



**CANADIAN
STUDENTS
FOR
SENSIBLE
DRUG POLICY**

**SCOTT DOUGLAS JACOBSEN
VOLUME I**

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Contents

i	Dedications	7
ii	Nikki Sullivan, of the Cape Breton Post, on Harm Reduction	8
iii	FDA Considering New Enforcement With Implicit Focus on Harm Reduction	9
iv	Toronto Board of Health Considering New Measures.....	10
v	Regina Harm Reduction Advocates Call for Safe Injection Sites	11
vi	Ottawa Vending Machines, Success Plus Concern.....	12
vii	Overdoses in Abbotsford	13
viii	Harm Reduction Tent No Longer Usable in Moss Park	14
ix	Harm Reduction Trailer Approved for Murray Street	15
x	The Public Have Concerns About Discarded Needles.....	16
xi	Red Zones Block Harm Reduction Service Access	17
xii	New Device to be Piloted in British Columbia.....	18
xiii	Abuse of Opioids Does Not Discriminate.....	19
xiv	Fentanyl Positive Sample Tests Increase 2,000%	20
xv	Homeless, in Winnipeg, and Indigenous Populations, in Canada, at Higher Risk of Substance Associated Deaths.....	21
xvi	CCSA Hosts 7th Harm Reduction Conference	23
xvii	The Sensible Cannabis Education Toolkit	24
xviii	Travis Lupick Speaks to Decriminalization and Legalization	25
xix	Harm Reduction Helps Indigenous Populations in Saskatchewan	26
xx	Safe Needles for Southeastern Manitoba	27
xxi	Bundale on the Upcoming Market for Cannabis	29
xxii	Needles Potentially Placed Deliberately in Victoria, BC	31
xxiii	Mothers Gather as a Force for Harm Reduction	32
xxiv	Karmik is Here to Help with Nightlife.....	34
xxv	First Nations Conference in Vancouver, BC	35
xxvi	Interview with Alison McMahon – Founder & CEO, Cannabis at Work.....	36
xxvii	Interview with Trevor Millar – Founder, Liberty Root Therapy Ltd.....	38
xxviii	Interview with Daniel Greig of CSSDP on Psychedelic Career Day	41
xxix	David Wilder Interview on Psychedelic Career Day	44
xxx	Psychedelic Career Day: March 3, 2018.....	46

xxxI	The Death of Raffi Balian.....	47
xxxII	Naloxone Training Provided By UFV in Chilliwack and Abbotsford (BC).....	48
xxxIII	Harm Reduction Effective and Incomplete.....	49
xxxIV	Moderate, Regulate Alcohol Doses Help Severe Alcoholics	50
xxxV	Radical Harm Reduction Out of the Woods	51
xxxVI	Ontario Expansion of Addiction and Harm Reduction Services	53
xxxVII	Dr. Anne Wagner on the Psychedelic Career Day Panel and Her Work	55
xxxVIII	
	Jason Kenney Speaks on Harm Reduction	57
xxxIX	Vancouver Calls for Decriminalization of All Drug Possession	59
XL	Will Moss Park Volunteers Stay in Place?	61
XL I	Alberta’s Entrance Into Harm Reduction.....	63
XL II	Is Radical Harm Reduction More in the Spotlight?	65
XL III	One Woman’s Naloxone Training Mission	66
XL IV	Toronto’s Riverdale Riverside Ralph Thornton Centre Hosting Harm Reduction Event	67
XL V	A Brief Note on Fredericton, New Brunswick and Finances	68
XL VI	Overdoses in Hamilton, Ontario, and Beyond	69
XL VII	Justin Trudeau Approach Differs from NDP and the Greens	70
XL VIII	Fort McMurray First Nation #468 Signs MOU with RavenQuest.....	71
XL IX	Safe Injection Sites are Evidence-Based and Should Trump Ideology	72
L	Update Opioid Guidelines to Help More Patients	74
LI	West Virginia Health Right Distributes Retractable Needles	76
LII	A Call for More Calgary Supervised Consumption Sites	77
LIII	The First Harm Reduction Symposium in Saint John.....	78
LIV	The Globe and Mail on Cannabis Legalization	79
LV	Boy Stuck by Needle and Father Starts Petition	80
LVI	Federal Government Eases Access to Methadone	81
LVII	A First-of-Its-Kind Facility for Edmonton Soon	82
LVIII	Canada’s Opioid-Related Deaths Predicted to Rise in 2018.....	83
LIX	CTV News Reports on Overdose Deaths.....	84
LX	Chat with Professor Gordon Guyatt on National Opioid Guidelines.....	85
LXI	Harm Reduction on Campuses in Canada.....	87
LXII	An Unsung Hero in the Midst of Windsor	88

LXIII A Call for Provincial and Federal Support to Tackle the Opioid Crisis 89

LXIV A Dollar Store Has Been Selling Fentanyl Testing Kits..... 90

LXV Change the Word, Change the Stigma 91

LXVI Some Roadblocks to the Harm Reduction Efforts 93

LXVII New UBC Professorship Focuses on Cannabis 94

LXVIII Peel Health In-Process Data Collection for Opioid Strategy 95

LXIX Eden May Not Survive in Vancouver 97

LXX Harm Reduction for Needle Debris in Lethbridge, Alberta..... 98

LXXI License and Copyright 100

Dedications

I have been privileged to be a part of most or all committees, write on the blog, edit some material, and, now, be a Board Member of the Board of Directors of the Canadian Students for Sensible Drug Policy. It has been an honor and an important humanistic initiative with an evidence- and compassion-based orientation to the vulnerable within the country. I want to express open gratitude, in a historical perspective to Shea Gunther, Kris Krane, Shawn Heller, and Kris Lotlikar for founding Students for Sensible Drug Policy in 1998. In addition, I extend this appreciation and gratitude to the Canadian Students for Sensible Drug Policy community, internal and extended, at large and, in particular, Dessy Pavlova, Michelle Theissen, Nick Cristiano, Stephanie Lake, Avery Sapoznikow, Alex Betsos, Heather D'Alessio, Antonio Cillero, Jill Robinson, Sarah Daniels, Kira London-Nadeau, Jenna Valleriani, Nazlee Maghsoudi, Donald MacPherson, and previous members of the Executive Board, Board of Directors, and Strategic Advisor team, and active members of the chapters and contributors to the flourishing of this national community.

Scott

Nikki Sullivan, of the Cape Breton Post, on Harm Reduction

October 1, 2017

Nikki Sullivan, of the *Cape Breton Post*, reported on harm reduction. She described this as something possibly confusing for those were not more familiar with the philosophy, methodology, and the practice. It was a way to help people with substance abuse disorders. Part of it can include abstinence. Another part of it can include the reduction of the potential harm to people who happen to use substances, or drugs more colloquially.

The main aim is to reduce the harms associated over the long term with substance misuse, or abuse. Where the focus is the individual user, the problems boil down to the individual but incorporate community and societal consequences.

So, the reduction in overall harm of the individual can boil down to an overall reduction in harm to the community and society. There are many strategies. There is a tremendous amount of empirical support for this, according to the experts, and the Canadian Medical Association has intervened in the past to support harm reduction. The principles include, with a focus on the individual, the dignity of the individual.

The dignity and respect for their own choices plus helping with the reduction of harm. It is a realistic view incorporated into society, with the idea that drugs cannot be eliminated but their negative effects can be reduced.

There could be things like safe needle distribution sites and consumption sites, as well as therapy and treatment, and Naloxone programs that you can take home. Naloxone can help prevent overdoses of particular substances, which is important in the current context of the opioid overdose "epidemic" in British Columbia, Ontario, and elsewhere in the country.

Harm Reduction is a non-judgmental approach and less punitive one, too, to the traditional hard drug enforcement model. The traditional approach is mostly punitive, which, according to the evidence and experts, has contributed to an increase in the amount of drug use and abuse and, therefore, cost of the individual to the community and society.

Take, for example, the introduction of harm reduction to improve the lives of users. It has been proven to reduce the case of hepatitis C, HIV, and the levels of a drug overdose. In the words, it is effective in important domains for the health of citizens who have used drugs or substances.

This is in stark contrast to the punitive approach. If you go punitive, the drug use and abuse go up; if you use harm reduction, the drug use goes down and abuse goes down.

FDA Considering New Enforcement With Implicit Focus on Harm Reduction

October 8, 2017

According to the CSP Magazine's Angel Abcede, the FDA is considering new enforcement policy, which would include harm reduction policy. One aspect of the policy is geared around nicotine addiction as one core strategy. The research will focus on electronic cigarettes as an alternative to combustible cigarettes

Many have been curious as to the new US FDA position and strategy with President Trump's new administration. Gottlieb's document provided some insight.

The new Commissioner of the FDA, Dr. Scott Gottlieb, issued a document on nicotine addiction and breaking it:

“Our approach to nicotine must be accompanied by a firm foundation of rules and standards for newly regulated products. To be successful, all of these steps must be done in concert and not in isolation.”

He argued for more research and public discussion with combustible and electronic cigarettes (as an alternative to combustible cigarettes, for example). The other option to combustible cigarettes was to argue for an engineering of the low-nicotine options of cigarettes, not simply e-cigarettes.

This is to reduce the probability of youths becoming involved in addictions to cigarettes.

In response to this need, the FDA has, in the past, extended deadlines for new-product applications – for several years, apparently. There is a pronounced crisis in addiction that threatens American families.

As noted by Gottlieb, “Envisioning a world where cigarettes would no longer create or sustain addiction, and where adults who still need or want nicotine could get it from alternative and less-harmful sources, needs to be the cornerstone of our efforts.

This is of concern to the FDA generally. The focus on nicotine levels was found to be among the most unexpected announcements. In accordance with this, there will be the issuance of an Advance Notice of Proposed Rulemaking (ANPRM) for input on pluses and minuses for the introductive of lower-level cigarettes.

There will be public-commentary on lower-nicotine cigarettes as well as public-commentary on the dangers around various alternatives such as e-cigarette batteries, e-liquids for youths, and the potential for traditional cigarettes to be more harmful than easy e-cigarettes.

“A key piece of the FDA's approach is demonstrating a greater awareness that nicotine—while highly addictive—is delivered through products that represent a continuum of risk and is most harmful when delivered through smoke particles in combustible cigarettes,” Gottlieb said.

Groups with traditional anti-tobacco stances, such as Campaign for Tobacco-free Kids in Washington, D.C., agreed with as well as having healthy scepticism against comments made by Gottlieb. These conversations incorporate harm reduction philosophy in a high-level organization with potential for positive impacts on the lives of North Americans.

Toronto Board of Health Considering New Measures

October 15, 2017

The Toronto Board of Health is considering a set of measures in order to push back against the crisis of overdoses. There was a plea from Ontario Premier Kathleen Wynne for immediate declaration of a health emergency in the public.

There has been a huge spike in overdoses and deaths related to opioids across the country, as well as Ontario. The Board of Health for Toronto met after a report was published by the Canadian Institute for Health Information (CIHI).

Five people were hospitalized every day between April, 2016, and March, 2017. Toronto had the highest opioid-related hospitalizations in the province. More than a year ago, British Columbia made a public declaration of a health emergency in the province.

Councillor Joe Cressy, Chair of the city's Drug Strategy Implementation Panel, said, "If the province declares it an emergency, as a result of that, dollars can flow quickly to the people who need it and the organizations that are responding."

There was collection of real-time data about overdoses. This is to identify areas of risk. Of course, unfortunately, the data comes with the assumption of deaths or overdoses. There was an open letter to the government of Ontario.

Harm reduction advocate, Zoe Dodd, said, "The province said to us when we asked for it few weeks ago that there was no end in sight, that they weren't going to call [an emergency]. But that is exactly why you call a public health emergency, because there needs to be an end in sight."

Subsequently, \$222 million in funding is being provided for the next 2 1/2 years for the hiring of front-line harm-reduction workers. This is also in order to create addiction clinics with quick access as well as the supplies of Naloxone, which can help with the prevention of overdoses.

Regina Harm Reduction Advocates Call for Safe Injection Sites

October 22, 2017

Harm reduction advocates are looking to have safe injection sites in Regina (Knox, 2017). Many of them or make-shift in places such as homes and alleyways. Saskatchewan, as a province in Canada, has the highest per capita opioid overdose hospitalization rate.

The argument from the group making the calls is that the safe injection sites provide a space that is stigma free. Some have praised the efforts but state more data is needed on them.

In other words, it is a statement about the praiseworthy or laudable nature of the safe injection sites that are popping up in houses and alleyways because they help and afflicted minority population, such as youths or addicts

But the evidence is not necessarily in in terms of the benefits of pop up safe injection sites as opposed to stable ones.

Executive Director for Carmichael Outreach, Cora Gajari, said, “I really applaud the efforts of the people who set up in front of city hall. In terms of safe injection sites, though, I don’t know that we really have enough evidence to prove that we need them here in Regina.” (Ibid.)

“There's always this tendency to be reactive and see what others are doing, bide our time. I think perhaps it's the place of Regina to be a leader in the province to get something like this started,” Councillor Andrew Stevens said (CBC News, 2017).

The President and Co-Founder of the White Pony Lodge, Shawna Ochoo, estimates between 80 and 100 needles are picked up by volunteers per month by the White Pony Lodge.

Stevens continued, “I can't just see us sitting around and waiting, I think we need to get ahead of this.”

In the past, in 2016, the freezes on harm reduction efforts have coincided - though correlation is not causation - with an increase of HIV rates (Fraser, 2016).

Reference

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Knox, J. (2017, October 9). Harm-reduction advocates call for safe injection sites in Regina. Retrieved from <https://globalnews.ca/news/3793429/harm-reduction-advocates-call-for-safe-injection-sites-in-regina/>.

Ottawa Vending Machines, Success Plus Concern

October 30, 2017

Ottawa's program for harm reduction, which is a pilot, for needle and pipe vending machines as well as safe injection sites has been a success while make one resident feel unsafe in the neighbourhood now.

There have been more than 250 stems for drug smoking and 600 needles dispensed since the middle of September, according to Ottawa Public Health.

The point for the program was to reduce the number of infectious diseases spread including Hepatitis C and HIV (CTV News, 2017). The infectious diseases can be spread through drug users' needle and pipe exchanges with one another.

Ottawa Public Health's communications, Donna Casey, said that the feedback from the 'clients' or the clientele was positive. The clients said that the access to the supplies is there when other potential providers are closed.

This is apparently during the night, according to John Becvar who is a harm reduction outreach worker. The most popular harm reduction vending machine is the one in Byward Market by the Ottawa Public Health's Clarence Street facility.

Laura MacDonald, who is a long time resident of the community, is in support of the harm reduction movement, but finds the new drug users make the community less safe than before. It is a concern to her.

People have used drugs, at her doorstep. MacDonald said, "There's more people who are dealing drugs. There's more prostitution. There's more ... things you wouldn't see on a regular basis, but they're happening on a daily basis."

In 2016, Public Health Ontario reported that there were 40 opioid-related deaths in Ottawa (2017).

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Overdoses in Abbotsford

November 6, 2017

Canadian citizens have been losing family members, friends, colleagues, and fellow Canadians to the ongoing opioid crisis (CBC Radio, 2017).

A guest on *As It Happens*, Jolene Greyeyes, said that she has lost over 100 friends due to the crisis (CBC Radio, 2017). Greyeyes is a former addict and harm reduction worker. She may have lost more with five more people dying in Abbotsford, British Columbia (Schmunk, 2017). All within the span of nine hours.

Greyeyes said, "And if I don't, I know other people that most likely will know them...It's just a never-ending cycle." Of the five victims to the crisis in Abbotsford, there were two women and three men.

"It's another five families impacted by this crisis happening in our city," Greyeyes said. They ranged in age from 40 to 67; each dying alone. Police are working to find out if the contribution to the deaths was from carfentanil or fentanyl.

The toxicological tests have yet to come back. Between the first and the eighth month of 2017, 1,013 Canadian citizens died from illicit drug overdoses in British Columbia alone, which is according to the British Columbia Coroners Service (CBC News, 2017). It is 91 more deaths than in 2016.

Greyeyes spoke to the need for further education on overdose signs as well as naloxone training. "They have to know the signs of an overdose and they have to have naloxone training and naloxone kits on hand and [know] not to use alone." she said, "Nobody's safe out there anymore."

