



Research Paper

The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations

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ABSTRACT

Background: While drug user organizations (DUO) have received public health attention as a means to potentially reduce the harms associated with drug use, there is a lack of research on the compensation and structural forces that promote or inhibit participation in DUO. Against the backdrop of structural vulnerability experienced by people who use drugs (PWUD), we examined the impact of monetary 'volunteer stipends' provided through a DUO and explore their role in providing low-threshold employment opportunities and shaping participation in DUO.

Methods: Participants were purposively sampled to reflect a range of perspectives and experiences volunteering at Vancouver Area Network of Drug Users (VANDU) and receiving stipends. Semi-structured qualitative interviews were conducted with 23 members of VANDU. Interview transcripts were coded in Atlas.ti 7 for key *a priori* themes and emergent categories from the data and analyzed thematically.

Results: Stipends provided participants with symbolic and material recognition of the time, effort, and expertise they contribute to the organization, and functioned to facilitate ongoing participation. Payments that rewarded, skills, labour and drug-related knowledge reduced participant's perception of stigma against PWUD. Paid work in VANDU further provided participants with non-material benefits commonly attributed to regular employment, including social connections and a sense of purpose. Participants also identified the low level of pay as a limitation of VANDU's paid participation program. The daily demands of survival (accessing shelter, food, and drugs) posed more complex structural vulnerabilities to participate in VANDU, as small stipends were not sufficient to address these needs.

Conclusion: Low threshold employment opportunities within DUO may provide significant individual and public health benefits. However, these benefits are constrained by the small size of stipends. Therefore, to ensure better inclusion of PWUD, our findings recommend the development and expansion of equitable, accessible, well-paying employment programs for PWUD.

Introduction

Over the past two decades, drug user organizations (DUO) have gained global attention for peer-driven initiatives resulting in improved health outcomes among people who use drugs (PWUD), including reductions in overdose mortality and the transmission of infectious diseases such as HIV/AIDS (Booth & Watters, 1994; Broadhead,

Heckathorn, Grund, & Stern, 1995; Broadhead et al., 1998; Crofts & Herkt, 1995; Garfein et al., 2007; Grund et al., 1992; Hayashi, Wood, Wiebe, Qi, & Kerr, 2010; Kerr et al., 2006; Latkin, 1998; Weeks et al., 2009). Operating in over 40 countries (Frank, Anker, & Tammi, 2012), DUO mobilize "peer" members' experiential knowledge (Casey & McGregor, 2012) and social networks to engage a wider range of PWUD than conventional health care and social service providers (Crofts &

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Herkt, 1995; Kerr et al., 2006). DUO originate from grassroots community organizing and activism, fighting against the war on drugs that has negatively impacted PWUD (DeBeck et al., 2017). Although most DUO face considerable organizational challenges stemming from their socio-political origins, including hostile political and legal environments, uncertain funding environments, and the criminalization and marginalization of their membership (Frank et al., 2012; Friedman et al., 1987; Kerr et al., 2006), they have in many instances catalyzed significant drug and health policy reforms and made essential contributions to the advancement of the human rights of PWUD (Frank et al., 2012; Kerr et al., 2006; Osborn & Small, 2006; Ti, Tzemis, & Buxton, 2012).

DUO represent an emancipatory response to interlocking systems of oppression that function to render drug-using populations structurally vulnerable. Notably, laws and policies (e.g., drug prohibition) are instruments that oppress PWUD, and often interact with other oppressions (e.g., racialized drug law enforcement practices, poverty and inequality, structural stigma) to limit their opportunities, adversely impact their social and economic well-being, and exacerbate their degree of vulnerability (Bourgois, Holmes, Sue, & Quesada, 2017). In this context, structural vulnerability can thus be understood as the vulnerability that groups, generally (e.g., PWUD), and certain members of these groups, specifically (e.g., women, Indigenous peoples) experience due to their marginal positions within social hierarchies and can stem from social categories (e.g., gender, race, class, sexuality) and attributed or assumed statuses (e.g., credibility, normality, and deservingness) (Bourgois et al., 2017; Lopez et al., 2013). For the purpose of this article, we conceptualize PWUD as a group that experiences significant vulnerability based on intersecting social and structural factors, including but not limited to: (1) structural inequities, such as drug policies and laws; (2) perceptions, stereotypes, and social norms that stigmatize particular behaviours (e.g., addiction, injection drug use) and groups (e.g., Indigenous peoples, women); and, (3) social inequities in terms of power, status, class, and income.

