

Drop Dead | by Stanley Tromp

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The use of fentanyl has exploded and more Victorians have died from overdoses in the first half of 2016 than all of 2015.

IT'S A HOT AUGUST AFTERNOON at the office of Society of Living Illicit Drug Users (SOLID) on Caledonia Avenue, one of a dozen needle exchanges in Greater Victoria. As users come and go, the bustling office manager Jill Cater shows me around its four rooms, past racks of pamphlets, a small library, new overdose reports posted on the walls, and the needle lockup.

Seven days a week, 365 days a year, SOLID provides outreach services, user counselling and education in the downtown Victoria area. "We are the only service provider on the Island that is completely peer-run," says Cater. "To be on the board, one must be a current or former drug user. We don't ask for names, so some folks come here who have nowhere else to go. We've never had a break-in and we've never called police."

That would hardly be necessary, because directly across the street sits Victoria Police headquarters. "We started in 2007, but it took them a few years to figure out where we were!" recalls Cater with a boisterous laugh.

Things turn serious when talk turns to the fentanyl-laced street drugs and the burgeoning overdoses and deaths. Assistant manager Wolf Madge brings out a kit of naloxone, a lifesaving antidote to fentanyl. He opens it to show its three vials and a syringe, and demonstrates how it works. "I've talked kids out of doing [fentanyl]," he says gravely. "Every time you use fentanyl you're playing Russian Roulette."

Cater points out it's not just kids. "Drugs have no class, or age, or race, or boundaries," she says. "We know that some of the outstanding citizens you see sitting beside you in meetings use more fentanyl than people in the streets. They just don't get caught."

The opioid is now showing up in recreational party drugs like ecstasy and cocaine, and at music festivals or concerts—prompting some organizers to employ fentanyl-detection equipment.

Motives for usage vary. While some are thrill seeking, the drug is often used to dull the physical pain of a workplace injury or cancer, or the psychological trauma of childhood sexual abuse. "It's a downer," says Cater. "When I took fentanyl, unknowingly, it makes you feel comfortably numb, there's no more pain within seconds."

Across the street from SOLID, Victoria Police Department Staff Sergeant and drug expert Conor King agrees with Cater about who is taking fentanyl, noting, “Fentanyl crosses all gamuts of society. It’s high school kids, blue-collar workers, university students, educated and uneducated, white-collar workers.”

FENTANYL IS A PAINKILLER 50 TIMES STRONGER than heroin. Two milligrams, the size of two salt grains, can kill a user. Relatively cheap, and addictive for some, it appears mixed in nearly all street drugs now, with most users unaware they’re taking it. Greenish pills posing as OxyContin 80 mg tablets, which are crushed and mixed with water for injection, are the most common source of overdose fatalities. Its street names include beans, green apples, greenies, shady eighties, fake oxy, and Drop Dead. Early signs of fentanyl poisoning may include sleepiness, trouble breathing (it may sound like snoring), clammy and bluish skin, and unresponsiveness to a person’s voice. Finally, it can cause you to stop breathing.

On April 14, BC’s provincial health officer Dr Perry Kendall prompted national headlines when he stated that fentanyl was a public-health emergency, a declaration usually reserved for a contagious disease outbreak. (Also in April, the rock star Prince died of an accidental fentanyl overdose.)

Since then, the numbers have become even more startling. In August, the BC Coroner’s office reported 433 drug overdose deaths in the first five months of this year across the province, a 74 percent rise over the same time last year. Fentanyl showed up in toxicology tests in about 62 percent of those deaths, either alone or more often in combination with other illicit drugs.

In Victoria there have been 34 deaths in the first 6 months of 2016—far outstripping 17 deaths in all of 2015.

In this frightening new BC reality, if the trend continues, well over 600 people will die from drug overdoses this year—news that prompted the group Yes2SCS (Yes to Supervised Consumption Services) to plant 600 symbolic white crosses on Pandora Street’s Harris Green in June.

MOST FENTANYL COMES FROM CHINA, where it’s produced in pharmaceutical labs. It can be imported on cargo ships, or across the American border hidden in truck compartments. The mail order business is also booming, partly because Canadian Border Services Agency guards are not allowed to open packages weighing less than 30 grams without the recipient’s consent. A *Globe & Mail* investigation found fentanyl is being shipped in the small packages of dessicant commonly found in vitamin containers. Pill presses are also being imported from China. A former deputy medical officer at Health Canada estimated that one kilogram of pure fentanyl costs less than \$100,000 and produces one million tablets. At even \$20 apiece, the profit is astronomical.

In July, Premier Christy Clark publicly pleaded with Ottawa to restrict access to pill presses (which can churn out 18,000 counterfeit Oxycontin tablets laced with fentanyl in an hour), bring in stronger penalties for fentanyl importers, and give the Canadian Border Services Agency the power to search packages under 30 grams.