"We need to really educate the public, even if they don't think that addiction is something they need to know about, because it's happening in communities right across British Columbia and it's not just isolated to people who are homeless or living on the streets. It's people from all walks of life who are being impacted."

She iterated that she, personally, would never give up on someone that struggles with an addiction in her own community because she was an addict and knows the pain that these people go through, especially those losing a loved one.

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CBC News. (2017, October 12). B.C. overdose deaths now surpass 2016 total, coroner says. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/b-c-overdose-deaths-now-surpass-2016-total-coroner-says-1.4351608>.

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Harm Reduction Tent No Longer Usable in Moss Park

November 6, 2017

An, technically, illegal overdose prevention site in the Moss Park of Toronto halted use of an its heated medical tent (Giovannetti, 2017). The heated medical tent was provided by the provincial government, or the Government of Ontario, but the officials on behalf of the government said that there should be no open flames inside of the harm reduction structure.

The Minister of Health and Long Term Care, Eric Hoskin, for Ontario said, last week, that there will be an increase in the provision of resources for dealing with the opioid crisis through the installation of a "military-style tent" (Ibid.).

With windy and cold weather, the warmed harm reduction structure was a refuge for activists and drug users alike. But the commander of the Emergency Medical Assistance Team, or EMAT, of Ontario sent a message to the activists in Moss Park that no flames should be used in the tent. Even though, drugs need heat to be consumed.

The lead organizer of the Toronto Harm Reduction Alliance, Zoe Dodd, said the medical tent had to be abandoned. Now, the activists and users are based to using old tents without insulation.

Dodd said, "I don't know if they just don't understand how drugs are prepared. You have to heat up a drug to break down bacteria and the drug itself. I just don't understand how this happened."

Hoskin's office said that oxygen tanks are stored in the tanks in order to assist with resuscitation if needed at any time, but there is a risk with the possibilities of an open flame.

Laura Gallant, who is a spokesperson for the office of Hoskin, said, that there has a lack of communication between activists and the government since the opening of the site in August.

Gallant said the government is looking to provide industrial grade appliances such as hot plates, which would be safe for a tent. But Dodd rejected the proposal because "people do not use got plates to heat up their drugs."

Dodd's volunteers, to date, have apparently reversed 85 overdoses and monitored 2,000 injections.

In the nearly three months the site has been operating, volunteers have reversed 85 overdoses and monitored almost 2,000 injections.

More in the reference.

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Giovannetti, J. (2017, November 5). Open-flame ban forces Toronto drug-use site to abandon heated medical tent. Retrieved from <https://beta.theglobeandmail.com/news/toronto/open-flame-ban-forces-toronto-drug-use-site-to-abandon-heated-medical-tent/article36840863/?ref=http://www.theglobeandmail.com&>.

Harm Reduction Trailer Approved for Murray Street

November 8, 2017

Health Canada approved the supervised injection site in Ottawa, recently. CBC News reported that the trailer was approved for the Shepherd's of Hope in Byward Market (Trinh, 2017).

This nearly another unsupervised injection site at Raphael Brunet Park. The Government of Canada published a press release on the importance of harm reduction measures such as supervised injection sites.

Volunteers in Ottawa have said that this supervised injection site is in the centre of the opioid crisis in Ottawa.

The trailer is open 24/7 and stocked with clean needles and naloxone kits. At the moment, the trailer is used for the injections but in the future could be used for drugs users who smoke their substance.

The federal government in a press release said, 'Supervised consumption sites are an important harm reduction measure and part of the Government of Canada's comprehensive, collaborative, compassionate and evidence-based approach to drug policy,'

There is a total of eight injection stalls within the trailer for clean drug use by users. The press release continued, "International and Canadian evidence shows that, when properly established and maintained, supervised consumption sites save lives and improve health without increasing drug use or crime in the surrounding area."

The harm reduction trailer is at the corner of Murray Street and King Edward Avenue. There were 10 overdoses within 24 hours in Ottawa in this part of the city.

The Inner City Health of Ottawa is the government arm responsible and equipped for the "training and hiring the nurses and social workers who will staff the injection trailer."

For governmental permission for illicit substances with the trailer, the executive director for the group, Wendy Muckle, said, "We had to show what measures we would take to prevent the trafficking of illicit drugs inside the trailer ... and how we would make sure clients were safe and secure and staff were safe and secure." It is a 24/7 trailer.

Inside of the trailer, there have been 50 nurses and social workers hired and trained in the possibility of an overdose, as well the trailer has clean needles and naloxone kits on site.

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Trinh, J. (2017, November 6). Health Canada approves supervised injection trailer at Ottawa shelter. Retrieved from <http://www.cbc.ca/news/canada/ottawa/sanctioned-supervised-injection-site-trailer-shepherds-of-good-hope-overdose-1.4389413>.

The Public Have Concerns About Discarded Needles

November 8, 2017

Harm reduction continues to grow throughout Canada. With this, there is the provision of Naloxone kits, harm reduction trailers and sites, as well as clean needles for injection drug users. But there have been some reactions from the public on the government to clean up problems with drug use waste, especially intravenous drug user waste such as needles and syringes. There are discarded syringes, which some see as posing a health risk to the general public.

There have been volunteers in parks. They have been tasked with cleaning up various paraphernalia of drugs. Some suggest needle exchange programs are part of the problem with the waste. However, the experts and the public health workers such as social workers and nurses, and researchers, on the ground state that those programs are in fact part of the solution.

There have been rubber gloves and garbage bags put out by volunteers in Ontario and New Brunswick. Some citizens have been taking pictures of needles in some of their local areas and posting them on social media, for public commentary and complaint.

Vancouver Coast Health, as a public agency, is providing needle exchange is as well as safe injection sites for drug users who inject.

That agency provides healthcare for about 1/4 of the British Columbia population. Even though they have been more needles discarded, there has been a “dramatic decline in HIV cases” among the British Columbia drug user population. Those that inject.

Professor Carol Strike from the University of Toronto said, "I'd be concerned if I found a needle in my community, and if I didn't know a lot about the programs I might make assumptions about where the needle came from and how many there are ... the programs that I've worked with across the country ... don't want needles in the community either. That's why they exist, not only to give out needles, but to dispose of them properly,"

This is part of an ongoing public conversation.

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Goffin, P. (2017, November 7). Residents raise concerns about discarded needles, public health workers say harm reduction programs part of solution. Retrieved from <http://www.metronews.ca/news/canada/2017/11/07/residents-raise-concerns-about-discarded-needles-public-health-workers-say-harm-reduction-programs-part-of-solution.html>.

Red Zones Block Harm Reduction Service Access

November 10, 2017

Henry Tran, a Contributor to Simon Fraser University's *The Peak*, reported that a new study found the bail conditions on alleged offenders including substance users can prevent overall access in Downtown Eastside Vancouver to harm reduction services (2017).

Professor Nicholas Blomley from Simon Fraser University and a master's student, William Damon, published the study that said the "red zone" or the "no-go" bail conditions can prevent access to those services.

Based on the reportage from the study, "more than half of the bail conditions for drug offences included a no-go zone, 92 per cent of which were concentrated in the Downtown Eastside." This is stated, by Tran, to have implications for the well-being and health of substance users in Vancouver.

The red zone blocks access to harm reduction services including overdose prevention and safe injection sites.

The lead researcher in the study, Marie-Eve Sylvestre, said, "Our study reveals that conditions of release are too frequently used in Vancouver in ways that are counterproductive, punitive, and frankly unlawful, threatening fundamental constitutional rights."

Purported drug use offenders can be susceptible to recidivism, so they can go back into the criminal justice system. "Between 2005 and 2012, 97 per cent of all bail orders in Vancouver included conditions of release," Tran stated, "which contradicts the Criminal Code requirement of unconditional release, the study outlined."

The current system, with bail, would violate the right of the individual and others including their security, according to Blomley.

The Government of British Columbia has no address these problems within the criminal justice system.

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Tran, H. (2017, November 8). Study finds bail 'no-go' zones block access to harm-reduction services. Retrieved from <https://the-peak.ca/2017/11/study-finds-bail-no-go-zones-block-access-to-harm-reduction-services/>.

New Device to be Piloted in British Columbia

November 10, 2017

In the midst of the opioid crisis in British Columbia, and arguably across Canada, Vancouver is testing a first-of-its-kind drug examination device.

The drug testing device may help in the reduction of opioid associated overdoses and deaths.

Vancouver Mayor Gregor Robertson and the British Columbia Addictions Minister Judy Darcy made an announcement about the machine.

This pilot for the device will be through Insite and Powell Street Gateway. It is called the Fourier-Transform Infrared Spectrometer (FTIR).

The new device has the ability to have individual submit anonymous samples of street substances in order to be tested for potential opioid content.

You can also test for stimulants, MDMA, and other drugs. These substances can be today found within minutes. Also, all supervised injection sites within British Columbia will now have Fentanyl test strips, according to Darcy.

She said, "Tackling this overdose crisis takes a whole province ... it will take an entire province to turn this around."

In the province, so far, more than 1,100 people have died based on illicit substance use overdoses.

In September alone, there have been 80 suspected illicit overdose deaths, which is up more than 30% from September in 2016.

Also, the ministry is beginning to ramp up the campaign to reduce stigma. More than nine out of 10 people who are dying from overdoses are using substances while at home, alone.

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CBC News. (2017, November 10). Drug testing machine to be piloted in Vancouver as overdose crisis continues. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/drug-testing-machine-pilot-vancouver-overdose-crisis-1.4396886>.

Abuse of Opioids Does Not Discriminate

November 11, 2017

Jesse Stein from *The Link* wrote about the hard lessons from overdoses (Stein, 2017). Amélie Goyette, who has worked at CACTUS for 13 years (a harm reduction service), described the learned lesson.

The lesson that overdoses inflict themselves upon all sectors of society from the homeless to high-ranking professional people.

CACTUS is organized in Montreal. Some issues with overdoses and drug use in Canada are the spread of HIV and Hepatitis C. For example, CACTUS states that 68% of substance users, who intake the substances via injection, have Hepatitis C.

Harm reduction organizations such as CACTUS offer clean needles and are for safe injection, including appropriate support too,

One of the offers from CACTUS from 2010 was the introduction of "Messagers de rue" devoted to hiring people with financial problems in order to provide clean needles as well as clean the areas with substance users.

Saint Laurent metro is the new place for the services. As per usual, it is an area for substance users to inject in a clean context with trained personnel to assist with, for example, the administration of "naloxone in the case of an overdose" (Ibid.).

Two other harm reduction sites have been opened in Montreal in June, 2017.

Naloxone is an important part of harm reduction services because this provides the possibility for reversal of an overdose, which, effectively, saves lives, saves substance users, and abusers, from the potential of immediate death.

"In her experience, Goyette sees that people often begin with prescription opiates like oxycodone," Stein said, "before moving on to harder drugs like heroin, since doctors prescribe opiates less than they used to. Goyette says that in general, once a person starts injecting heroin, they never go back to pills."

Fentanyl has been the main killer, recently, as it is a synthetic opioid. Fentanyl is 10,000 times more potent than morphine (Ibid.).

In addition to trained personnel, experiential background is an important factor too, as CACTUS hires "peer workers" who are those that have prior experience with heroin abuse.

One barrier in communication and prevention of overdoses is the stigma surrounding drugs in Canada. CACTUS is working to reduce the stigma to more effectively combat the crisis, ongoing.

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Fentanyl Positive Sample Tests Increase 2,000%

November 12, 2017

There has been a surprising increase in the number of positive tests for fentanyl in samples of heroin, which have been seized by the law enforcement agencies throughout the country. It was less than 1% in 2012, moving to about 60% or more in 2017.

In other words, there has been a two thousand percent increase in the percentage. For all street drug samples, it is not a small sample size. The samples tested are about 120,000 in number. Health Canada has not provided an in-depth breakdown of the details for every type of drug test.

However, they have noted that heroin is a particular area of concern.

Of the 2337 heroin samples tested by the drug analysis service of Health Canada, less than 1% had fentanyl or any of its analogs, such as Carfentanil.

That grew to 39.4% out of 3658 samples. In only the first nine months of 2017, of the samples tested, totaling 3,337, the total testing positive for Fentanyl has “jumped” to 60.1%.

It is a substantial increase in the percentage of fentanyl that is part of the samples tested. Other common drugs tested by the service are marijuana, cocaine, oxycodone, MDMA, and many others. It was not found in any marijuana samples, but there have been increases found, of Fentanyl, in cocaine and methamphetamine.

This rapid increase in fentanyl contained within street drugs is a marked concern for the general public as well as Health Canada. Dr. David Juurlink, the head of clinical pharmacology and toxicology at Sunnybrook Health Sciences Centre in Toronto, found that this was not shocking for him.

This is, simply according to Juurlink, a mirror of the opioid crisis overdose deaths. They are paralleling the increase of positive fentanyl drug test samples. In 2016 alone, Health Canada reports that 2,816 people died from opioid-related causes.

Juurlink says that some of the factors associated with the rapid increase of fentanyl use is due to a general over-prescription of opioids for the reduction of pain. Money is being made by preying on people who need help. This is the opinion of Juurlink.

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Homeless, in Winnipeg, and Indigenous Populations, in Canada, at Higher Risk of Substance Associated Deaths

November 12, 2017

Harm reduction is an important part of the prevention of deaths associated with drug use, overuse or abuse. In Winnipeg, the vulnerable are the main victims of the opioid crisis. Throughout the country, the most vulnerable are the main victims.

The homeless and the indigenous population within Canada are the typical individuals who you will see dying daily. Various nonprofits, according to Elisha Dacey, are in a panic and rush to be able to cope and deal with the deaths associated with opioid overdoses sourced in substances laced with fentanyl.

The homeless in Winnipeg are the main subjects of death. They need housing. Local advocates for the homeless say this. But they aren't getting it. So, the homeless are the ones dying daily, as per usual.

Various business owners in West Broadway are frustrated about a homeless camp that sprung up in Winnipeg. The business owners see this area of Winnipeg as profitable, and the homeless as a nuisance to the potential for profit because it is a lucrative area for the business owners.

There can be bike thefts and petty crime in the area. This has been a concern for the Winnipeg Police Service as well as the mayor of Winnipeg too. Many have been saying that the drug use and abuse issues have been getting worse over time.

When it comes to looking for housing solutions for the homeless population, there is tremendous resistance to it. Much of the discussion is looking for ways to have the various public and private businesses and organizations come together within the communities of Manitoba, in particular, to be able to solve the increasing problem of homelessness as well as overdoses associated highly with the homeless population.

In Canada as a whole, a large portion of the homeless population is also indigenous. This is also a major concern. In fact, for me, it is a tremendous concern. Not only in the presence of historical crimes, but also in immediate experience and sympathy for the broken communities and hearts now.

As noted by others, this is the time of reconciliation, so most hope. Indigenous youth who take drugs in British Columbia, for example, will be 13 times more likely to die than any other same age group.

This means both women and men are at a much higher risk of death due to overdose and drug use than every other population, the non-aboriginal population. Many are trying to break the cycle.

But it is a hard struggle. Not only because of their ongoing deaths, but also the ease of access to drugs can be an issue too. Many want to get over the abuse and trauma from the past. However, many do not have appropriate public services.

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CCSA Hosts 7th Harm Reduction Conference

November 14, 2017

One of the largest harm reduction conferences is being held, recently. It was in Calgary, Alberta. This is the seventh conference devoted to issues and concerns around substance use and addiction. It is being hosted by the Canadian Centre on Substance Use and Addiction (CCSA).

It is bringing numerous prominent individuals within the relevant fields together for the conference. This included “addiction workers, healthcare professionals, researchers, policymakers, knowledge brokers, and those with lived and living experience from across the country to address the harms of substance use and addiction.”

The main topic area or the thematic orientation of the conference was “Addiction Matters.” It is a three-day conference. The conference is sold out as well. It will have an attendance of 480 people. The presentations and workshops will look at prescription drugs as well as the opioid crisis involving fentanyl.

The Federal Minister of Health Ginette Taylor and the Alberta Associate Minister of Health Brandy Payne will be coming to the conference for 2017. They will be giving short speeches on the first day. The conference is actually paralleling national addictions awareness week, which price to enlighten about substance use an addiction. That is, the stigma surrounding them.