While DUO work to address the marginalization of PWUD, structural vulnerabilities can also impact their participation in DUO. For example, poverty, criminalization, stigma, and homelessness among PWUD have been shown to pose barriers to participation in DUO (Allman et al., 2006). To increase participation of PWUD, many DUO provide payment for participation in the organization's activities, ranging from small stipends or honoraria to salaried formal employment. Although paid participation or employment is common among DUO, there is a lack of research on the impact of stipends or wages on participant experiences and health outcomes or how such payments frame the engagement of PWUD with these organizations. Paid employment is commonly associated with significant physical and mental health benefits (Bartley, 1994) and employment predicts decreased mortality among HIV-positive PWUD living in our study setting (Richardson, Milloy et al., 2013). Thus, research on the impact of paid participation in DUO may help to inform approaches that facilitate PWUD's access to these same health benefits (Richardson, Sherman, & Kerr, 2012). This is particularly important in the context of limited labour opportunities for marginalized populations under neoliberalism (Braddock & McPartland, 1987; Ross, 2009), coupled with the discrimination and stigma already faced by PWUD (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000).

Vancouver, Canada's Downtown Eastside (DTES) is an approximately 10-block neighbourhood that is home to an estimated 5000 people who inject drugs and was the site of overlapping overdose and HIV epidemics in the 1990s (Wood & Kerr, 2006). The Vancouver Area Network of Drug Users (VANDU) emerged at this time as a grassroots, PWUD-driven response to the failure of conventional health policies and services to address these epidemics (Kerr et al., 2006). Now a well-established organization, VANDU operates out of a storefront location in the DTES and its membership has grown to include more than 2000 PWUD. The organization's activities range from providing support to

members through peer education, distributing harm reduction supplies and establishing unsanctioned supervised drug consumption sites, to engaging in targeted political activism on a wide range of issues including housing, poverty, and policing (Kerr et al., 2006; Osborn & Small, 2006; Small et al., 2012; Wood et al., 2003). VANDU provides stipendiary volunteer positions and informal employment to its members, including speaking at demonstrations or protests, participating in educational meetings, working at the reception area, serving as a member of the Board of Directors, and helping with peer support programs (e.g., outreach syringe distribution, injection support teams). At the time this research was conducted, VANDU paid participants between \$3–\$10 CAD per hour (Richardson, Sherman et al., 2012; Small et al., 2012).

For structurally vulnerable PWUD, stipendiary volunteer work is an accessible, licit form of income generating activity that some rely on to supplement stagnating income assistance rates (Klein & Reaño, 2017), earning restrictions for income assistance recipients, and limited work opportunities. Previous research has documented the impacts of socio-economic marginalization of PWUD living in the DTES many of which face social-structural barriers to participating in the formal labour market, including health constraints, housing instability, criminal record restrictions, and addictions treatment restrictions (Richardson, Sherman et al., 2012; Richardson, Wood, Montaner, & Kerr, 2012; Richardson, Wood, & Kerr, 2013; Richardson, Wood, Li, & Kerr, 2010; Richardson, Kerr et al., 2015; Richardson, Long et al., 2015; Richardson, Milloy et al., 2013; Richardson, Wood et al., 2013). In the absence of formal employment opportunities, PWUD often rely on high-risk income generating activities such as drug dealing, sex work, and other forms of street-based income generation such as recycling and street vending (DeBeck et al., 2011; Krebs et al., 2016; Richardson, Kerr et al., 2015; Richardson, Long et al., 2015) that increase their exposure to violence, HIV infection risk, arrest, and incarceration (DeBeck et al., 2007; Richardson, Kerr et al., 2015; Richardson, Long et al., 2015; Shannon, Goldenberg, Deering, & Strathdee, 2014; Small et al., 2012). Within this context, stipendiary volunteer work may play a role in the decreased exposure to the risks of street-based and criminalized income generation activities and improved health among PWUD.

This analysis examines how stipendiary volunteer positions provided by VANDU shape organizational participation, and its subsequent influence on health and social outcomes. By drawing on the accounts of DUO members, we explore how these positions function as a form of low-threshold employment for PWUD, as well as the limitations of the positions within the context of reduced labour opportunities and overall structural vulnerabilities of PWUD. Finally, we consider the implications of our findings for the operations of DUO and the availability of these types of work opportunities to inform interventions promoting alternative forms of employment for PWUD.

Methods

This study draws on semi-structured qualitative interviews conducted from May 2010 to April 2011 with PWUD ($n = 23$) who were members and volunteers with VANDU. Members of our research team have collaborated with VANDU since 2001 (Kerr et al., 2006; McNeil et al., 2014; Small et al., 2012) and were invited by the organization to undertake research into factors that shape members' engagement with the organization. While this data was collected several years ago, the underlying organizational, social, and structural conditions remain the same and thus the data is still relevant to current context of volunteer stipends.

Participants were purposively sampled in order to reflect a range of types of positions as well as lengths and levels of involvement with the organization (see Table 1 for sample characteristics). Members of the research team attended VANDU meetings and activities to recruit potential participants. Participants were recruited through word-of-mouth in collaboration with VANDU and through the investigators' network of

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