkeley, & Medd, 2006). Canadian evidence, from the NAOMI trials in
Montreal and Vancouver, from the project literature (North American Opiate Medication Initiative, 2008) suggests:

Illicit heroin use fell by almost 70 per cent. The proportion of participants involved in illegal activity fell by almost half from just over 70 per cent to approximately 36 per cent. Similarly, the number of days of illegal activity and the amount spent on drugs both decreased by almost half. In fact, participants once spending on average $1,500 per month on drugs reported spending between $300-$500 per month by the end of the treatment phase. Marked improvements were also seen in participants’ medical status with scores improving by 27 per cent.

There is currently no widely accepted substitution therapy for cocaine dependence. Numerous studies have taken place but there is no conclusive evidence of a successful pharmacotherapy (WHO, 2000). However, some preliminary results show a statistically significant reduction in cocaine use in dexamphetamine and modafinil trials (Vocci, 2007). In their meta-analysis, (Castells, Casas, Vidal, Bosch, Roncero, Ramos-Quiroga, & Capella, 2007) found in trials of dexamphetamine that cocaine use and craving was decreased, and a modafinil trial showed reduced cocaine use. CNS stimulant replacement therapy is currently practiced in the United Kingdom (Shearer, Sherman, Wodak, & Beek, 2002) but I could not find evidence of its practice in Canada.

High threshold methadone maintenance is practiced in urban centres in Canada but is very difficult to access from outside of these places. Prior to the establishment of two methadone programs in Thunder Bay the closest methadone maintenance treatment program was in Sudbury, and a person requiring methadone treatment was forced to take regular bus trips to Sudbury for treatment. Low threshold methadone treatment takes place to a lesser degree in Canada.
While it is safe to say that most drug users prefer treatment modalities which preserve their decision making power, not all drug users are the same. Just as not all Canadians subscribe to a harm reduction approach, not all drug users subscribe to a harm reduction approach. Abstinence-based treatment modalities are attractive to some drug users.

The proliferation of harm reduction strategies despite minimal funding speaks in part to their successes, lower rates of HIV transmission, fewer overdose deaths, and better access to support for people that are unsuited to abstinence programs.
Conclusion: Less Harm

I became a researcher because I wanted to answer some questions. Why were so many of my clients using? Why were they risking HIV and HCV infection by sharing works? And, why was it so difficult to advocate for access to treatment? These questions became consuming, and I became more and more interested in answering them. I realized they were not questions I could answer on my own. I needed to learn how to do research, and I needed to engage the very people my questions were about. So, I did that.

The participants agreed upon the following:

Their first agreement was that street involved youth are particularly vulnerable to social services and law enforcement. In order to be better understood and treated more respectfully, they want to use their art as a teaching tool with these service provider groups.

Their second agreement was that meeting weekly to do art, and presenting their work, was both gratifying and therapeutic. They want to find a way to continue meeting and include more young people.

Their third agreement was that the additional risk to parents of losing children is both a source of increased vulnerability and a barrier to treatment. They wanted to do some further work on how treatment can be provided in ways that do not involve their children being in the custody of child protection.

Their fourth agreement was that their art contained strong prevention messages that they could have learned from as younger people. They want to use their art as an educative tool with other young people.
Our plan is for this project to attain further funding and continue with this work. Former participants will be invited to continue, or be involved in the selection process for new participants. The group would like to continue working together to work on accessible treatment and services for street-involved parents, to plan and present distinctly designed presentations about practice for law enforcement, and service providers, and presentations about prevention for young people. The group will continue to present locally, and participate in committees as well as to present at conferences.

I am also interested in following up on younger street-involved youth. It would be very challenging to design a research protocol that engages these young people in a way that acknowledges the autonomy with which they work and live their lives, while acknowledging they are not adults.

As a practitioner, this research brings to me what it can bring to practice generally. The perspective I have shared is that drug use is like any other excess, a very common human behaviour, but in this case, particularly stigmatized. I hope this creates an increased sense of familiarity, acceptance and empathy, and less fear of drug users and drugs. Intuitively, and from my own personal experience, this is what I believed, but now I have had the opportunity to learn that it was more than just a hunch.

As a researcher this instills a deeper sense of moral purpose in me. It has broadened my understanding about why policy and practice must change to

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27 I discussed in Chapter Six how we were surprised by the negative responses of youth workers to the young people’s work. It will be important to design and pilot test presentations for these populations to be sure that they have an educational impact, and do not further entrench paternalistic attitudes and judgement.
better address drug use, poverty and sex work. It motivates me to continue to work in this field.