Executive Director of the CCSA, Rita Notarandrea, said, "Addiction and problematic substance use touches us all...This conference brings together representatives of a fragmented, but passionate system of services and supports dedicated to helping the six million Canadians — our mothers and sisters, fathers and brothers, neighbours and friends — touched by this health disorder."

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The Sensible Cannabis Education Toolkit

November 27, 2017

In September of last year Canadian Students for Sensible Drug Policy organized a youth roundtable discussion on cannabis legalization in order to gain insights from youth on aspects of legalization that would affect them directly: age restrictions, criminalization, preventative education, and distribution. Attended by 25 diverse youth, and a member of the Task Force on Cannabis Legalization and Regulation, CSSDP produced a final report which highlighted ten main recommendations to emerge from our discussions.

The 2016 Roundtable Results

CSSDP was happy to see some of our recommendations adapted in the Cannabis Act introduced by the federal government. For example, at our roundtable, youth really emphasized the idea that age restrictions should be as low as possible, but not exceeding the age of access for alcohol. This recommendation was made based on the over-criminalization of youth, particularly minority youth, for cannabis related charges.

Many youths felt that an area severely lacking was access to realistic and evidence based cannabis education. The roundtable highlighted how overwhelmed youth feel in an ‘internet age’ where they have access to a plethora of (not always reliable and often competing) information.

Our Cannabis Education Project

Our resulting education project aims to help educators and parents have more effective dialogue with kids that will develop their cannabis and health literacy.

CSSDP hopes to provide a starting point on cannabis education, and we are bringing in diverse youth to help us create, review and edit the final product. Starting with real and honest dialogue based in evidence and harm reduction, CSSDP hopes to gather more input from young people around the country on how to create a comprehensive strategy for cannabis education.

To accomplish this, we need YOUR help. [Learn more](#).

The Toolkit

We hope the Cannabis Education Toolkit will support the development of new cannabis resources, and help educators and parents approach meaningful discussions with their kids about responsible use.

The toolkit is divided into two major sections: the first looks at ten evidence-based recommendations to approaching cannabis education with young people, and the second section presents a pull-away cannabis curriculum which covers Cannabis 101, reasons for use and non-use, current evidence around common youth cannabis claims, such as brain development and mental health, as well as harm reduction.

Canada has some of the highest rates of youth who use cannabis, and its time to talk about why people use cannabis, the common health claims around youth cannabis use, factors that lead to misuse, impaired driving, and why cannabis is a social justice issue, among other things, in a non-judgemental and inclusive manner.

And we need youth to be at the heart of this discussion. Interested? [Here's how to get involved](#).

Travis Lupick Speaks to Decriminalization and Legalization

December 15, 2017

Travis Lupick in the *The Globe and Mail* argued that decriminalization of some drugs does not go far enough. On Vancouver Island, construction workers completed a safety class. There weren't 'instructions on steel toed boots for proper lifting.'

Rather, it was on overdose responsiveness. That overdose responsiveness oriented towards drugs or substances. Clubs and Bars in British Columbia, Canada, have been undergoing similar workshops or trainings.

High schools are also engaged in similar training for teachers. There were 23 fatal overdoses per month in British Columbia in 2012. That was as high as 162 in December 2016. That number is significant across the country, with higher numbers coming out of British Columbia.

Overdoses mean death of family and friends of loved ones in Canada. The overdose epidemic is not to be taken lightly as far as I am concerned, especially for the disproportionately impacted Indigenous population. Overdose prevention sites and naloxone on-site through the streets of British Columbia are one measure to prevent overdoses that could lead to fatalities.

In terms of harm reduction as part of the solution set, it is an important part of it. Lupick spent over three years interviewing allies of drug users and drug users themselves. Some of the views expressed were that even though legalization may not become a reality then decriminalization would be a secondary consideration.

It will be better than nothing in other words. The process of decriminalization would take away penalties for possession of all drugs such as cocaine, heroin, and marijuana. This would look at the demand-side the market. On the supply side of the market, legalization would look at production, distribution, and sale of heroin and cocaine. New Democratic Party leader Jagmeet Singh said Canada should decriminalization personal possession of all drugs in order to divert people away addiction issues from police in prisons

References

Lupick, T. (2017, December 15). Decriminalization doesn't go far enough. Retrieved from <https://www.theglobeandmail.com/opinion/decriminalization-doesnt-go-far-enough/article37345776/>.

Harm Reduction Helps Indigenous Populations in Saskatchewan

December 20, 2017

Erin Petrow of the *Saskatoon StarPhoenix* wrote on Indigenous communities within Saskatchewan showing signs of improvement with harm reduction practices implemented inside of the community (2017).

Dr. Ibrahim Khan, the chief medical health officer for Health Canada's First Nations and Inuit Health Branch in Saskatchewan, noted a 10 % increase in HIV, while at the same time there has been a "massive increase of HIV testing in these communities."

"The whole point in the HIV and Hepatitis C story is the earlier you can diagnose, the better you have a handle on stopping the spread," Khan said, "but we want to increase that number — we want to even double that number in the coming years — so that testing is not an barrier."

Harm reduction's focus on the lowered harm to communities in spite of drug use becomes an important part of the message from Khan. Where the improvement in community outcomes comes from prevention, one big part of prevention is testing to identify in order to diagnose and treat, which can reduce negative long-term outcomes.

19 Indigenous communities throughout the province of Saskatchewan care for patients with the harm reduction approach through non-judgment. Other aspects of harm reduction relevant to the current opioid crisis include safe drug injective sites with safe needle exchange programs in addition to naloxone kits to avoid the potential fatal consequences of overdoses.

One big barrier for Indigenous populations around public services for drugs is the stigma associated with drug use and misuse in general. Khan says that is the biggest hurdle to access and treatment. HIV infection in Saskatchewan reserves sits at 14.5 people per 100,000. Southern Saskatchewan reserves have the highest rates at 108 per 100,000 people.

References

Petrow, E. (2017, December 4). Massive increase in HIV testing contributes to effective harm reduction programs in Sask. Indigenous communities. Retrieved from <http://thestarphoenix.com/news/local-news/harm-reduction>.

Safe Needles for Southeastern Manitoba

December 31, 2017

Southeast Manitoba has been encouraging some of its injection drug users to take advantage of a new program developed to reduce the risk to their health and wellness, which appears to be based on harm reduction principles (MacLean, 2017).

The free needle exchange program will have made available through Southern Health-Santé Sud in order to expand harm reduction programs in rural areas. recently rolled out its free needle program at all public health offices across the region in an effort to expand harm reduction programs to rural areas.

Regional Director Public Health-Healthy Living, Stephanie Verhoeven, said, "We don't have specific information on what's happening in our region but we do know that drug use does exist in rural Manitoba, and we know that we're a small province and people tend to move around a lot."

Much of Manitoba becomes – and in particular Winnipeg – the comparison case for this sector. With the offer of the service in rural areas, Verhoeven says, the service which Winnipeg has been providing for a long time, then the service will be provided to the rest of the province as well.

The Interlake-Eastern Regional Health Authority also has needle exchange program since 2015's summer. The concern tends to come from concern about the cleanliness of the needles used and potentially reused by users, and so the same in this case.

Without proper supplies, clean stuff, the substance users and unfortunately the misusers will continue to use discarded needles. This increases the probability of the spread of HIV and Hepatitis C.

"It's hard to say exactly how many people's lives you're touching when you make supplies accessible in this way," she said.

The health region advises the public, if they come across discarded needles to do the following:

- *Use a sharps container, or a thick plastic bottle like a bleach container. Don't use glass, which can break.*
- *Put the container on a stable surface.*
- *Wear thick gloves.*
- *Use tongs, pliers or tweezers to pick up needles.*
- *Put the needle in the container and tape closed.*
- *Wash your hands.*
- *Drop off the container at a public health office or a pharmacy that accepts used needles.*
- *Do not put the container in a recycling bin.*

If you are pricked by a needle:

- *Allow the wound to bleed freely.*
- *Don't squeeze to encourage bleeding.*

- *Quickly wash the area with soap and water.*
- *Go to an emergency department.*

References

MacLean, C. (2017, December 29). Southern health region launches safe needle program for drug users. Retrieved from <http://www.cbc.ca/news/canada/manitoba/injection-drugs-needles-southern-health-1.4467128>.

Bundale on the Upcoming Market for Cannabis

January 1, 2018

Brett Bundale talked about the end of cannabis prohibition in the *Hamilton Spectator* (2017). He proposes the thought experiment that the new providers for cannabis, the seller, will have outlets that are “very chic, very modern” with a clean look to them.

Only 6 or 7 months to go – 7 at the time of the article – before recreational cannabis begins to be legalized throughout the Canadian provinces and territories. The sellers are looking to capitalize on the days right after legalization, as there surely is a dormant market for cannabis that is bound to flourish in a Canada where marijuana use is widely accepted.

But the details as to what the purchase of over-the-counter recreational cannabis will look like is much in discussion and not certain. A lawyer from Ottawa, Trina Fraser, said, “Think more like tobacco as opposed to alcohol...It's not going to be like you'll walk in and there are samples.”

There are some hints such as New Brunswick's with the retail scheme apparently “the most advanced among the province,” Bundale notes, “The province has issued construction specs featuring a standalone brick store with a black awning featuring the CannabisNB logo.”

The staff in the building will inform the potential customers about safe and responsible recreational cannabis use tied to harm reduction. The explanations will include the law of the area.

“In a single day, buying cannabis will go from a black-market purchase, steeped in surreptitious dealings and paranoid dealers, to a modern shopping experience,” Bundale stated, “A drug long condemned as the stuff of street gangs, organized crime and outlaw motorcycle clubs will be branded, packaged and displayed in stores.”

There will be an excise tax as well as consumption taxes too.

Saskatchewan wants or is looking into a private model. Yukon may limit the selling to the outlets run by the government; whereas, the Northwest Territories and Nunavut remain in consultations with the public.

Bundale said, “Governments are also still hammering out exactly how much the product will cost, how much it will be taxed, the minimum age for buyers, where smoking pot will be legal and driving impairment rules.”

A policy analyst at the C.D. Howe Institute in Toronto, Ontario - which states that it is most influential think tank in the nation, in Canada. – named Rosalie Wyonch said, “For the provinces that will go Crown corporation for retail, it's probably going to be a very polished experience.”

Wyonch stated that the privately sold cannabis outlets will have a variety or a “spectrum” of provisions based on the price tags. CSSDP's own Jenna Valleriani, who is a University of Toronto Ph.D. candidate said that buying cannabis must be more convenient in order to fulfill the original goal of eliminating the black market.

"For people who have purchased from a friend or acquaintance for 15 years, those are really hard purchasing patterns to shift," she says. "If you did have to go to a retail shop and wait in line for an hour, that's likely going to deter people from going there."

Bundale, B. (2017, December 26). What legal weed stores will look like: 'Very chic, very modern, very clean-cut'. Retrieved from <https://www.thespec.com/news-story/8022569-what-legal-weed-stores-will-look-like-very-chic-very-modern-very-clean-cut/>.

Needles Potentially Placed Deliberately in Victoria, BC

January 20, 2018

One Victoria Island Health official speculated on the potential of sabotage by opponents of harm reductions based on reportage by the Victoria, British Columbia police of an increase in the quantity of discarded syringes (Britten, 2018; CBC News, 2018a).

This did have consequences because a three-year-old child on Pandora Avenue was pricked with a needle as well as a similar event with a woman finding two needles. The needles, according to the local police, were deliberately placed (Ibid.; CBC News, 2018b).

The Chief Medical Health Officer for the health authority, Dr. Richard Stanwick, speculated that some Canadian citizens with misgivings or disinclinations for support of harm reduction philosophy and methodologies planted the objects.

"What we are really concerned about is that this isn't some sort of effort to discredit efforts around harm reduction," Stanwick stated. As well, he noted that there is legal and research evidence to strongly support the claim that drug use has a huge stigma.

Linked to the stigma, the opponents, based on the many cases of academic and legal evidence, may be 'activists' of a sort and plant the needles in opposition to the harm reduction gaining further public acceptance.

Stanwick stated the public finds fewer deliberately discarded needles. "The events are so basically scattered," Stanwick said, "It doesn't appear that there is any distinct pattern to them other than they happened over time."

The concern still remains about public safety hazards with the potentially deliberately placed needles in public places, as in the case of the 3-year-old. The Director of Solid Outreach, which is a drug user network, said, "Within the street community, most people would be very upset with people for leaving needles behind even just in the street, let alone in a more threatening manner."

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CBC News. (2018b, January 15). Victoria woman finds syringe police believe was 'deliberately placed' in planter box. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/victoria-police-vicpd-syringe-1.4488965>.

Mothers Gather as a Force for Harm Reduction

January 22, 2017

You go about daily life, wander from the kitchen to grab coffee, and back to the fridge for some foodstuffs to make the sandwich for your son's lunch before he heads off to school. He is in grade 12, but having troubles.

Communication, though good in the past, has gotten worse over the high school years. You begin to lose contact on the what's what of your son's activities. You go to his room to wake him up: knock, knock, knock, in a gentle rhythm.

No answer, curious panic, you turn the knob, push gentle on the door, and peek in. He's not there. You are worried, don't know where he is or where he went last night. You hear a knock, knock, knock – solid, loud, authoritative, at your door.

A rhythm reminiscent of that which you knocked at your son's door. You feel a sting of uncertainty and panic. You rush to the front door, peek through the eyehole as you press your face to the door.

It's the RCMP. You open the door and get the news. Your child, your son, died from an opioid overdose the night before. This, of course, is a tale. But the theme of the experience is becoming a common death experience on the part of families across the country. Parents losing children.

Mothers do not want to have to deal with this anymore, as the public reaction is not swift. Some are mobilizing for the implementation of the only methodology with evidence behind it. That being harm reduction.

One mother is Tina Kavanagh, who's son is David. He left rehabilitation in September of 2017. "I was really worried knowing he was out because fentanyl was introduced to Cambridge [Ont.] six months prior to him getting out of rehab."

On October 12th of 2017, only two weeks after David left the halfway house in Kitchener, Ontario. Kavanagh received a call. His cousin's wife had found David's lifeless body at 6:15 am.

You see the thematic similarities. There was a syringe in David's hand. Harm reduction is a needed methodology for the improvement of community health and to save individual lives like David.

Kavanagh suspects there was an injection of heroin laced with fentanyl that led to the death of David. Although, the toxicology report, at the time of the article, had not come out (Ibid.). Fentanyl is 100x more powerful than morphine.

The expected deaths from 2017 were 4,000 in 2017 alone. There was a plan of action launched in November of 2016 to help deal with the ongoing crisis through the territories and provinces of the country.

The number of opioid-related deaths was expected to hit at least 4,000 by the end of last year. In November, 2016, the federal government launched an action plan to address the far-reaching crisis with the provinces and territories.

In Wabana, Bell Island, Kavanagh and other mothers of intravenous drug users are gathering together to work for the benefit of the general public through "stocking an RV with clean needles and information on harm reduction, recovery options, rehab programs and drug counselling."

Other women, such as Susan Boone, have undergone a similar tragedy with the almost overdose death of her 24-year-old daughter. Boone says, “Harm reduction is paramount. If they're sick and dying of disease, they're never going to get better.”

Another mother named Sheila Lahey has a son who is a drug user. She runs a needle exchange program out of her home. She, of course, gets support, which comes from the Safe Works Access Program, as well as a local activist named Brian Rees.

Rees takes a 4-hour trip to exchange dirty needles for the clean ones. About a dozen people use the service per day. Over 12,000 needles were collected and disposed – for the public good and deserving commendation – of, by the community of Wabana.

“I was shocked at how much they're going through – how really bad this situation is,” Lahey said. Her own 33-year-old son went from full-time work as an electrician to heavily indebted and on social assistance based on a cocaine habit.

Wabana Mayor Gary Gosine lost a 35-year-old nephew from an overdose. The mayor is leading a grassroots harm reduction movement as well.

Kavanagh said, “As long as I keep myself busy with keeping David's memory going, I'm okay...I just want to keep his memory alive.” That is at least a start, and definitely a driving heart behind the compassionate efforts of harm reduction.

