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Matter**



The opioid fentanyl crisis that is sweeping through Vancouver, the province and beyond, is growing unabated.

Dr. Evan Wood of the BC Centre on Substance Use says it's time to completely re-examine our drug policies and our drug laws.

Simply put, he says prohibition has not worked. He points to opium as a perfect

example.

It was the drug, after all, that ignited the trade war between Great Britain and China and since that war, the transportation of opium became restricted. The production of heroin was the result because it was far easier to conceal, transport, and avoid detection if the alkaloid morphine was extracted from the dried poppy and then packaged into smaller bundles.

Fentanyl which is 1,000 time more potent than morphine and carfentanil, which is 10,000 times more potent, are the latest iterations in the make it small, more potent, and harder to detect reaction to prohibition.

Buried below the surface of detection, these synthetic opioid analgesics entered the marketplace devoid of consumer protection. And drug users with no intention of consuming fentanyl are at risk.

The drugs are packaged in less-than-ideal conditions, like a kitchen table. Once finished with the fentanyl, the table may get a quick brush-over, which frequently leaves traces of the killer drug behind.

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Then, when the cocaine the dealer is cutting gets dropped on the same table, grains of the deadly fentanyl get mixed in. The unsuspecting cocaine user snorts the white powder and the result can be and frequently is deadly.

Wood suggests the establishment of labs, available to pushers and users to determine the purity and potency of the drug, will go a long way to reducing the fatal side effects. We asked Dr. Evan Wood to sit down with us for a conversation that matters about our deadly drug crisis.

Evan Wood, welcome.

Thank you so much.

Tell me about what you're doing now. You were given a mandate to try and come up with a centre for excellence around drug use, drug abuse, addiction, and so on in British Columbia but the events of the last couple years are skyrocketing ahead of your ability to get on top of it. So what is it that you're endeavoring to do? Where are you at and where are we going?

Yeah, yeah, so this is actually a process that was started back in 2011 under the leadership of the president of UBC at that time, Stephen Toope.

Looking, at you know, okay, the downtown East Side is right in our backyard, and you know, all the societal problems related to addiction, what's the problem? And that process, you know, really revealed that there hasn't been a sort of a coordinating center or you know, just the expertise brought together in kind of a critical mass to inform what we should be doing when it comes to the prevention and treatment of addiction and how society can reduce the harms and that culminated in a decision by the provincial government to create something called the BC Centre on Substance Use, which as you say all that planning was done before the public health emergency related to fentanyl, but we've been operating since April 2017 and in my role as a director of that centre, we're many ways in our implementation phase but are also already implementing a number of things that have been impactful and I think will be very impactful in the future.

So we're in a sort of interesting situation, like how did we get to fentanyl becoming this drug that now supersedes the use of heroin or cocaine or a variety of other drugs? What has led to the development of this?

Yeah, it's you know, it's an area of frustration for a lot of people in the public when they see the problems of substance use, whether it's you know, public intoxication and drunkenness or people struggling with addiction, you know from sort of reading below the news stories the amount of hostility Conversations That Matter is an Oh Boy Productions program. Please help us to continue to produce this program by making a donation at www.conversationthatmatter.tv

there is towards people who use drugs and the problem of addiction, people just want it to go away, and that's really helped fuel the notion of a war on drugs and you know, being tough on drugs and cracking down on drugs but really, the fentanyl crisis is a natural consequence of that approach. If you talk to economists or other experts, they'll just draw your attention to the experience with alcohol prohibition, where by trying to prevent the availability of alcohol, that led to the unintended consequence of all sorts of organized crime groups creating illicit alcohol, moving away from people traditionally drinking wine and beer to more concentrated forms that could be more easily smuggled, and then of course all the poisonings and things that happened like people accidentally make methyl alcohol, which is highly toxic, instead of ethyl alcohol.

But they were aiming to get a bigger bang for their buck.

Yeah, or do things, that you know, it takes a lot of beer to sell in comparison to, you know, a highly distilled spirit so in the case of opioids, once upon a time, we had opium that people would smoke, and then there was an effort to crack down on that and then heroin emerged as a more concentrated, clandestine form of the drug that could be smuggled across borders.

Easier to transport, mhmm.