Some fentanyl also reaches the street from pharmacy burglaries and possibly hospital theft. Users squeeze or scrape out liquid from stolen fentanyl dermal patches, a prescription drug used primarily in hospitals as a slow-release painkiller.

By law, hospitals must report their narcotics losses to Health Canada within ten days. A freedom of information request to Island Health for the numbers since January, 2015 showed no losses from any Victoria hospital. But a similar request to Health Canada in Ottawa came back with a startlingly different result: Island Health had informed Ottawa that it had lost 1251 millilitres of liquid fentanyl solution in late 2015—in a category only called “loss unexplained.”

Kendall says one cannot tell how likely it is that any of the Royal Jubilee fentanyl made it to BC users or contributed to overdoses. He added this loss is a very small amount in the context of so many kilograms of fentanyl on the streets overall, but “still worrisome.”

King says Victoria police were never informed of this particular Jubilee loss but, in general, “hospital drug losses should be reported to police.” By contrast, fentanyl losses from Cowichan and Nanaimo hospitals were reported to local RCMP.

In response to *Focus*’ inquiries, Richard Jones, director of pharmacy services at Island Health, stated that Island Health was not required by law to report such losses to police, but “we are reviewing our policy on this matter.”

THE FENTANYL CRISIS HAS LED TO the growing use of another drug—the antidote for fentanyl, naloxone. Also known as narcan, this antidote has been applied in many overdose situations, often by friends and families, and has saved countless lives in Victoria. While paramedics and firefighters carry and apply it, Victoria police as yet do not, though King says that might change.

Since the start of BC’s Take Home Naloxone Program in 2012, Island Health has given out 1700 free kits on the Island, including 950 in Greater Victoria, to street outreach workers, agencies and pharmacies.

“The first time applying it can be nerve-racking,” says Island Health Medical Health Officer Dr Murray Fyfe, “but it’s easy to learn in 10 minutes, and there are very good videos online showing how.” (A nasal spray version is coming soon.)

“Usually we give two or three doses in here before the paramedics arrive,” says Heather Hobbs, harm reduction coordinator for AIDS Vancouver Island on Johnson Street which sees 100 users a day. Her staff also do CPR and artificial respiration, and have helped some people who needed five or six doses of naloxone before reviving.

“When folks are revived by us, they are just embarrassed and confused after the naloxone, but not violent. Some are grateful, but others are upset you took their high away, not realizing their life was saved.”

Beyond working to get more naloxone kits out to agencies, users and their friends, Victoria advocacy groups have pushed for many years for safe consumption sites. They look to Insite in Vancouver's Downtown Eastside as one model. Such sites provide drug-users with a clean, safe space to use drugs under the supervision of health professionals. Supporters say they prevent overdose deaths and reduce the transmission of HIV. Another benefit is that drugs can be tested for fentanyl before use.

But obtaining federal permission to establish a site is arduous. The federal government under Stephen Harper passed Bill C-2 which Dr Kendall and colleagues described as "a thinly-veiled attempt to end supervised injection services." Many would like to see the *Act* repealed. The Trudeau Liberals expressed support for safe consumption sites during the election campaign but have since indicated they have no immediate plans to repeal Bill C-2.

In July, however, Victoria was invited by the federal health minister to apply for an exemption from the *Controlled Drugs and Substances Act* to enable an injection site. Mayor Lisa Helps emphasizes that because the users here are so diverse, the Victoria plan should differ from Vancouver's Insite. It would be "not one safe injection site, but safe consumption services at several locations across the region," she says.

Education—of the right kind—is also key. Hobbs says, "Young folks need more honest, realistic education, none of that old 'Just Say No to Drugs' stuff, which seems to be making a resurgence."

Officials seem to be getting the message. Posters are popping up in Facebook feeds and in local bars, part of a campaign by BC's Drug Overdose and Alert Partnership (DOAP) "The key message is don't use it alone," Fyfe told *Focus*.

This summer, Premier Clark announced the formation of a joint task force to tackle the fentanyl crisis, to be led by Dr Kendall and Clayton Pecknold, BC's Director of Police Services, Policing and Security Branch. Yet Hobbs notes, "That new task force has no funding commitments or tangible action yet," and worries too little money will go to it. "There are no pre-committed funds," Kendall confirmed, adding, "When we have business cases for additional funding we will submit those requests."

A year from now, Mayor Helps, Drs Kendall and Fyfe, and the staff of SOLID are hopeful new drug consumption sites will be in place and reducing the overdose rate. Yet Sergeant King appears worried by the future. "I'm fearful that it's going to get worse, with more fatalities," he says, adding the situation could improve if the new anti-drug laws requested by Premier Clark are passed. Heather Hobbs at AIDS Vancouver Island, too, seems pessimistic. "I don't see it getting better any time soon. It's everywhere. Fentanyl is the new norm."

Stanley Tromp is a longtime investigative reporter. He specializes in freedom of information requests, wrote a book on world FOI law, and last year was a finalist for a Jack Webster award.