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Karmik is Here to Help with Nightlife

February 4, 2018

British Columbia harm reduction organizations are hoping to improve the safety of nightlife in Victoria, British Columbia. Organizations such as Karmik. The new chapter will be in Victoria, British Columbia.

There will be provisions of drug checking services, education and training in order to reduce the stigma of drug use in order to help with the prevention of overdose deaths, as well as help with the peer support at the events.

Given the severity of the fentanyl crisis throughout 2017, and arguably earlier, the organization is important for the improvement of the safety standards in the nightlife scene. Young people want to have fun in a responsible and safe manner.

Unfortunately, these substances can be laced with things like Fentanyl. But organizations run by decent people such as those at Karmik are providing a way for safer nightlife.

If you want to help out with the organization, you can look into the website in order to look into various ways of contributing to the organization and in a way to the community of nightlife substitute is looking for a safe, responsible, and mutually respectful environment to enjoy a good party.

References

Dimoff, A. (2018, February 4). B.C. harm reduction organization hopes to improve nightlife safety in Victoria. Retrieved from <http://www.cbc.ca/news/canada/british-columbia/karmik-harm-reduction-victoria-1.4518129>.

First Nations Conference in Vancouver, BC

February 8, 2018

The first First Nations mental health and wellness conference will be taking place in Vancouver, British Columbia. Mental health and substance abuse are major issues for the First Nations Community within Canada.

Elders, educators, well as community leaders and care providers amount to hundreds of people will meet in Vancouver to discuss these issues in a formal conference setting. The difficulties can be focused on children as well provincial care.

The number of suicides from opioid overdoses in First Nations communities are far higher than the rest of the general BC population. Some note that things we see with things like suicides and deaths are symptoms of things such as century of assimilation policies and racism.

Grand Chief Doug Kelly, chair of the First Nations Health Council, said, "I'm full of good feelings and I'm full of hope because there's 600 leaders and caregivers that want to make a difference... We're dealing with some very difficult things."

The conversations will focus on pragmatic concerns, i.e., the tangible solutions to deal with mental health issues including those that could lead to a suicide or coping with opioids that are actually laced with fentanyl leading to an overdose death.

Mark Matthew, the manager of Engagement and coordination health authority, considers this a praiseworthy conference. He said, "It's important that we talk about these difficult things because if we don't start talking about them, how can the healing really start?"

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Interview with Alison McMahon – Founder & CEO, Cannabis at Work

February 20, 2018

Scott Douglas Jacobsen: You are going to be presenting at the Psychedelic Career Day on a panel. What will be your angle of presentation? What will you be bringing to the panel?

Alison McMahon: The panel is talking about how the various panelists got into their careers. In my case, it is focused on cannabis and cannabis legalization. I will be sharing my journey of how I got into this sector.

Jacobsen: With regards to the field of psychedelia, some of the conversations around Psychedelic Career Day is that the university system does not necessarily see the psychedelic field as a legitimate discipline or field of study. Why do you consider psychedelia a legitimate field of study?

McMahon: I will talk from the cannabis background, which crosses over and is relevant. To be frank, I am not an expert in the psychedelic field. I was asked to participate in the panel and I find it very interesting. I am happy to share my background as a much as possible.

When we look at cannabis, given the scheduling of cannabis as a schedule 1 drug in the US and a schedule 2 drug in Canada, it has lead to a lot of limitations in terms of studying cannabis for medical purposes.

We are starting to see some movement and some change now. But what that means, is we are behind when it comes to the science of cannabis and being able to speak to its medical benefits and medical efficacy.

With some of the psychedelic drugs, it is a similar situation; there have been limitations on studying them for medical purposes. So, that limits the amount of knowledge that we have on the medical benefits or the medical potential and the amount of application that we have seen of those substances for medical or therapeutic reasons.

Jacobsen: Taking on step away from the particular panel, as well as Psychedelic Career Day, though associated with it, you found Cannabis at Work. What inspired you to found it? In other words, where did you see a need that you could found an organization that could fulfill that need?

McMahon: I was a human resources specialist and an entrepreneur prior to this work. I was involved in human resources. I helped employers with a variety of human resources topics. In 2015, in the Summer, I started to see and hear more about cannabis in the news.

It started along with what was happening in the US at the state level. It was pre-Trudeau, but, he was running and marijuana was part of his platform. It was a time when cannabis started to hit my radar more.

I realized that it was, on the one hand, one big opportunity for drug reform. I realized that there is a really big challenge for employers, especially, in the sectors that have employees that may have been prescribed cannabis medically, but the employer is really uneducated about the complexities between strains with THC or CBD in them - and how that affects impairment or not.

I realized there was a gap in knowledge. That there was something they were grappling with. It was helping employers gain knowledge and also update their own drug and alcohol policies while maintaining workplace safety and being respectful of human rights for individuals who are using cannabis for medical purposes.

Due to our participation in the cannabis sector in Canada, around Cannabis at Work, in the Spring of last year with the legalization of marijuana announcement, that is when we launched our staffing division. That makes us Canada's only staffing agency focusing exclusively on the regulated cannabis sector in Canada.

Jacobsen: Often, with psychedelics and non-psychedelics, there are myths in the public mind. You mentioned some. What are one or two of those bigger myths that float around? What are the empirical truths that dispel them?

McMahon: I think that the biggest myth or point of fear for employers is using medical cannabis is that the employee will be high all of the time and be a huge safety or productivity risk in the workplace. Employers and the general public do not understand some of the nuances of medical cannabis.

Somebody, if they are taking it in the evening and they do not work until 12 or more hours later the next day, they may not be impaired, but they may be able to continue doing their job. There may not need to be any formal accommodation of that.

I think that is probably the biggest challenge, which is the lack of nuance in knowledge about cannabis. Everyone views cannabis as an impairment causing substance. But people can be using these strains with very little THC in them.

Jacobsen: Thank you for the opportunity and your time, Alison.

Interview with Trevor Millar – Founder, Liberty Root Therapy Ltd.

February 22, 2018

Scott Douglas Jacobsen: What was the basis for the invitation to the panel for Psychedelic Career Day? What are you hoping to bring to it in general terms?

Trevor Millar: I was a speaker at the Psychedelic Psychotherapy Forum held in October a couple of years ago in Victoria. That is where I met Bradley Foster who invited me to be a part of the upcoming Career Day. My company is called Liberty Root Therapy Ltd.

(www.libertyroot.net) We have been operating it for the last 4 years providing the psychedelic plant medicine Ibogaine to those who feel called to it and qualify.

We work mostly with opioid addicts, as it is a powerful addiction interrupter. Since last May, I have not been doing much hands on work as there have been some regulatory changes in Canada. I have been focused on the big picture on how we can make this medicine available to more people.

To what I give to this panel, I have the unique experience of actually running a business in Canada giving psychedelics to people, legally, with Health Canada knowing about it. I bring a unique perspective having operated a company that has given psychedelic therapy to more than 200 people.

Jacobsen: How does Ibogaine work to be an addiction interrupter?

Millar: The backstory is that it comes from the Iboga shrub. It has been used ceremonially for centuries in Africa in the Bwiti tradition. They claim the pygmies gave it to them. It is used 'in the jungle' for healing on many levels as well as initiation into adulthood and the tribe in general.

In 1962, a heroin addict in New York City by the name of Howard Lotsof had a chemist buddy who knew that he would try anything. He asked him to try Ibogaine, and he did. This sent him on a long psychedelic trip, it can be as long as 36-hours, but when he came out the other end he realized he hadn't wanted heroin the whole time he'd been on it, nor did he want it anymore. That is when its anti-addictive properties were discovered.

He became a champion for the medicine and got the right people to pay attention to some degree. He founded the Global Ibogaine Therapy Alliance and established some standards of care. I was recently the Executive Director of that organization. (www.ibogainealliance.org)

It seems to scrub the opiate receptors and bring people to an opiate naive state. We treat mostly opioid addicts; it helps to interrupt any negative pattern a person wants to overcome including most drugs.

But it works especially well for opioids. It helps people get off the drug without the pain of withdrawal, which can drag out for months and months. We bring clients in for 10 days.

We have a doctor working with us to prescribe morphine. a short-acting opioid, so they would be on that for the first day or so to stabilize.

Then we tend to low dose with Ibogaine for one or two days. The way that works is somebody wakes up in the morning, has a bit of withdrawal, and then we give them a small dose of Ibogaine and the withdrawals are taken away for 4-6 hours.

When the withdrawals come back, we put them back on morphine. Because the Ibogaine has done some of its work, we only need to go in with about half as much of the opioid. We do that for a couple of days and ween them off the opiate as much as possible before the next day, which is when we bring in a registered nurse and do the 'flood dose' of Ibogaine.

This is the full 36-hour long experience. As I said, we bring in a registered nurse. Ibogaine is potentially deadly. There is a big screening process prior to bringing any clients come in, including an ECG to check their heart as well as blood work.

During that 36-hour long experience, it is, as far as I as a non-patient is concerned, a person lying on a bed. But the first 8-12 hours a person will go through something that's been called an oneiric experience, or "as related to dreams."

As with many psychedelic psychotherapies, you may relive past traumatic events, but see it from a different context so some forgiveness may happen there. It is hard to describe the experience adequately.

The first 6-12 hours contains most of the 'bells and whistles', then the following 24 provides a lot of time to reflect. Eventually they'll get some sleep and if we need to do it, we can give some booster medicine if there are any other withdrawals.

For the most part, after the flood, they are physically free of opiates. Generally, the cravings have disappeared. Withdrawal from opiates is normally dire pain for anywhere from a couple days to a couple months with some of post-acute symptoms often extending six months or more. With Ibogaine most of this is addressed in a few days. It's such a gift.

It is amazing to see. People still to have decisions to make out the other end of the treatment, so it is not a 100% success rate overall. We see long-term in the unscientific studies that we have done out of Liberty Root a 60-65% success rate treating these addicts.

It blows regular addiction statistics out of the water. That number correlates with the general consensus around the success of Ibogaine. Some of the more scientific studies done tend to show around a 50% success rate on average.

Jacobsen: How might this apply to the opioid epidemic ongoing in the country at the moment?

Millar: It is a really great solution!

Jacobsen: [Laughing].

Millar: The way Ibogaine has been classified for the last 4 or 5 years when I was working with it. It was classified as a natural health product within Canada. That meant that it was regulated to a certain degree, but wasn't regulated to the point where a person would be breaking a law by using it.

In May, it was put on the prescription drug list. I think it is where it should be because it is potentially dangerous. A natural health product should not be potentially dangerous. It is good that it was put on the prescription drug list.

But in order to be available, it needs to get a drug identifier number. To get that drug identifier number, you need to have the stage 1, 2, 3 clinical trials in order for Health Canada to say, "This is how the drug should be used."

It is currently in a regulatory Twilight Zone. My aim is to move it beyond that Twilight Zone. But it would be huge in piece in trying to fix this opioid crisis. It is definitely not for everybody. The way I started to use this medicine was to look for ways to help the Downtown Eastside of Vancouver.

It was a passion project that I started in 2001, and in 2009 Ibogaine came on the radar as a potential solution. The right synchronicities happened to have the right doors open. I was able to put together a great team for this.

Our philosophy was we will take paying customers and then use some profits take people from the Downtown Eastside and help them. We helped a good few people out of that neighborhood.

The people we've helped from that hood are doing great from what I know; I am in touch with a couple of them. One has a job and an apartment. He told me that he has \$5,000 that he wants to invest in something [Laughing]. To go from being homeless on the Downtown Eastside, staying in a shelter; going through this process, getting on his feet enough that now he's asking me about how to invest \$5K in cryptocurrencies. It's pretty amazing. [Laughing].

Ibogaine is not for everybody. I work with people on the Downtown Eastside for months before I give them medicine. You do not want to pluck somebody out, give them Ibogaine, then drop them back in. That will not work. But it can be a big piece of the puzzle in fixing this opioid crisis with the proper pre-care and aftercare. It deserves some attention. That's my goal.

Interview with Daniel Greig of CSSDP on Psychedelic Career Day

February 23, 2018

Scott Douglas Jacobsen: Psychedelic Career Day, what is the event? Why is it important for those interested in entering the career of the discipline of psychedelia?

Daniel Greig: The career day is a panel of a bunch of people who are working within the field of psychedelic research and, more broadly, they research with substances traditionally considered either recreational or not useful given the history of drug laws.

So, we do have one panelist focusing on cannabis. But the majority are focused on doing the research or writing about the research in the Psychedelic Renaissance. It is the reintroduction of psychedelics into research settings.

There will be many jobs opening up in relation to this field of study. It has been rocky trying to do this research over the last 40 or 50 years because of the strict legal restrictions on utilizing a lot of these compounds.

Those have been loosened. The general public has moved to from away from being fearful about psychedelic compounds. The benefits are becoming known about for e.g. DMT, Ketamine, and MDMA.

MDMA has been given breakthrough therapy status by the FDA in the United States, a huge change compared to the approach in the 90s where MDMA was demonized as the rave drug.

The common example of that is where you would see: "This is your brain on drugs. These drugs make holes in your brain." That is the discourse we have been having to put up with for a long time.

Nowadays, there is less of that and more positive information coming out, more objective information coming out. The objective case is these are positive for wellbeing in a number of ways.

A lot of people and students especially are interested in that. This panel is important for giving people the tools they need to pursue careers in this field within legitimate institutions, within Academia and therapeutic contexts.

This panel is about bringing the information to a bunch of eager and willing people who want to work in this field, making it more possible that they can do that effectively.

Jacobsen: With respect to the panelists who were invited to the one you will be hosting, what will be the things that they will be bringing to that panel in general?

Greig: A lot of these people are new for me to talk to. I am familiar with Ben Sessa's work. He is a longrunning and published author on the effects of MDMA in psychotherapy.

He even started the Breaking Convention Conference in the United Kingdom. I am really interested to talk to him and see his experience in the field and the things he has been able to get up to in this fairly restricted field up until this point.

David Wilder, he is a blogger. So, a bit more of a casual perspective on what sorts of jobs are available in the field because there are plenty of people interested in psychedelics as a philosophical starting point.

He explores psychedelics, spirituality, technology, and self-development. He does a lot of educational events related to his writing work. That is also an interesting avenue for people to be engaging in this research. What are the implications of psychedelics more generally for our technological society?

Also, Anne Wagner, I am familiar with her work. She is a great speaker and has an excellent perspective on this.

She works out of Ryerson University. She is working on research work with MDMA and Cognitive Behavioural Therapy for Post-Traumatic Stress Disorder. She is more of an institutional figure, someone with a research and medical background. This is what a lot of people are going to be looking for when having careers of this kind.

Then we also have Trevor Millar who is an entrepreneur. He does his own Ibogaine facilitation as far as I understand. He makes that available to people. It will be interesting to get that perspective as well because there are people looking for legal ways to integrate people into having psychedelic healing, which isn't quite on the table right now for the widespread population - in typical legal avenues.

We have a little bit of everything here. A good diversity of focus on different areas, different subsets, of psychedelic research. The Ibogaine experience is different from the MDMA experience is different from the cannabis experience.

As a result, there are a lot of different pathways for people to work with those compounds in different ways. We have a good array of voices to look forward to.

Jacobsen: For those with an interest in following through on not necessarily attendance at Psychedelic Career Day, though that will be a valuable venue for them to gather some information as well as meet some of the personalities, what other resources can facilitate their own self-exploration into the psychedelic world?

Greig: I would start with recommending with getting on the mailing list for all of the research institutions that are working on this stuff. You have MAPS Canada. If you give a donation, you will receive information on their research and events they are affiliated with.

That is a good way to keep in the loop. There is also The Beckley Foundation. You can keep up with them for updates on their research and events. they often collaborate with the organization MAPS as well.

They were both major contributors to the Psychedelic Science Conference that happens regularly in California. On top of keeping up to date with these research bodies, it is also important to stay in the know and connected to the community around you.

Whether that means attending conferences in your area that are related to psychedelics, in Toronto, there is more of that happening. I host the Mapping the Mind with Mushrooms Conference every September. It happens at the University of Toronto.

There was a recent one called From Microdosing to Mystical Experiences hosted by the Toronto Psychedelic Society. Those things are a great way to keep in the loop. I know there are similar events in Vancouver because MAPS Canada has their headquarters in Vancouver.