But you know, the challenge with that is you need to grow a poppy and you need to have this you know, manufactured somewhere, largely in Afghanistan and Burma, to some extent in Mexico, though largely that market is in the United States, to make heroin and it's relatively bulky and so what, basically, the black market has figured out is that you can make opioid molecules that act like heroin or morphine or Oxycontin or any of these other opioid molecules without growing a poppy. So fentanyl is a synthetic opioid, which means you don't need to grow a poppy, you can create it from precursor chemicals in a laboratory. The problem with those synthetic opioids is they tend to be extremely potent per mass. So we've heard how, you know, fentanyl is 100 times more potent than heroin. Well, nobody who uses heroin wants anything more potent than heroin, heroin is plenty potent and many people have died of fatal overdoses from heroin, but per mass, it's that much smaller so then when you're looking at, you know, these basement, you know, chemists and drug dealers trying to cut this stuff up, they're not pharmaceutical laboratories, so a grain of salt extra of fentanyl before you create your sort of powder that you're wanting to look like heroin and sell as heroin, or you're putting into pills that are going into a pill press, can be much, much more potent just by a extra sort of grain of salt sized amount. So that's what's really killing people, is the opioids that are now in the drug market are extremely potent per mass and then of course, I think more so than intention through accidents that are being made, you know, if someone had lunch here, you could go like this and feel there's salt on the table, if someone had been using salt, well, if there's fentanyl being dealt with on a table and then okay, now we're gonna cut up all the cocaine or another drug and fentanyl gets into it, then people who aren't even intending on using an opioid, they're using cocaine or some other drug that's been contaminated with fentanyl

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and that can lead to fatalities as well so it's just a wholesale poisoning of the drug supply that's really been brought about because of prohibition.

Well, thinking about it differently, I know that you have suggested that maybe we have to de-criminalize the drug use.

Yeah.

You know, much the way that we're going with the legalization of marijuana and if we take a look at what happened in Portugal, is that, you know, a protocol that we could potentially embrace here?

Yeah, you know, I think for many of us, if not most of us, you know, we look at the harms of illegal drugs and we just want them to go away. You know, most people that are watching your broadcast, they're paying taxes, they're working, they're raising families, they're looking at this problem, they just want it to go away and so it's sort of natural to like, let's just make it illegal but what we've seen over and over again, and cannabis is an excellent example, is you have that effect, same as alcohol prohibition. So it's been estimated by the Fraser Institute that in British Columbia, the cannabis market is worth about five billion dollars annually and of course, you know, it's no longer really front-page news now, but the shootings that we have in the lower mainland, so much of that has been for control of the drug trade, whether it's the export market for cannabis to the U.S., and then of course guns and cocaine traditionally comes north with that and so the whole approach to criminalization is just so costly, whether it be the organized crime concerns or the cost of the kind of cat-and-mouse game of police chasing people around and locking them up. That experiment, in many ways, has been done. There's places like the state of California that spend more on incarceration, largely locking up non-violent drug offenders, than post-secondary education and you can think of sort of the future for societies if you're spending that much on locking people up and the inter-generational problems with young people growing up without a father, the primary breadwinner, whatever it may be. So people are starting to look at that and say, okay, well are people doing things differently elsewhere and how might it work? And we also know that by criminalizing people who are addicted, they tend to go off in hidden environments to use drugs, they don't seek help, it really sort of pushes this problem into the deepest sort of darkest areas of our society where people are more likely to share a needle and contract HIV, have a fatal overdose, all sorts of other problems that, even if you don't care cause it has no implication for me, it does have an implication for our society more largely. You know, each case of HIV infection costs the healthcare system about \$500,000. With the fentanyl crisis such that it is now, you know, ambulances are buzzing all over the city and I've heard that, you know, good luck to you if you're having chest pain or have some reason to call an ambulance in the city because the response times are just so slow right now because of the fentanyl epidemic. Like literally, kind of 40 minutes to get an ambulance to attend at some times because of the challenges.

So it's affecting us all.