What this research brings to policy is an alternative perspective on the values that should underpin drug legislation. I am interested in understanding how to design policies that support health and autonomy. Like the example of ‘homebake’ in Australia (Chapter Seven), logical solutions like taking away something that appears to be hurting people, have been shown not to work. A very careful evaluation of the intricacies of how the drug trade works, must be done in order to develop policy that is humane.

It is a privilege to have time, mentorship, space and support to think, read, talk, write, and be a part of a community of people doing the same thing. It is a privilege to have time to reflect and it is a privilege to learn. I am grateful for these gifts.

I learned that people can use without becoming addicted. I know that it is possible to use if you are a good, intelligent person and that in fact it takes lots of smarts to use without hurting other people. I learned that wanting too much of something is human, and everybody including me does it. I believe that it is the criminalization of drugs that makes it more risky to use.

I learned how there are too many street involved youth that are Aboriginal, and how it is that this has been passed down, and resulted from my white immigrant ancestors taking over, and taking things that were not theirs. I learned that one of the significant challenges of the street involved life is constant surveillance by service providers and law enforcement. I learned that being a parent, whether

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28 Largely as a result of this research project, in September 2009 I started a contract as a research co-ordinator with the Canadian Aboriginal AIDS Network, on a project about HIV treatment and alcohol use.
you have your kids, or just have access to them, makes all of this so much more difficult.

I learned about the power of the arts as a research tool.

I do not want people to stop using. I want people to have pleasure. I just want people to stop hurting themselves and others.

Less harm.

It has been my most sincere honour to work with the very talented group of participant researchers that composed this project.


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Appendix A
Art Workshop Script

This is our first introduction into our art/research process. I want you to know that you are going to be great at this even if you don’t see yourself as an artist. The reason you are going to be good at it, is because you are an expert in your own life. You know the most about your feelings, ideas and experiences. The art is just one way of sharing this.

What is different about this art is that it doesn’t matter what it looks like to anybody in the room but you. It doesn’t have to look like anything at all. What is important is that you try it.

Lots of us have had experiences when we were young that led us to the conclusion that we could not do art. When I was in grade two, I realized that when I tried to draw a horse, it did not look like one. I resolved then and there, that I was not an artist. After that I worked hard to avoid doing art. That meant that I never practiced, so I am about as good at drawing a horse now as I was in Grade Two.

This is part of the reason why I want us to work at changing the way we talk about our art. I want to invite you to notice the art that happens here without judging it good or bad. So when you talk about art, somebody else’s or your own, I want to discourage you from saying things like “I’m not an artist”, or “this sucks”, but I also want to discourage you from saying “that’s beautiful”, or “I wish I could do it like that”. The reason for this is that when we know the compliments are rolling around, it’s hard to resist wanting one yourself. It’s hard to do art then, that really is all about what we feel like doing, and not about what might make somebody say something nice.

Right now I want everybody to pick up a pastel from in front of them, whatever colour appeals to you. Now I want you to switch hands so that you are drawing with the hand you do not normally write with. Now, take a deep breath, and find a place to start your mark on the page. Now, look away from your paper and start to draw. Make whatever kind of marks you like. Make them thick or thin, loopy or broken or wiggly or straight or whatever, just don’t look down at the page. Now, again without looking, I want you to flip the page over, and draw on that side with your other hand.

Now you can look. What did you notice about yourself? How did you feel? What do you see when you look at your work?

Sometimes you might notice that you are judging yourself, and maybe you will feel like it is hard. When this happens I want you to relax, take a deep breath, and remember that our art is just like we are. Sometimes there are mistakes, and rough edges, and things that didn’t happen how we planned they would. But there will be times that come when you look down at what you have made, and you will feel pleased. You will feel satisfied by the way you
have captured something, perhaps something did turn out like you planned, or maybe the colours will just make you feel good.

As we continue exploring the art I’ll ask you to do lots of things. Sometimes I’ll ask you to do things that are silly, or fun, and sometimes I’ll ask you more serious questions. Something we will practice, as we continue is to process the work we have done. That means that once we are through art making we will look back at our work, and consider what it means to us.

Sometimes when you look at your work, you might see something heavy. It might make you feel sad or scared to think or talk about it. When that happens, I want you to think carefully about sharing only what you feel comfortable with. I want you to remember also that you can always just pass. You will never be required to share. If you want to, you can always follow that kind of stuff up 1:1 with me, X, or somebody from that list we gave you at the beginning.