It is a fruitful ground for a lot of educational events and community integration events. If you do not have access to those things, there are more psychedelic societies popping up.

One started in Hamilton, Ontario and another in Toronto, recently. One of the reason this career panel is so widespread and available across the globe is because of the interactive network of psychedelic societies.

Getting involved with that is a good way of linking into the network and fostering ideas about psychedelics, self-exploration in regards to that, and the network is the most important thing, I think.

If you want to do the work in this field, you have to know the people; it is a great way to facilitate the efficacy of the psychedelic movement.

If you are a student at a university and want to be working in this, it is good to be open to the potential professors and supervisors in your area. One of the best resources you have, if you want to be working for psychedelics, is yourself. You as an individual can help bring psychedelic compounds back into the institution by being forward about the backing that we have from empirical research, proposing an independent study or research projects that you can be collaborating on with your supervisors or professors.

That will ultimately be the most helpful thing. It is taking those steps to make things happen.

Jacobsen: The end. Thank you for the opportunity and your time, Daniel.

David Wilder Interview on Psychedelic Career Day

February 25, 2018

Scott Douglas Jacobsen: How did you become interested in the discipline of psychedelia?

David Wilder: I was actually pretty opposed to all drug use when I grew up and it wasn't until I got to college and began experimenting with drinking alcohol that I loosened up enough to try cannabis a few times. It didn't have much effect on me the first few times (probably because I wasn't actually inhaling properly), and eventually the people I was hanging out with bought some salvia divinorum to try. Without any knowledge of what I was getting into, I joined them one time while they were smoking the extract and ended up having an extremely intense out-of-body experience where I was looking down on myself from above. That experience threw me for quite a loop and gave me a lot to think about. Later that summer I traveled to Europe and purchased some psilocybin mushrooms from a smart shop in Amsterdam. I ate them and had a life-changing transformative trip which showed me quite a few things that I needed to work on. When I got back to America, I became somewhat obsessed with learning as much as I could about psychedelics, reading lots of books, watching tons of videos, and listening to podcasts about psychedelics. It's been over ten years since that summer back in college and I'm still consuming a lot of psychedelic content to learn as much as I can.

Jacobsen: What is the purpose and content of Psychedelic Career Day?

Wilder: This event is designed to facilitate a conversation about how people can create a career related to psychedelics. I'm a freelance writer that spends a significant amount of time writing about psychedelics, and the rest of the panel consists of psychedelic researchers, an event organizer, an entrepreneur, and a Ibogaine facilitator. I'm very interested in what these panelists have to say about their own careers, and hope that as a group we are able to give some inspiration to people out there who are wondering what type of psychedelic career they can create.

Jacobsen: You have a wide range of interests including “music, reading and writing, plant-based diets, fitness, meditation and yoga, psychoactive drugs, gardening, alternative economics and self-development.” How does Think Wilder provide an outlet these?

Wilder: My blog *Think Wilder* is a place where I can write about my interests in an effort to spread information to others. I have a weekly “This Week in Psychedelics” column where I link to a wide variety of psychedelic-related articles that show up each week in the news. Some of these articles focus on the risks that can come from taking psychedelics, while others delve into their benefits. The column is intended to catalogue how psychedelics are presented by the mass media, which includes everything from the latest scientific research to misinformation. I also write a weekly “Weekend Thoughts” column, which briefly talks about some of the things that have happened in the previous week. That column tends to focus a lot on news about technology, which is another topic I'm very interested in. In addition to those two weekly columns, I have published a few “how to” articles about various meditation techniques and several book reviews that cover the topics that you mentioned. Ultimately, my blog is a place for me to work on my writing ability and express the things that I'm thinking about to the wider world.

Jacobsen: What will be your own contribution to the panel?

Wilder: I will be speaking for 5-10 minutes about my personal background and history with psychedelics before diving into some of the tips and tricks that I wrote about in my “Continuing Further Education with Psychedelics” article that is published on *Psychedelic Times* and then talking about a few psychedelic careers that are options for people who want to create a psychedelic career. Although I don’t have the same wealth of professional experiences with psychedelics that the other panelists have, I’m hoping that talking about my story as a freelance writer will help upcoming psychedelic content creators to think about how they can carve out their own careers.

Jacobsen: How do you hope to help the younger generations explore the world of psychedelia?

Wilder: My hope is that we see a lot of different types of careers bloom out of the psychedelic community. One potential path that younger people can take is to study psychedelics in college and become psychedelic researchers or trained therapists that can help people integrate their psychedelic experiences. In addition, some people may want to get involved with drug policy work, while others could become content creators and help expand the conversation about psychedelics even further. It’s an exciting time to be involved, because although there are a ton of options available to pursue.

Jacobsen: Any final thoughts or feelings in conclusion?

Wilder: I think that about sums it up for me. Thank you for taking the time to speak with me today, and I am looking forward to participating in the webinar!

Psychedelic Career Day: March 3, 2018

February 26, 2018

Psychedelic Career Day is hosted by the Toronto Psychedelic Society on March 3, 2018 via Zoom in a webinar. There will, in addition to the Zoom webinar, be a live event hosted at the University of Toronto.

The Keynote address will be by Dr. Ben Sessa. After the keynote address by Dr. Sessa, the Psychedelic Career Day will be hosted by Daniel Greig from Canadian Students for Sensible Drug Policy. The panel will include individuals including Rita Kočárová, David Wilder, Dr. Anne Wagner, Trevor Millar, and Alison McMahon.

Many people interested in psychedelia can go by the title “psychonauts.” One reason for this event is to discuss and present the experiences of those who have gone into the world and build a life for themselves in areas less well-trodden. How do you build an academic or professional career in the realm of psychedelia?

Psychedelic Career Day is one effort to bridge that gap and define some paths forward, especially in the university research system for work and investigation in-depth into psychedelics.

You can find more information out about the event here:

<https://torontopsychedelic.net/events/>

Good wishes and see you there!

The Death of Raffi Balian

February 27, 2018

There was the death of a harm reduction worker. The man was Raffi Balian who died, recently. There was the Drug Users' Memorial on Friday February 16th at the South Riverdale Community Health Center or SRCHC.

Many spoke about the impact of this harm reduction worker and lifelong advocate for those who are users and even misusers of drugs. Balian was one of the founders and the coordinator of the SRCHC award-winning COUNTERfit harm reduction program.

Recently, it had expanded to include a safe-injection service called KeepSIX. Unfortunately, at the age of 60, Balian died on attending a national about supervised consumption. The day of death was February 16th.

There were about 50 people who mourned the death in the Leslieville centre. There were songs, prayers, a smudge ceremony, as well as the reminiscences of the good times. Carol Lee who is the person who runs the SRCHC Drug Users' Memorial Project talked about the "ruthless war on drugs."

Lee read a few lines that Balian wrote in May of 2012 as well. A well-known harm reduction worker in Toronto who co-founded the Moss Park overdose prevention site name is Zoe Dodd talked about the untimely death of Balian as well as the loss of others that she knew and cared for.

Often, there is a focus on the people who misuse drugs, overdose, and even die without appropriate trained care and naloxone present. However, there are the long-term advocates and workers.

Here we are dealing with the death of a highly valued member on the other side, someone who impacted the lives of the users that worked to improve their own livelihood, even hoping to save some lives.

Unfortunately, those who are helping those who misuse substance can die in the midst of their own advocacy at work as well. "Today we are remembering people who have been lost to us. ... people who have been prematurely robbed of their lives," said Lynne Raskin, SRCHC's executive director.

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Naloxone Training Provided By UFV in Chilliwack and Abbotsford (BC)

March 2, 2018

The University of the Fraser Valley is offering a harm reduction initiative with provisions of naloxone training as well as take-home naloxone (THN) kits. This initiative's training in Naloxone use will happen in Abbotsford and Chilliwack.

The Opioid and Naloxone Awareness Day event will take place on March 5. The University of the Fraser Valley Project is a student-driven Project grounded in harm reduction philosophy and practice.

This is becoming an increasing phenomenon throughout the country. The event will include interactive educational booths. UFV Social Work students will help with the event. One of their social work students, Amanda Ellsworth, considers this the most important time in order to equip and educate undergraduate peers.

“Students are coming out of high schools, or from international schools,” Ellsworth explained, “who have never been trained on recognizing the signs of an opioid overdose. If they see one happening, and have a naloxone kit with training, we might save lives.”

There has been prior naloxone training on campus through the UFV Peer Resource and Leadership Centre in addition to guidance from Bethany Jeal who is a UFV Nursing faculty member. Jeal hopes this event will provide training and reduce stigma as well.

The general public is allowed to attend, but the emphasis is on university of the Fraser Valley faculty, staff, and students. Preference is for RSVPs. However, people that want to drop in can do so as well. RSVPs will simply amount to a courtesy. The naloxone training will happen with trained UFV nursing students.

Event information here:

"Monday, March 5 at 11:30 a.m. and 1:30 p.m. in B121 on the Abbotsford campus, 11:30 a.m. in A0014 on the Chilliwack Canada Education Park campus, and 1:30 p.m. in Room 1001 on the Chilliwack Trades and Technology campus."

If you would like to RSVP, please go to the link here:

mycampuslife.ufv.ca

If you would like to contact the PRLC coordinator, please send an email here:

Ashley.WardHall@ufv.ca or thn@ufv.ca

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The Chilliwack Progress. (2018, March 2). UFV harm reduction initiative offers free Naloxone training and kits. Retrieved from <https://www.theprogress.com/news/ufv-harm-reduction-initiative-offers-free-naloxone-training-and-kits/>.

Harm Reduction Effective and Incomplete

March 3, 2018

In terms of the overdose crisis, some experts claim that the innovations in the harm reduction methodology in practice do not suffice in order to reduce the opioid crisis efficiently or are limited.

Of course, harm reduction policies save far more lives and reduce the harm caused from the drug misuse throughout the country, especially, in contrast, stark contrast, to the punitive approach currently in vogue within the country akin to the American system.

British Columbia is host to some of the more progressive policies and practices of harm reduction including the distribution of prescription grade heroin in addition to supervised injection sites tied to vending machines.

However, British Columbia is also facing one of the highest rates of death if not the highest rate of death due to overdose out of all provinces or territories with more than 1,400 people dying of illicit drug use in 2017 alone.

Donald MacPherson is the director of the Canadian Drug Policy Coalition. He said, "The envelope is being pushed because of the desperate situation and no one really knows what to do, because we've never seeing anything like this before... But if we had another public policy that had failed as dramatically as our drug policy over the past few years, we'd say this is a catastrophic failure."

The toxicity of the drug supply is one major concern. Another major concern is the stigma attached to the drug use and misuse throughout the country.

It makes the discussion difficult. It makes public action also difficult. But harm reduction, especially in British Columbia, has been a direct reaction, proactive reaction, to these for deaths in the province.

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Moderate, Regulate Alcohol Doses Help Severe Alcoholics

March 4, 2018

The regulated doses provided to severe alcoholics may be a solution to help the individuals suffering from alcoholism. The methodology is part of radical harm reduction, associated with harm reduction in general, and can assist in the stabilization of the lives of the alcoholics.

Four studies published by researchers from the Canadian Institute for Substance Use Research at the University of Victoria showed that radical harm reduction through the highly structured managed alcohol programs (MAPs) program can help patients in residential facilities with doses given hourly or every hour and a half.

The CISUR Director, Tim Stockwell, said, “(MAPs) can achieve significant harm-reduction objectives for this very vulnerable population... These people are experiencing a lot of harm and creating a lot of cost.”

Those who use alcohol products that are cheap tend to be the homeless, where they can fail to access the shelters available in their locale due to the extreme intoxication at times. There have been reduced harms from the MAPs methodology including “violence, alcohol poisoning and death due to exposure.”

Stockwell continued, “This solution is for a small population of people who are without housing, who can’t keep housing due to explosive drinking patterns... The program must include strategies to manage outside drinking to maximize harm reduction.”

The participants should be in the facility for an hour before receiving a dose. There is support, but highly structured access and delivery. It discourages supplementation by the severe alcoholic with “outside sources of alcohol.”

Canada has 14 MAP programs with numerous probably informal setups throughout the country. Vancouver has a formal MAP program on Station Street and an informal one several blocks away through the Vancouver Area Network of Drug Users.

There are many programs like this, formal and informal, throughout the country structured within a harm reduction and, less often, a radical harm reduction provision methodology.

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Radical Harm Reduction Out of the Woods

March 5, 2018

According to the University of Victoria, some radical harm reduction practices have begun to be brought into the public eye.

For examples, and a contrast, one methodology of harm reduction can be considered non-radical, which is the provision of safe needle exchange programs in specific areas of a neighbourhood. Another aspect could include on-site trained staff and Naloxone in case of overdoses for those in need of it.

The other, or as is called radical harm reduction in some reportage, is the use of the substance, at least in the case of alcohol, to curb the negative side effects of the substance in an individual's unfortunate addiction.

A peer-reviewed academic journal has been compiling, and is reported to have completed the task, a list of the peer-reviewed literature on MAPs or Managed Alcohol Programs, which amount to the provision of measured doses of alcohol throughout the day in individuals with severe addiction to alcohol.

Given the descriptor "radical," this, of course, does amount to a controversial program of action or branch of harm reduction methodology. But this goes back to a question about the evidence, especially the high quality peer-reviewed evidence. What does it say about MAPs in particular and radical harm reduction methodologies in general?

Drug and Alcohol Review published a special issue with four papers by researchers "at the University of Victoria's Canadian Institute for Substance Use Research (CISUR, formerly CARBC) from the Canadian Managed Alcohol Program Study (CMAPS), which looks at data from approximately 380 individual MAP participants and controls across the country—the largest study ever conducted."

Bernie Pauly and Tim Stockwell at the University of Victoria, the CMAPS Principal Investigators, reported that these amount to the most significant set of publication findings in relation to the work of MAPs.

They wrote, "It's intended to stimulate debate and focus future research on strategies to improve outcomes for this vulnerable and often under-serviced population."

Pauly said, "The initial results are promising in reducing acute and social harms as well as economic costs... We also need to take a closer look at how we can better provide culturally appropriate care to Indigenous people and more relevant services for women."

The work by CISUR through MAPs is seen as a "made-in-Canada harm-reduction approach," which continues to gain recognition in the local and global arenas. Community partners are assisting with their work.

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Ontario Expansion of Addiction and Harm Reduction Services

March 6, 2018

The province of Ontario is beginning to expand the axis to harm addiction and addiction services throughout the province. The latest data does represent the increase in opioid-related deaths. Year-by-year, the number of opioid-related deaths continues to rise in not only Ontario but across this large, underpopulated nation.

From January to October 2017, there were 1,053 opioid-related deaths. It was an increase of 52% from same range of time in 2016. In order to combat the opioid crisis, over 85 addiction and mental health providers throughout Ontario have begun to enhance the supports and treatment services for those with an opioid use disorder, or more properly a misuse disorder.

12 of those more than 85 are directed towards youth. More than 20 of those more than 85 are devoted to help with withdrawal management services. As well, more than 30 communities will be benefitting from expanded Rapid Access Addiction Medicine (RAAM) clinics in their communities.

As part of the Ontario's Strategy to Prevent Opioid Addiction and Overdose, there will be a collaboration with Health Quality Ontario on three new opioid-related quality standards based on the most up-to-date evidence, and has been developed by people who have had addictions as well as clinical experts.

There will be a naloxone nasal spray as well as injectable kits available for free at participating pharmacies. There will be expanded public education on the access to naloxone as well as posters and brochures with various information about the prescription opioids.

More details from the release below:

Ontario has approved nearly \$7 million in funding for seven supervised injection services. Five of these sites (three in Toronto and two in Ottawa) opened between August 2017 and February 2018. The province continues to accept applications.

Overdose prevention sites provide core harm reduction supports and services such as supervised injection and access to harm reduction supplies and naloxone.

On February 12, 2018, the first Overdose Prevention Site (OPS) opened in London, Ontario. The province continues to accept applications.

Health Quality Ontario and the Council of Academic Hospitals are helping to support the provincial rollout of the Rapid Access Addiction Medicine model, with funding from the province.

Over the next three years, Ontario is investing more than \$222 million to combat the opioid crisis in Ontario, including expanding harm reduction services, hiring more front-line staff and improving access to addictions supports across the province.