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It's affecting everybody. So people are trying to press pause on how we're hemorrhaging tax dollars and, you know, things have been so problematic, say what's happening elsewhere? So you mentioned the Portugal model, which is very interesting. So what Portugal said is, if this is a health issue, we can't be driving people to the margins with treating this as a criminal justice issue. So if someone has a small amount of drugs that we're not gonna charge them and, you know, deal with the courts and lawyers and all this process, putting people in jail. If they have a modest amount, it's not a criminal offense. But they didn't just sort of take away the criminal penalties, they put those resources into, how can we treat this as a health issue? So they made massive investments in addiction treatment and they also have a very interesting process through what they call dissuasion commissions. So if somebody is caught up in drug use that comes to the public attention, so I live in East Vancouver, there was somebody who was very high on drugs in the park where I take my kids the other day. Now in Vancouver, we just kind of tolerate that. Well, Portugal wouldn't. That person would end up in front of a dissuasion commission who would essentially say, you know, you're in a park, you're clearly kind of psychotic from using stimulants, there's young people around, you need help, how can we help you? Is it because you don't have housing and you're homeless? We're gonna try and help you with housing. Is it because you want addiction treatment? You know, we'll help you there. But it's all voluntary, so it's not coercive, it's not heavy-handed in a way that would probably, you know, offend Canadian sensibilities in terms of people being able to have some autonomy over themselves, but if you continuously showed up in a park and were disruptive and intoxicated in Portugal, they would have ways of kind of nudging you along to have you be seeking more help and not engaging in that behavior, so essentially it's de-criminalization on the one side and a major investment in tackling the problems of drugs through prevention and treatment, which certainly I think we could learn a huge amount from here in British Columbia.

So they've been doing that for a little over 15 years, I understand.

Yeah.

How's it working out?

Well you know, Portugal had one of the highest rates of fatal overdose and new HIV infections, and you know, all the criminality and everything that goes along with that in the European Union. So just a huge problem of untreated heroin addiction and the criminal justice issues of people breaking into cars and houses and everything else with that. And now through this approach of de-criminalization, investments in treatment, they have some of the lowest, I think it's the third lowest overdose rate in the European Union. So dramatically, dramatically lower than it once was and no comparison to what we're experiencing in Canada right now, in particular in British Columbia.

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In the immediate next six to eight months, what are some of the strategies that we can bring forward here in British Columbia to help deal with this issue that is so adversely affecting enormous numbers of people?

Yeah.

Do we have a step-by-step process yet that we can look at or, you know, at least from your perspective, what are the top three things that we need to do?

Yeah. Probably the first is really have a system of governance over creating a substance use system of care. That may sound like a natural thing that we should have, but we haven't traditionally.

So what would that look like?

Well, to give you an example, in the healthcare system in British Columbia, we've talked a lot about mental health and substance use and we have a new ministry for mental health and substance use, which I'm quite enthusiastic about cause I think it'll bring some changes to what we've had historically, which is generally that while the mental health system has been developed, it has received a lot more resources than the substance use and addiction treatment side has and as developed systems of governance and accountability, the substance use system has really been neglected. There's a whole private system that has been developed if you have money, but if you show up to an emergency room having, you know, a crisis related to addiction, they really don't have much to offer through the public system. So what would that look like in terms of accountability? It would mean all the health authorities in British Columbia had strategic plans for substance use care, that they knew what programs and services that they need to be delivering to reduce the costs to the healthcare system of untreated addiction, that they would be coordinating across health authorities and with the new ministry to develop that system, and I think we're just starting to look at that system being created now and certainly that's something that the BC Centre on Substance Use is looking to help with as well.

Okay.

Another area sort of on the top three, I would say is really focusing on the drug supply as the major concern. If we've tried to reduce the supply of drugs, and that's led to this shift from heroin to fentanyl to carfentanil to these increasingly toxic analogs, I think we need to, like that is the interface of where the problem is occurring.

[Stuart] Right.

We're giving out take home Naloxone to reverse overdoses when they happen, we're trying to get people to go to overdose prevention sites, so if they overdose, you know, staff can help them. We're Conversations That Matter is an Oh Boy Productions program.

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trying to, you know, get people on treatments. We're all sort of ignoring that, you know, it is the drug supply that is the problem. So among the things that we're looking to advance is a drug testing system in British Columbia that, instead of trying to reduce the supply, you're using some of the principles that have been successfully employed in kind of consumer safety where people, if you're a drug user, you know, you could actually test and see what's in the drugs. If you're a low-level drug dealer who runs a little dial-a-dope operation selling cocaine, well you can go and get the drug tested and see, is it fentanyl, is it cocaine, what's there. I think those are things that would, as controversial as they sound, could have a big impact.