Once we are done all that we are going to record what we have done. We have a digital camera, to photograph your work, and store it on my computer. I will keep it protected with a password, so that nobody can look at it. We will also record some of the ideas and thoughts you have had about your work. We might take some notes, or we might digitally record you talking about it - if you feel more comfortable with that. It will always be your decision, whether or not you want to record your thoughts, or keep images of your work. It is something I will ask you each time. At the end of the project I will ask you if I may include any of your images in my thesis.

Do you have any questions?
I am a street kid.
Lost, scarred and alone
in a new and difficult world
no one and nothing that cares for my future
and no chance to escape.
I am a street kid.
Learning, growing and cautious
not everything is what it seems
surroundings so vast they will easily swallow me up
my new reality
I am a street kid.
Unrecognizable, skilled and developed
the arts of survival and secrecy well honed
my life has become the ultimate game of futility
Very soon I will cease to be a simple street kid.
If there is no intervention, no hope
no options to take it will only be a matter of time.
In weeks I will be a street rat.
From there I will see no return
my life will mean nothing, my time will be forfeit
and my future will be nothing more
than a corner of stone and the scrounges of the street.
Who will recognize and care for me then?
and who will stand to help change me now?
Appendix C
Principles of Research Collaboration.

This document constitutes a Principles for Research Collaboration (PRC) for the Artwork/Streetlife Project.

**Purpose**
The purpose of this PRC is to establish a set of principles that guide the conduct of the research project, specifically with respect to our continuing responsibility to create ethical research in Aboriginal communities. In short, this agreement acknowledges the importance of incorporating cultural values and perspectives into the research process.

**Records**
The student, Amy McGee will coordinate all administrative matters relating to the above named research project. The student, Amy McGee will ensure that all records are kept confidentially.

**Ethical Considerations**
Ethical codes of conduct for research in Aboriginal communities have been articulated in the Tri-Council Policy Statement. However, each member of the research team collectively shares the responsibility for raising ethical concerns and issues. Ethical dilemmas will be resolved with the involvement of the Aboriginal Advisory Committee.

**Duration and Amendments**
This PRC will be in effect throughout the entire research process, from the development of research questions through data collection and analysis phases into dissemination of findings. This PRC can be amended upon mutual consent by members of the research team.

**Principles: Ownership, Control, Access and Possession**
The research team acknowledges and supports the principles of ownership, control, access and possession as outlined below:

Members of the research team acknowledge and respect the Aboriginal right to self-determination, including the jurisdiction to decide about research in their communities. In doing so, the research process shall be built upon meaningful engagement and reciprocity between the research team and Aboriginal communities. Further, the research team
agrees they will strive to respect the privacy, dignity, culture and rights of Aboriginal peoples.

The research team will strive to include meaningful and equal participation from Aboriginal community members. Therefore, the parties agree they will be jointly and equally involved from beginning to end in the research process, from research question formulation, though data collection, analysis and into dissemination of research findings related to the above named project.

The research team may also strive to demonstrate this support by creating a three person research advisory committee including a representative from the Fort William First Nation, a representative from a local Aboriginal organization, and one other member.

The research questions must not only reflect academic interests but strive to ensure that the research is also relevant and beneficial to Aboriginal communities.

In dissemination strategies to Aboriginal communities, the research team agrees that the language and manner of sharing research will be appropriate.

The (purpose of the) research project will be explained to all stakeholders (participants and Aboriginal community members). Likewise, the research team will explain potential risks and benefits.

The research team agrees they will not sensationalize problems in Aboriginal communities. Rather, they will strive to present a balanced portrait that also focuses equal attention on more positive aspects. The parties agree to review findings in a timely manner (e.g. two months).

The art created by participant researchers will be returned to them. Consent to reproduce digital images of the art for the presentation or publication of the research will be solicited at the end of the data analysis process.

The research team agrees to provide meaningful and appropriate research capacity-building, as indicated by Aboriginal community participants.

The research team agrees that Aboriginal communities have the right to follow cultural codes of conduct and community protocols. However, rather then end a research relationship, in situations were Aboriginal
community members are in disagreement, the research team will strive to resolve conflict towards achieving a significant degree of consensus.

The research team agrees that it may be necessary for Aboriginal community members (investigators and participants) to seek advice and support from community elders and other community leadership.