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Dr. Anne Wagner on the Psychedelic Career Day Panel and Her Work

March 7, 2018

Scott Douglas Jacobsen: What was the outcome of the panel for Psychedelic Career Day?

Dr. Anne Wagner: It was an interesting and well-received conversation. Lots of different questions in terms of the folks taking part and attending on diverse ways in which careers can be had in the field.

There was a lot of interest on clinical applications within the field, e.g. becoming a clinical psychotherapist in the field. We were there for 3.5 hours. We had a presentation by Dr. Ben Sessa and then answered folks' questions.

Jacobsen: With respect to your own presentation, what were some of the questions asked of you in particular?

Wagner: Unfortunately [Laughing], I did not take notes, so this will be a bit harder to answer. Folks were asking me about the training to be a psychedelic researcher, the opportunities available regarding the research, the trajectory to becoming involved in this area, and so on.

I talked about how I am a PTSD development researcher. As a clinical psychologist, primarily, we were invited – my mentor and I – to develop this protocol that combined Cognitive Behavioural Conjoint Therapy with MDMA to see if that would yield helpful results.

The idea being that I did not seek this out but landed in this area. I was very clear that if this area is of interest, develop a skill-set that will support the work that you want to do in this area, therapist training or training in some other area that might be helpful, e.g., lots of lawyers work in this area or other folks with different skill-sets like project management.

I gave an overview of my trajectory.

Jacobsen: When it comes to some of the MDMA research in a clinical setting, what are some of the more cutting-edge aspects of the research that may be of interest to undergraduates looking into that area and even high school students?

Wagner: One area that is interesting is the combination of MDMA with psychotherapies that are already stand-alone psychotherapies. A lot of the work with MDMA and psychotherapy up until now has been with non-directive supportive psychotherapies, which would draw upon the skill sets and the best clinical skills of the providers – but they are not based on a treatment in and of itself that would be, for example, used to treat PTSD.

The theorizing I am doing is about combining things we know that work for a good segment of the population and adding MDMA into that as an adjunct to see if we can improve outcomes. It is to deepen and create breadth in our understanding how MDMA and other compounds work in terms of the psychotherapeutic process.

With MDMA, the offer of the opportunity to have this optimal zone of arousal, where you are activated enough to be able to experience emotion and sit with it and so that you are not fearful of those emotions, which is helpful with PTSD.

PTSD is clearly linked with avoidance, so to be able to feel your feelings and to have that experience in an MDMA session potentially adds something important to a trauma-focused treatment. I think that is a particularly interesting way forward for the treatment.

We did this pilot trial of this couple's treatment, Cognitive Behavioural Conjoint Therapy for PTSD. I will be doing another pilot study with Cognitive Processing Therapy, which is an individual treatment for PTSD, with MDMA.

Then there is team in the US lead by Barbara Rothbaum who is going to be combining prolonged exposure with MDMA. All three of those protocols with Cognitive Behavioural approaches will be interesting to triangulate the data to show how these different interventions that we already use in practice that do have effects: what will happen when we combine with MDMA?

Jacobsen: What are the common variables or factors – I guess we can precisely say – positively correlate with preceding PTSD – or more colloquially – cause PTSD? What are those pathways for someone ending up with PTSD? With MDMA in particular, what are the pathways in the brain to reduce those symptoms of that disorder?

Wagner: We conceptualize PTSD as a disorder of impeded recovery. The idea is that when someone experiences a traumatic event, many people will develop symptoms that look like PTSD right away if the event is severe enough. Many will continue on this course of natural recovery, and will go back to baseline. Some will not follow that natural recovery as a trajectory. The idea is that conceptually, especially with Cognitive Behavioural treatment, is that there have been difficulties with memory reconsolidation but also making meaning of the event.

There is something that has gotten stuck in terms of that recovery trajectory. The idea with our current best treatments is that they are both exposure-based like CBCT (that offers approach assignments to things that people avoid when they have PTSD) and prolonged exposure (which offers an exposure literally to the memory of the event), and use cognitive approaches that make meaning of the trauma and associated thoughts that might be associated with it: blame, acceptance, trust, control, power, intimacy, and the like. The idea with combining the treatments with MDMA is that MDMA has strong effects on the brain with the release of certain neurotransmitters that allow a more easeful experience.

As well, there is activation of the prefrontal cortex and a quieting, if you will, of the amygdala. The amygdala is very heightened in PTSD. It is the fight, flight, freeze response that goes alongside a traumatic event or stimuli.

It is like this alarm system that does not go off afterward with PTSD. When that is quieted with the help of MDMA, it is experiencing and feeling what it is to not have that alarm system go off at quite the same rate and to experience the feelings that go alongside the trauma.

We facilitate this with treatments without MDMA. But the question is, "Can you help more people or others who have not been helped with these treatments using MDMA as well?"

Jacobsen: Thank you for the opportunity and your time, Dr. Wagner.

Jason Kenney Speaks on Harm Reduction

March 8, 2018

Jason Kenney, the Alberta United Conservative Party, made comments in previous weeks about opposition to the supervised injection sites if he became the premier of Alberta. Of course, this is changing more recently.

Alberta is constructing sites for safe, healthy consumption of drugs in order to deal with the deaths linked to opioids. Kenney has expressed direct opposition to harm reduction methodologies including the aforementioned.

Kenney thinks treatment and enforcement would be a better solution because the other methods, which do amount to harm reduction methods, would assist in the spending of money for more consumption of drugs by Canadian citizens in Alberta.

In a Twitter post, Kenney tweeted, “We absolutely need to show compassion for those suffering with addiction, and we need to help them get off drugs. But helping addicts inject poison into their bodies is not a long-term solution.”

Following this, potentially based on the reaction and feedback from some sectors of the public, he said, “I’m not saying I’m opposed to reasonable harm reduction efforts, but I am saying that we need to be realistic about this... We obviously respect the authority of the court in this respect, with one caveat. I would want properly to consult with local communities about the placement of facilities.”

He is noted to have acknowledged that the Supreme Court of Canada ruled “governments have the obligation to license supervised consumption sites.”

One of the UCP leader’s objections was to the density of the consumption sites in Edmonton, where he says that the local business owners and residents should have the right to decide on the sites being established in their local communities or not.

He does disagree on the harm reduction methodologies as the preferred means to solve the opioid crises, especially the deaths, but has taken, recently and in contrast to prior weeks, a light “tone” on consumption sites in particular.

One of Kenney’s preferred methods would be harsher penalties for drug dealers, more associated with the punitive rather than the harm reduction approaches to substance misuse.

“The notion that this is a panacea for the consumption of some of these really toxic opioids is, I think, a bit naïve,” Kenney opined.

Health Canada approved several consumption sites in Calgary, Edmonton, and Lethbridge as well as needs assessments ongoing in Edson, Fort McMurray, Grande Prairie, Medicine Hat, and Red Deer.

“Activists and public health officials have hailed supervised consumption sites as a life-saving, if stopgap, component in the response to the overdose crisis,” Little reported.

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Vancouver Calls for Decriminalization of All Drug Possession

March 9, 2018

The rising overdose deaths in Vancouver, British Columbia continue to wreak havoc on communities and families. Vancouver made a call to the federal government to decriminalize the personalized possession of drugs (CBC News, 2018).

Mary Clare Zak, the Managing Director of Social Policy, described the call as new while at the same time consistent with the Four Pillars Drug Strategy of Vancouver. Some have claimed that even harm reduction innovations cannot get rid of the opioid crisis in total (Ghoussoub, 2018).

“What we've learned from countries, for example like Portugal, is that when you decriminalize then people are feeling like they're actually safe enough to ask for treatment,” Zak explained, “People who are dying are more likely to be indoors and struggle with accessing help or assistance because of their illicit drug use.”

Vancouver advocates and users are in agreement with the call for immediate decriminalization of all drug possession (Lovgreen, 2018). Bellefontaine (2018) notes that the decriminalization has been rejected as on the table by Liberal Prime Minister Justin Trudeau based on a town hall held in Edmonton, Alberta.

Here are Zak's recommendations:

- *Rapidly roll out funding for evidence-based treatment programs.*
- *Support the scale up of innovative programs that provide access to safe opioids for those most at risk for overdose.*
- *Support the de-stigmatization programs that are co-led by people with lived experience of substance use.*
- *Continue to roll out innovative overdose prevention services in areas where users remain isolated.* (CBC News, 2018)

In January alone, Vancouver had 33 overdose deaths, which was the highest number since the May of 2017. In short, the number of Canadian citizens in Vancouver dying from the opioid crisis continues to rise as a trend line. People are dying, and more and more by the month.

Zak points to a need for a “clean drug supply for people who are struggling with addiction” and decriminalization, which would likely mean regulation, would be an important part of this. The federal government is already working on the decriminalization and legislation around the legalization of marijuana.

"Decriminalizing harder drugs is not a step that Canada is looking at taking at this point," Prime Minister Justin Trudeau said. The NDP Leader Jagmeet Singh has been publicly quoted in support of the decriminalization of personal possession of all drugs.

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Will Moss Park Volunteers Stay in Place?

March 10, 2018

Trailer houses constructed in the Moss Park in Toronto, Ontario, Canada are illegal and volunteer overdose prevention sites (Gray, 2018).

It will continue to remain open. There are many users anxious to have their fix of substance and volunteers itching to help them. Zoë Dodd, a prominent harm reduction activist and proponent of good repute, has been at the site for about 7 months with a small group of volunteers (Tierney, 2017).

They are working and have been working to reduce the number of overdoses in the park. They started out in flimsy old tents that could not stand tall to a wind storm. Many drug users would use in the community would die alone in the past as they shot up.

Their corpses would be found later. One Health Canada approved supervised injection site has opened at the Fred Victor Centre for the homeless. Many former volunteers of Dodd work there.

Mayor John Tory said that many of the volunteers at Dodd's illegal site should transfer to the clientele to the legal site simply across the road. Dodd still considers the illegal Moss Park trailer an integral part of the harm reduction efforts there.

Therefore, they will be staying in place. "Even though Fred Victor opened, we're still so inundated with the need... This is the epicentre of the overdose crisis, Moss Park," Dodd explained.

The province released the new numbers for the week on the deaths associated with opioids. It was more than 1,000 from January through to the end of October in 2017. Dodd recommends the governments begin to increase the number of injection sites based on the increasing number of overdoses in order to appropriately respond to the opioid crisis.

The St. Stephen's Community House sent letters off to the Kensington Marker with an announcement that they earned approval for an overdose prevention site on a temporary basis at the community house.

The process began after pressure from activists. The Ontario Ministry of Health obliged them. A similar site is open in London, Ontario. Applications for other temporary harm reduction sites will be emerging, or are predicted to arise, in other parts of Toronto, Ontario.

The Dodd trailer is running without a permit, washrooms, or water. Joe Cressy, a City of Toronto Councillor and the Chairperson of Toronto's Drug Implementation Panel, said that they were looking to find the Dodd group a new place in the community to continue their work (City of Toronto, 2018).

Tory wants the harm-reduction site removed because of the park. "Look, I believed from Day 1, and you can go back and look at all my prior public statements, that a public park is not an appropriate place to any kind of a harm-reduction site," Tory stated, "It's a public park."

Dodd wants to move people, but there are as many as 40 or more people who come and use her service each night. No one has died of an overdose on her site – a good track record. The Director of Programs for Fred Victor, Jane Eastwood, stated that between 7 and 23 people use her services each night.

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Alberta's Entrance Into Harm Reduction

March 11, 2018

An Alberta Commission has called for more harm reduction sites in the province (Gerein, 2018). The Government of Alberta released a new report on the level of deaths associated with opioid overdoses (Government of Alberta, 2018a). This has come alongside recommendations as well (Government of Alberta, 2018b).

Indigenous groups have been declaring emergencies in some of their communities due to the overdose crisis (Cameron, 2018). There have been interventions such as fentanyl tests, which have been shown to reduce the number of overdoses (Meuse, 2017).

Alberta's supervised consumption sites should be permitted to offer drug testing to help users learn what dangers might be lurking in their illicit narcotics, the province's opioid commission recommended Friday.

Some in the general public continue to question the efficacy of the fentanyl-sensing strips as well as associated devices to detect fentanyl. However, these devices help give insight into the contents of the about-to-be used drugs in the drug user community.

Elaine Hyshka, the Co-Chair of the Minister's Opioid Emergency Response Commission, said, "Anytime you can give people a bit more understanding than absolutely none about what's in their drugs, I think that's a positive."

Six consumption sites were approved for the province of Alberta with one opened in Calgary, in Lethbridge, and four in Edmonton to be opened. 562 Albertans have died from the fentanyl-related overdoses in 2017 alone.

The problem with fentanyl is that is continuing to show up in methamphetamine and heroin. The users, who may not even be regular misusers, can be caught unaware in a fentanyl overdose because their used substance has been inadvertently laced with fentanyl, potentially leading to an overdose and a death.

British Columbia and Ontario, two provinces with high death tolls associated with the opioid crisis. One prominent place that uses the fentanyl-sensing strips is Insite based in Vancouver. 80% of the substances, in the first year of testing at Insite, were found to contain fentanyl.

Those Insite clients with a positive result were an order of magnitude, 10 times, more probable to reduce the chances of an overdose.

A medical health officer at Vancouver Coastal Health, Dr. Mark Lysyshyn, noted that the strips can falter in their prediction of fentanyl. In that, they are not foolproof. One other issue is the potential for the strips to be able to detect associated fentanyl substances such as carfentanyl.

The first Alberta overdose prevention site opened for the Kainai First Nation in Southern Alberta. The Kainai First Nation declared the first state of emergency based on a recent spike overdoses there.

The site is open for eight hours per day. According to Gerein's article, there are other recommendations:

- *Ease restrictions for prescribing methadone and medical heroin, which are used as treatments for opioid use disorder.*

- *Organize a national conference in Edmonton in October to discuss drug policy and harm reduction.*
- *Approve a mobile supervised consumption site in Calgary.*
- *Open supervised consumption services in Medicine Hat, Red Deer and Grande Prairie.*
- *Develop guidelines around protective clothing and safety practices for workers who may come into contact with fentanyl.*
- *Expedite consumer protection legislation, to ensure people seeking mental health and addiction services receive proper care. (2018)*

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Is Radical Harm Reduction More in the Spotlight?

March 12, 2018

The Times Colonist is reporting on the treatment of alcoholism with bone drink at a time using a radical harm reduction treatment methodology.

Professor Tim Stockwell, a Psychologist at the University of Victoria and the Director of the Canadian Institute for Substance Use Research said, “Alcohol can kill you in more ways... But somehow it doesn’t deserve the same level of respect in harm-reduction treatments as other substances.”

In his research with colleagues on the efficacy of harm reduction methodologies incorporating doses of alcohol for alcoholics at regular intervals has proven effective, Stockwell explains that these managed-alcohol programs continue to be a radical idea 25 years after their inception.

The Executive Director of Our Place in Victoria, Don Evans, described the activities and initiatives of his own organization with managed-alcohol programs.

Evans explained that the group with those kinds of organizations, but failed to have sufficient space in the organization and resources in order to maintain and fully develop the program at Our Place in Victoria.

Evans states that severe alcoholics may resort to mouthwash and rubbing alcohol in order to satisfy the addiction but that these are brain-damaging substances. That makes the managed-alcohol programs as an initiative or program for those “meant for people who have tried everything else, and so it’s a last resort,” Evans explained.

The programs are best given within a therapeutic community with “housing, food and fellowship.” The programs finish within 30 to 60 days. Those programs that have been operational have worked without much notice, according to Stockwell.

The social norms and mores do not permit the allowance of alcohol given in this way. It is taboo, *verboten*. It is a radical harm reduction program in light of that fact that those with addictions that are homeless or in danger of dying are the ones they are for because abstinence programs simply have not or do not work for them.

If these are programs combined with food and shelter, they can help rebuild the livelihood and potentially family and social networks that these people need. An increase in anxiety is the most noticeable sign of withdrawal in the individual not having their drink.

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One Woman's Naloxone Training Mission

March 13, 2018

One woman is on a harm reduction crusade with naloxone kit training sessions. Abby Blackburn is helping the punk community in Edmonton to be informed and safer about the possibility for overdoses from opioids in the midst of the crisis throughout the province.