Well, it doesn't sound controversial to me, it's I'm not sure that you're gonna get buy-in from users and producers because they're already operating outside of the system right now and they have a high level of distrust of the system. How do we then say, look it, this is in your well being, it's in all of our well being that you, before you put this out on the street or before you use it, come and make sure that it's not gonna kill somebody.

Yeah, yeah. I mean, these programs do exist in other jurisdictions successfully. An example that I actually just learned about earlier this week was the Shambhala Music Festival in the interior where it's an electronic music festival, there's a lot of substance use there, a real concern is that fentanyl overdoses would be a concern at the festival so the local health authority, interior health set up a drug testing system where there was people lined up for a half hour to get their drugs tested and they were quickly trying to, and it wasn't a single site, I think they had four testing booths kind of set up.

Wow, that comes as a bit of a surprise cause I would think that, you know, the ability to delay the gratification that you're seeing through the drug would be reduced considering the potency of that.

Yeah, that population at an electronic music festival is very different than someone in active withdrawal in the downtown East Side, but even in the downtown East Side, some work has been done, looking at offering testing for people and then seeing if it changes their behavior and that preliminary work shows really clearly, not only will people avail themselves of testing but they'll also change their behavior if they have fentanyl or other things. So that's among the things that I think really needs to be made available and a relatively short list of things that we're not doing that we feel could be impactful. And then the last is just creating an effective substance use treatment system. You know, in British Columbia despite all the noise that's been made about, you know, an overdose emergency and new announcements and funding and other things, people going into emergency rooms having had a non-fatal overdose will be resuscitated, but eventually, you know, after maybe an hour of observation, they'll get shown the door and there's really nothing to offer them. If you compare that to, you know, let's say you've had a heart attack, you show up in the emergency room, not only will they save you from your heart attack, but you'll get admitted and treated and, you know, when you leave, you'll go have a follow-up with a heart specialist and your family doctor will get a dictated letter and you'll have medications and all these things.

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And possibly surgery and so on.

All of that whereas, you know, we have very effective treatments for opioid addiction and for fentanyl addiction and when people go into emergency rooms, that system isn't built yet so we certainly need to develop that whole system of care.

So what are those treatment options for fentanyl and opioid addictions?

So addiction is a bio, psychosocial, spiritual disease and so the treatment isn't necessarily a pill in the same way sort of insulin for diabetes or something where it's a, you know, we have this for you. So it needs to be a constellation of things but we have medications for the treatment of opioid addiction, the medication that historically has existed in BC is methadone, that is an effective treatment but one that the BC Centre on Substance Use is encouraging we move away from as our first line choice, there's another medication that's less addictive and has a better side effect profile, is safer from a public health perspective if someone were to acquire it and use it that it wasn't prescribed to, it's much, much safer than methadone.

[Evan] What we need to do.

Yeah, so we take a look at organizations like Street to Home or Turning Point and so on, and they're out there as not-for-profits filling in a need. Hopefully we can support them more and also support the development of other organizations that can help people create a change in their life.

Absolutely. You know, it's just been, if you have money, you can get into programs and if you don't, there are a small number of programs like Turning Point and some of the initiatives that Street to Home is promoting that are accessible for low-income people but we need more of that. The Portugal model is a good example where there's something called a therapeutic community, which is where, when someone's gone through acute treatment for substance use, they can go in an environment where other people are in various stages of recovery, some would be in many years of recovery, other peers would be, you know, newly into the therapeutic community, but basically it's peer support and also life skills, so learning how to exist in recovery and also how to develop skills. So the John Volken Academy is one of the small number of therapeutic communities we have in British Columbia, which is a therapeutic community for youth where it's a residence and a recovery center attached to a Price Pro Foods. Everybody working in the Price Pro Foods, whether it's the butchers or the florists or the people working in the bakery, are all actually people in recovery that are learning those skills and will eventually graduate from that program with the ability to then go on and work in that field elsewhere. Portugal has about 60 therapeutic communities. British Columbia has I think three.

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Well, thankfully you are now leading an initiative that is starting to pull these elements together and I hope that we come up with that comprehensive policy that can save lives. Thank you very much for coming in and doing this.

Thanks so much.

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