In a conversation with *CBC Radio Active*, Blackburn said, "I realized, after seeing statistics online and everything else, that it's very far reaching... The fentanyl crisis is pretty intense, so I just wanted to reach out to absolutely everybody."

The training sessions with Blackburn show how to use the naloxone kits. She has trained about 150 people to date and wants the people that she trains to never have to go through the traumatising experience of seeing a friend overdose in front of her.

Blackburn recalled, "The first time that I saw somebody overdose in front of me was one of my close friends, and I hadn't even heard of naloxone." The friend did live, but she recollects that it was a terrifying experience to witness an overdose of a loved one in front of her.

"This past January, when I had an event, I was told by someone that their life got saved by the naloxone training, so that was pretty rad," Blackburn said, "It was affecting me on a personal level from the get-go, and I just wanted to continue helping people and saving people."

The next event will be April 13, 2018, at the Aviary open to all ages. Her next event on April 13 at the Aviary is for all age groups.

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Toronto's Riverdale Riverside Ralph Thornton Centre Hosting Harm Reduction Event

March 14, 2018

In Toronto, Ontario, in the Riverdale community, there will be a harm reduction event entitled Community Matters.

On March 19th from 6:30 pm to 8:30 pm, the gathering will take place at the Ralph Thornton Community Centre, 765 Queen St. E., which is east of Broadview Avenue.

The conversation for the neighbourhood event will be on the effects of the ongoing crisis. Its impacts on individuals, families, communities, and the wider society as a result of the severity, and increasing problems, associated with it.

There is a reported increase in fear and concerns (Toronto.Com: News, 2018) around the health crisis with drugs in the country. The conversation on the 19th will involve some discussion on the adaptations of "harm reduction, healthcare strategies, and public health policy."

The South Riverdale Community Health Centre will take part in the event/conversation. The community health centre is the place of the first Canadian supervised injection service as such a neighbourhood centre.

"Those interested in attending should be aware that this meeting may not be accessible due to the replacement of the centre's elevator," the news note stated.

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A Brief Note on Fredericton, New Brunswick and Finances

March 16, 2018

The Government of New Brunswick will be contributing \$250,000 to the Cannabis Education and Awareness Fund. The New Brunswick government is looking for an advisory committee set of members in order to determine how best to spent the finances.

As recreational cannabis will be legalized later in the year, the Finance Minister Cathy Rogers wants a harm reduction, socially responsible approach in order to keep cannabis away from the hands and bodies of children and youth.

Four cannabis producers and the New Brunswick government signed agreements where 2% of the gross earnings will enter the Cannabis Education and Awareness Fund.

Rogers stated the monetary injections into the fund are starting in order for the education to be jumpstarted. Also, it will take time before sales begin to trickle in more funds.

The Chairman o the Cannabis Management Corporation will be one of the, and senior civil servants will be three of the seven members of the, advisory committee for New Brunswick.

The other members will come from the general public.

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Overdoses in Hamilton, Ontario, and Beyond

March 17, 2018

Ontario has been hit, as well, by the opioid crisis sweeping across the nation. Prime Minister Justin Trudeau spoke to one of Ontario's city about it.

Trudeau has described this as an important goal for his federal government. One municipal officer made a call for more concrete measures to deal with addiction at its source.

Out of the city of Hamilton, there were 70 opioid-related deaths between January and October alone, the situation for the crisis is becoming worse and worse. Only 41 occurred in 2016 in Hamilton.

How many more will happen in 2018? Trudeau was giving a tour of speeches on the various steel-producing communities with commentary on the opioid crisis destroying lives, families, and, some communities.

Trudeau said, "We know that we have to address this. This is getting to be more and more of a problem... We have always put this at the top of our preoccupations as we deal with this public health crisis here in Hamilton and right across the country."

The Medical Officer for Health for Hamilton, Dr. Elizabeth Richardson, explained the Hamilton area has an unusually or atypical rate of deaths associated or linked with opioid overdoses.

Richardson said, "There needs to be continued focus on what do we do to stop people from being in a position where they are finding drugs as a way of managing their physical and emotional pain... We do need that fundamental support from the get-go ... around housing, around income support, around civil society that are really important pieces to underpin it all."

The province of Ontario had a total of 1,053 opioid-related deaths between January and October of 2017 with only 694 between January and October of 2016. Ottawa will be dispersing \$150 million in emergency funding for all provinces and territories in Canada in order to combat the opioid crisis.

The money is in the new federal budget. "The balance will go toward public-education campaigns, better access to public-health data and new equipment and tools to allow border agents to better detect dangerous opioids such as fentanyl before they enter the country," McQuigge reported, "The Ontario government has pledged to spend more than \$222-million over three years to tackle the issue, with money earmarked to expand harm-reduction services and hire more frontline staff."

Opioids will kill is predicted to kill more than 4,000 lives in 2018 based on projections from the Public Health Agency of Canada.

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Justin Trudeau Approach Differs from NDP and the Greens

March 18, 2018

According to *The Georgia Straight*, the Liberal Federal (Trudeau) government has been keeping on its path of a war on hard drugs, which contrasts with the approaches of the Greens and the NDP (Lupick, 2018).

The government of Canada will not consider the decriminalization of all drugs based on the opioid crisis throughout Canada, which killed about 4,000 people throughout the country last year. More than 80% of the 2017 deaths were linked to fentanyl.

Fentanyl is a synthetic opioid that is far more toxic than heroin. The advocates for decriminalization suggest the removal of criminal penalties for the personal possession of drugs. They argue that it would reduce the stigma and encourage those who have an addiction to seek treatment for the personal problem.

André Gagnon, a spokesperson for Health Canada, stated, “We are not looking to decriminalize or legalize all illegal drugs; but there are important steps we can take to treat problematic substance use as a public health issue—not as a criminal issue.”

Donald MacPherson, the Executive Director of the Canadian Drug Policy Coalition, argues that people in the public are now beginning to understand that the opioid crisis is more serious than they have known before.

Mayor of Vancouver, Gregor Robertson, “We are witnessing a horrific and preventable loss of life as a poisoned drug supply continues to kill our neighbours, friends, and family... More action is urgently needed.”

MacPherson noticed that the NDP and Greens were supportive of the decriminalization while the Liberals will be debating the issue at a party convention in April.

“People are really beginning to understand that the crisis is demanding a more serious look at a more radical shift in our thinking,” MacPherson said, “Municipalities are starting to say, ‘Look, this isn’t working for us anymore.’”

He argues that with the discussion happening at such a large scale in the public, and increasingly more and more in the public, the federal Liberal government will have to look into potential for drug decriminalization.

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Fort McMurray First Nation #468 Signs MOU with RavenQuest

March 19, 2018

RavenQuest signed an MOU with Fort McMurray #468 First Nation. Ravenquest BioMed Inc. signed a Memorandum of Understanding with Fort McMurray #468 First Nation or FM 468.

The MOU is the basis for the collaboration in the creation, maintenance, and financing of a facility for the production of cannabis lands to be controlled by FM 468.

The sales of the produced cannabis will be on the sovereign land. RavenQuest will provide technical expertise, resources for the staff, and financial opportunities relation to the production facility with an initial size of 24,000 square feet.

RavenQuest will receive about thirty percent ownership interest in the production facility. The original development, over time, will grow from 24,000 square feet to 250,000 square feet.

“We intend to emerge as the trusted provider of choice for Indigenous Peoples’ Cannabis industry partnerships across Canada. Our work in this area reflects a high level of understanding of the concerns and issues facing Indigenous communities across Canada,” he CEO of RavenQuest, George Robinson, said, “With the right partners, we see cannabis as a tremendous opportunity for economic diversification, self-reliance, employment and harm reduction within Indigenous communities. This agreement is designed to deliver on all of these fronts, providing for a mutually beneficial arrangement for FM 468 and RavenQuest moving forward.”

Chief Ron Kreutzer stated: “By participating in the cannabis sector, it will allow Fort McMurray #468 First Nation to take one step closer to being a self-sufficient Nation for the next seven generations and providing world-class services to the Citizens.”

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Safe Injection Sites are Evidence-Based and Should Trump Ideology

March 20, 2018

According to *The Gateway*, (DeCoste, 2018). Jason Kenney was condemning safe injection sites on March 2. He considered “helping addicts inject poison into their veins is not a solution to the problem of addiction (Karim, 2018).

DeCoste argues that the comments represent how Kenney lacks knowledge and potentially concern “about addiction, mental illness, and the cycle of poverty.” Safe injection sites have reduced the number of addiction-related deaths.

DeCoste sees the main disagreement with Kenney in criminality versus health, where DeCoste views this as a health issue and Kenney sees this as a criminality issue. The health perspective considers drug problems more to do with the environment.

The criminality perspective thinks the problems associated with substances come more from the person. That is, Kenney is wrong by the analysis of DeCoste to view substance abuse as a personality or moral flaw rather than an illness with associated addiction and withdrawal symptoms.

DeCoste reminds the readers that addiction requires long-term solutions with safe injection sites as part of them in contrast to the statements by Kenney. The safe injection sites provide clean needles and professional medical attention at the sites.

Two public health concerns are reduced through safe injection sites with HIV infections and overdoses rates going down. Correlation is not causation, however, since 2003, British Columbia’s HIV infections went from the highest to nearly the lowest in the country.

Also, around Insite – a harm reduction facility, the number of overdoses has decreased by 35% (Picard, 2017). In short, the claims about the safe injections sites improving societal outcomes, by which I mean individual Canadian citizens across the board health outcomes, are well-supported.

The larger umbrella term for the philosophy and the methodology is harm reduction. Harm reduction is a methodology in which to reduce harm, as the title implies. In fact, MacQueen reported on 40 peer reviewed research studies that supported harm reduction as a legitimate strategy to improve the health outcomes of individuals, and so families, communities, and society.

To deny this is to deny evidence, to deny this evidence is to worsen the health outcomes of those same individuals and potential others as well, this is the implication with the science when ideological and political differences are put to the side.

As DeCoste said, “On April 14, 2016, B.C. declared a Public Health Emergency — one which has little to do with criminal activity, but lots to do with the physical wellbeing of its citizens.”

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Update Opioid Guidelines to Help More Patients

March 21, 2018

More than 4,000 people have died from opioid-related overdoses in 2017. The expectation is the same or more in 2018. After the United States of America, Canadians dominate in the consumption of opioids. The *Canadian Medical Association Journal* publication produced a set of new guidelines for doctors to follow in order to reduce addiction.

The opioids epidemic is a problem throughout the country with more deaths in city centres than in the outlying regions, as far as I know. The deaths seen with the HIV epidemic are surpassed by those in the modern opioid epidemic.

The older guidelines were written by the experts in addictions. Only 20% of those people who need addiction treatment will receive it, the Canadian guidelines should be for the family doctors and nurse practitioners rather than the experts.

As noted in the reportage by Dr. Brian Goldman (2018):

The guidelines say that medications that are readily available are the most effective treatment for addiction. The drug of choice is a combination of buprenorphine and naloxone, which is sold under the brand name Suboxone. Buprenorphine is an opioid medication, and naloxone blocks the effects of opioid medication. When Suboxone doesn't work or is not recommended, the next option is methadone. If these two drugs fail, the next best option is for the doctor or nurse practitioner to prescribe a slow-release form of oral morphine prescribed as a daily dose that the patient swallows in front of a witness.

The medications reduce the craving in order to assist patients with the withdrawal symptoms and to permit the patients the ability to begin to restart their lives. Methadone has been extant for decades and is riskier for the health of patients than Suboxone.

“Instead of trying [to] reduce or eliminate drug use, harm reduction tries to reduce its negative consequences,” Goldman said, “Dr. Mark Tyndall of the B.C. Centre for Disease Control is setting up a pilot program in which the province will provide the narcotic hydromorphone in vending machines to registered drug users.”

It should be noted that not all addiction experts are in favour of harm reduction with a preference for non-harm reduction methodologies. The fear is the users will be high and sell Suboxone on the street. The problem: little evidence, according to Goldman, exists for this fear-based claim. I do not want to dismiss it, but the evidence supports harm reduction rather than fear. Although, granted, these fears and concerns are not the ideological ones some might find with individuals such as Jason Kenney or other politicians when they denounce some harm reduction measures such as safe injection sites.

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West Virginia Health Right Distributes Retractable Needles

March 22, 2018

There was a brief news article about an American harm reduction programs. It talked about the West Virginia Health Right in Charleston, West Virginia.

The West Virginia Health Right will be distributing retractable needles to further its harm reduction program. This was weeks before the final Charleston City Council vote that made syringes illegal within Charleston.

During emergencies, there is the possibility of dirty needles sticking to firefighters and police, according to the concerns expressed in the report. This proposal stemmed from the concerns there.

West Virginia Health Right wanted to distribute the needles in order to keep the city safe. They wanted safety for the general West Virginia public through the implementation of harm reduction methodologies.

They began some of the harm reduction work in 2011. Its harm reduction program began with the requirement of patients to receive a full medical examination, HIV and Hepatitis screenings, and drug counseling prior to receiving clean needles.

So Health Right says they're responding with a measure to keep the city safe. Health Right began their Harm Reduction in 2011 after seeing patients asking for insulin prescriptions but simply walking out with the needles.

The CEO of Western Virginia Health Right, Angie Settle, said that the needles cost the clinic three time more than the regular syringes.

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A Call for More Calgary Supervised Consumption Sites

March 23, 2018

One doctor made a public call for supervised consumption sites. The call is for more of them in suburbanite Calgary.

One of the centers opened in the downtown core of Calgary, Alberta. It is at the Sheldon M. Chumir Health Centre. The goal is to react to the opioid crisis in order to reduce the number of overall overdoses associated with fentanyl.

Dr. Hakique Virani, an addictions specialist, explained, “There's not a silver bullet to solving this epidemic... It's a combination of a number of very strongly evidenced-based public health interventions.”

The Alberta Health Services published a Safeworks Supervised Consumptions Services report for the month and found more people use illicit drugs now with the professional medical supervision of the Sheldon M. Chumir Health Centre.

470 people, some repeat attendees and others not, have come to the site to mostly use meth/crystal or fentanyl. If divided by sex, the majority of the people in attendance are men with a mean age of 36, which would amount to a young middle aged population of men.

However, those are the ones who placed an address. Others live in a homeless shelter or do not have a fixed address. Based on available data, the call for more supervised consumption sites is justified because these will improve the health outcomes of individual Calgarians.

fentanyl and opioid crisis afflicting Alberta, Virani told the *Calgary Eyeopener*.

Virani said, “We miss certain populations with this type of service... One of the characteristics of this epidemic is that it's affecting a lot of people in the suburbs who use substances alone... Harm reduction outside of inner cities, there's no reason why we can't do that... If geography is one of the barriers to people accessing that type of site, then offering it in multiple places would be wise.”

Happily, the overall visits to the Sheldon Chumir supervised consumption site are increasing, which will, in the short and long term, improve the health outcomes, as a statistical average, of the Calgarians, mostly ~36-year-old men, having addiction problems.

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The First Harm Reduction Symposium in Saint John

March 24, 2018

With the continued increase in the number of deaths due to the opioid epidemic throughout Canada, there are increased calls for proactive and assertive, and evidence-based, measures to deal with it.

Those measures tend to be harm reduction methodologies. That means that the main means by which the experts and public can work together to reduce the overall harm of drugs in society while acknowledging these are simply part of the country.

Saint John hosted the first Harm Reduction Symposium to bring together doctors, former addicts, nurses, and social workers in order to converse on the opioid crisis in a group setting.

Public health nurse Penny Higdon said, "A multi-disciplinary approach, not one program or one department can solve some of these issues, we really have to work together."

A pediatrician for Horizon Health, Sarah Gardner, said that there is a shift from an abstinence perspective and expectation of drug users or potential drug users to the idea that we can, instead, meet people where they are at and then provide harm reduction practices to them.

The Public Health Agency of Canada reports that 90 opioid-related deaths happened in Atlantic Canada. The total number for the country in 2016 was 2,861, which increase in 2017 and will continue to increase, or is extrapolated based on trend lines, in 2018.

Julie Dingwell of Avenue B Harm Reduction in Saint John has seen this growth from professional work. She said, "We've certainly seen more overdose deaths and our number of needles that we are providing has increased by almost 100,000 in a year and a half period."

Harm reduction methodologies have been put in place in order to reduce the associated problems and public health concerns that come from opioid-related overdoses and potential deaths. These measures have included safe injection sites, Naloxone, and so on.

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The Globe and Mail on Cannabis Legalization

March 25, 2018

The Federal Liberal government has made it past the second reading in the Senate. One Tory senator argued that the marijuana legalization bill “doesn’t protect people.”

The Globe and Mail editorial continued that the ethical implications of the “wrongness” in criminalization of cannabis is no more harmful than alcohol. Prime Minister Trudeau disagreed with the Tory consideration, where the focus is on the protection of the people.

Trudeau focused on the outcome of alcohol prohibition and state coercion in the prohibition of cannabis as well. With legalization, he argues, this can prevent illicit forms of the substance, uncontrolled and unregulated types, from entering the hands, mouths, and bodies of children and adolescents.

“The political appeal of this message is obvious. It’s a savvy way to get nervous parents and cops on board,” *The Globe and Mail* opined, “And squeezing money out of organized crime is a happy side-effect of legalization that the government has every right to tout.”

The editorial talked about the narrow focus on harm reduction as potentially risking incoherence with legalization magically reducing the consumption of cannabis as potentially successful or worse as making a wish on a penny and throwing it in a fountain at the local park.

One Deloitte study reported that 17% more adult Canadians would use pot once if legalized. They pose a tacit question: How can we be sure kids and adolescents will not do the same? Children and adolescents should not use cannabis. What will stop them? The black market could still be extant post-legalization.

The restriction of the sale of pot to “austere government-run stores” may not work based on a proposal described by the editorial coming from the province of Ontario. “Premier Kathleen Wynne tells us, that parents don’t want weed sold next to candy bars in corner stores (unlike, say, cigarettes?),” the editorial opines.

The main critique is around narrow focus on safety and harm reduction and how this may impede the progress and potential success of the federal Liberal government of Trudeau *et al.*

"This kind of scare-mongering rhetoric is enabled by a federal position that has made a fetish of safety and restricted access, even as it legalizes the sale and use of a popular drug. No wonder it’s stumbling."

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Boy Stuck by Needle and Father Starts Petition

March 26, 2018

One man in Kamloops, British Columbia is working petition on behalf of his son and others for the improvement of needle safety. The father, Jeff Arlitt, was called by his fiancé to find that his son Landon, who is 12-years-old, was pricked by an already-used needle.

Arlitt immediately went to create a petition to ensure better needle safety in the future. The traditional syringes are cheaper, but will be replaced with the VanishPoint syringes known to retract after use. It is safer.

Arlitt is the outreach supervisor for New Life Community. He said, “Obviously working in this field, I've dealt with many overdoses and I just see the problem out there with the needles.”

He notes that some of the public including himself have a fear when walking in parks. That you might be poked by a needle. If the needles retract after use, then the pokes are less likely to happen to passersby in the park.

The son, Landon Arlitt, was playing with siblings in spring break in the Kamloops neighbourhood when the group of kids found a bunch of needles simply lying around on the ground.

Landon said, “We grabbed the bag, tied it tight and we walked back and as I was walking back, I got pricked in the leg... I was worried... I thought we would have to go to the hospital.” They wanted to bring the bag home and tell his parents.

Landon went in to have a tetanus shot. He had blood tests too. His state will be monitored through April and May to make sure he is healthy.

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Federal Government Eases Access to Methadone

March 27, 2018

According to *VICE News*, The federal health minister for Canada made a recent announcement about the measures being made for the easier access to pharmaceutical heroin and methadone.

These are treatments for opioid addiction. There is concern about the ways that methadone is a growing industry for the private sector. The updated regulatory measures would permit the healthcare practitioners to administer and prescribe methadone without the need for a federal exemption.

Diacetylmorphine, a pharmaceutical grade heroin, will be easier to access as well. 3,000 people died of opioid-related deaths in 2016. That number is extrapolated on trend lines to be over 4,000 in 2018.

The opioid epidemic is an increasing problem in Canada. The illicit drugs can be laced with “highly toxic bootleg versions of fentanyl and carfentanil.” Those doing the trench work on the frontlines of the opioid epidemic need the expanded access to methadone, which is good news with this updated set of measures.

All of this is in line with the harm reduction philosophy and methodology. The increased access for trained professionals to deal with the ongoing epidemic throughout the country in order to reduce the associated harms with drugs.

There has been scrutiny about the increase access when some patients do not get sufficient care and counselling. The clinics want to optimize the number of patients seen each day. One Texas-based company bought Canada’s largest methadone treatment facility.

A Women’s College Hospital in Toronto doctor, Meldon Kahan, said, “It should make OHIP [the Ontario Health Insurance Plan] really wonder about the fact that this chain of clinics is so profitable that an American company thought that there was an investment opportunity here.”

An Edmonton-based medical doctor and addictions specialist, Hakique Virani, was happy to see the removal of barriers to methadone access. He thinks Canadian citizens from the province of Alberta will benefit from the opioid agonist therapy – methadone or suboxone.

“I hope that making the treatment of opioid use disorder something that can happen in primary care might demystify this treatment area... And in Alberta, we’ve got several clinics that charge patients clinic fees in order to be on evidence-based therapy [methadone]... I think that we have to pay some attention to how much we take advantage of populations that are already on the margins.”

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A First-of-Its-Kind Facility for Edmonton Soon

March 28, 2018

A novel facility will be opening in Edmonton, Alberta. The Royal Alexandra Hospital will open its second supervised consumption site for patients to use hard substances while at the hospital.

Of the acute-care hospitals in North America, it is the first of its kind. Dr. Hakique Virani in an interview on CBC's *Edmonton Am* did not agree that safe injection sites encourage or enable hard drug users.

“At the Royal Alex hospital, if you were to remove everybody who was there because they smoke cigarettes” Virani said, “drink alcohol, eat too much, drive too fast, don't take their medications properly, don't wash their hands, don't get vaccinated, it would be a very, very quiet hospital.”

United Conservative Party Leader Jason Kenney disagreed with some harm reduction methodologies. If elected premier of Alberta, Kenney would not expand the program, e.g. supervised injection site or supervised consumption sites.

Many Boyle-McCauley residents oppose safe injection sites in the neighbourhood. In fact, the Chinatown and Area Business Association called for a judicial review.

“It's interesting that you hear that from politicians but you don't hear that from experts,” Virani explained, “That's not because of political differences, that's because of a difference in understanding.”

The Royal Alex site will be the second site alongside the Boyle Street Community Services site. There will be more men using the programs than women as there are more men than women substance users.

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Canada's Opioid-Related Deaths Predicted to Rise in 2018

March 29, 2018

The ongoing death toll from the opioid crisis continues to rack bodies up, fellow Canadian citizens across the spectrum with some vulnerable populations hurt more than others.

The Public Health Agency of Canada reported that more than 4,000 people died from overdoses in 2017. That was the worse year in Canadian records. The rates continue to rise. It should be noted that the overdoses – the “vast majority” – link to the synthetic opioid fentanyl.

Fentanyl kills people. Take, for an example of comparison, the 4,400 deaths by suicide in 2015. That means, the 2017 rate of opioid-related deaths become an analogue for he 2015 suicide statistics throughout the country.

Half that 2017 opioid-related death numbers would be the motor vehicle accident number with 611 by homicide. The provincial, territorial, and federal governments continue to pour *millions of dollars* in response to the crisis because *Canadians are dying*.

The main aim is to expand the harm reduction methodologies based on the evidence in place the decades-long methodology that is more punitive – shown to cause more harm over the long-term. The harm reduction philosophy in practice would incorporate “expanded treatment and harm-reduction services, such as supervised drug-use sites... [and expanded] access to prescription heroin and methadone.”

These harm reduction measures have been implemented and helped with the reduction of the harm to individual Canadians.

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CTV News Reports on Overdose Deaths

March 30, 2018

According to *CTV News*, the Public Health Agency of Canada has reported on the increased number of opioid-related deaths.

The co-chairs for the Special Advisory Committee on the Epidemic of Opioid Overdoses said, “Unfortunately, the data released today have confirmed our fear that that the crisis has worsened significantly since 2016, despite the efforts from all levels of government and partners to reverse the trend.”

There were more than 4,000 opioid-related “fatalities” in 2017 if counting the country as a whole. Further data and analysis indicate 72% of the more than 4,000 deaths were due to fentanyl. Only 55% of the deaths were accountable to fentanyl in the 2016 statistics.

Important to note: the 2016 statistics were lower in for overall opioid-related deaths too. In the first three quarters of 2017, 92% of the opioid related deaths were accidental.

The statement continued:

We recognize that each death reported in today's release represents a human life, and we are saddened by these losses... We recognize that all levels of government must do more to increase awareness, implement and evaluate innovative harm reduction approaches and increase access to effective treatment programs in order to turn the tide on this epidemic of opioid-related deaths.

The committee was founded in December of 2016 in order to work on opioid-related deaths and overdoses by the request of the federal, provincial, and territorial governments. Dr. Theresa Tam, Chief Public Health Officer, and Dr. Robert Strang, Nova Scotia Chief Medical Officer, are the co-chairs for the Special Advisory Committee on the Epidemic of Opioid Overdoses.

Males account for 76% of the accidental opioid-related deaths. Those between 30 and 39 are the most at-risk ages. The province of British Columbia has been the hardest hit province of those impacted strongly by the crisis at 1,138 deaths in 2018. Ontario has 942 deaths. Alberta has another 546 deaths.

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Chat with Professor Gordon Guyatt on National Opioid Guidelines

April 24, 2018

Professor Gordon Guyatt, MD, MSc, FRCP, OC is a Distinguished University Professor in the Department of Health Research Methods, Evidence and Impact and Medicine at McMaster University. He is a Fellow of the Canadian Academy of Health Sciences.

The British Medical Journal or BMJ had a list of 117 nominees in 2010 for the Lifetime Achievement Award. Guyatt was short-listed and came in second-place in the end. He earned the title of an Officer of the Order of Canada based on contributions from evidence-based medicine and its teaching.

He was elected a Fellow of the Royal Society of Canada in 2012 and a Member of the Canadian Medical Hall of Fame in 2015. He lectured on public vs. private healthcare funding in March of 2017, which seemed like a valuable conversation to publish in order to have this in the internet's digital repository with one of Canada's foremost academics.

For those with an interest in standardized metrics or academic rankings, he is the 14th most cited academic in the world in terms of H-Index at 222 and has a total citation count of more than 200,000. That is, he has the highest H-Index, likely, of any Canadian academic living or dead.

We conducted an extensive interview before: [here](#), [here](#), [here](#), [here](#), [here](#), and [here](#). We have other interviews in [Canadian Atheist](#) ([here](#) and [here](#)), [Humanist Voices](#), and [The Good Men Project](#). This interview in Canadian Atheist does mean pro- or anti-religion/pro- or anti-non-religion. It amounts to a specific topical interview. Here we talk about national pharmacare.

Scott Douglas Jacobsen: These opioid guidelines were the national ones. What was your own work here?

Professor Gordon Guyatt: There have been an over prescription of chronic non-cancer pain and a use of excessive doses of opioids for chronic non-cancer pain. *And*, this has led to narcotic dependency. It has led to the narcotic associated deaths.

Everybody knows this is a problem. An earlier Canadian guideline in the days before people were really waking up to this, basically, did not say when to use opioids. It said, "If you decide to use opioids, what are the best ways? What are the guides for giving out the opioids?"

That might have been reasonable at the time. But, perhaps if anything, it contributed to the opioid overprescribing. So, a couple of years ago, and a few months ago produced, a national guideline for opioid use.

It starts out saying, "Before you use opioids, try non-steroidal, try drugs like Acetaminophen, try a number of other drugs such as those in the anticonvulsant class that have analgesic properties. Some antidepressants have analgesic properties. Bottom line: do not use opioids as your first, second, or third option. Try other things before you move to opioids."

That was the first thing. The second thing we found out. Somewhat to our surprise: opioids were great for acute pain. If you give them for acute pain, they have substantial effects. But unfortunately, people get used to the opioids' effects.

When you give opioids chronically, the effect is actually quite limited. On a visual analogue scale, where 0 is no pain and 10 is the worst pain that you have, chronic opioids lower your pain by only 1 unit: 6 to 5, 5 to 4.

Very modest effect, it has lots of side effects. So, the guidelines say, “Do not give large doses of opioids. No extra benefits, extra risks, if you are going to give opioids, first try everything else, then when you try this make the dose modest.”

It also gave guidelines for people currently stuck on opioids to help them reduce their opioid use, maybe get off opioids altogether. A whole set of recommendations for dealing with the over prescription of opioids.

That will hopefully lead to much better prescribing.

Harm Reduction on Campuses in Canada

April 27, 2018

University Affairs reported that the opioid crisis is across the country. It is in the universities and impacting postsecondary students too.

As a result, harm reduction policies continue to gain traction.

Canadian universities may have opioid-blocking medication on-campus more and more. Or they may talk more about harm reduction policies, at least.

The main medication is Naloxone. It is a medication to save lives through prevention of harm, of overdoses for example. This could be on campuses throughout the nation.

As well, these moves reflect the change in the general culture. A change in the culture towards a reduction in zero tolerance or punitive drug policies.

In short, a change that reflects a general change into harm reduction methodologies. The goal is to aim for mature and responsible use of the drugs.

The harm reduction philosophy amounts to an acknowledgment of drugs as a part of society, while also working to reduce the associated harms.

People in a free democratic society use substance. The goal is to aim for mature and responsible use of the drugs. A Canadian CSSDP spokesperson, Michelle Thiessen, talked about harm reduction.

Thiessen founded the UBC-Okanagan chapter of the organization. She said, "There can be some tension between what we think needs to happen to educate people on how to safely use drugs, and the administrators being nervous about putting that information out there because they feel like it endorses substance use."

In other words, she was speaking on the tension between education safe drug use. But she was also taking into account the understandable caution of administrators on campuses.

Because the association with the substances or drugs continues to be negative. This amounts to a stigma factor.

She was, in essence, talking about the stigma factor from the side of the universities. Because the evidence does note the stigma as an issue. But it is relevant because stigma about drugs creates a barrier to evidence-based policies.

However, the evidence is clearly in support of harm reduction policies. Our universities should act on harm policies in the light of the evidence.

It is, in part, a matter of messaging.

One clinical professor of neuropsychology at the University of British Columbia, Paul Dagg, commented. "There was the old messaging around drugs and the war on drugs. Now we've got to talk about safe use of drugs and make people aware that drugs other than marijuana have a higher level of danger attached to them now," Dagg said.

Dagg explained succinctly, "There's clear evidence that harm reduction education and interventions do not increase drug use."

An Unsung Hero in the Midst of Windsor

May 30, 2018

According to a short article from the Windsor Star, one frontline worker – among a class of people for whom I have a great deal of respect – is managing the AIDS Committee of Windsor. Roy Campbell has been on the frontlines of the opioid crisis since 1993.

Campbell works within the city to collect the discarded needles of users. He has an actionable plan for the community, which may be replicated elsewhere, I think. It seems cheap, but worthwhile to enact. That being, the incorporation of more disposal boxes for the health and safety of the community.

Otherwise, those who may be using will leave the needles on the street. In the city or in Essex County, he has been summonsed in most places to help with drug users and angry neighbours. One of those unsung heroes.

As the article concludes, “They call on him to pick up and dispose of needles that have been discarded on streets and in alleys or to talk to addicts who are using.”

A Call for Provincial and Federal Support to Tackle the Opioid Crisis

June 1, 2018

According to the *Star Metro Vancouver*, there was a call, once more, for support of Vancouver with the opioid crisis. The Vancouver Mayor, Gregor Robertson, made the call for the federal and provincial governments to support the launch of an opioid distribution pilot program.

One to delivery clean substances to users. Because the city's supply continues to be increasingly tainted. Mark Tyndall, the executive medical director of the BCCDC (B.C. Centre for Disease Control), heads the program.

It would permit users safe opioid access through dispensation machines. A fingerprint or a retinal scan would provide access. In short, biometric accessibility to opioids through dispensaries.

It may save lives. Robertson stated, "Poisonous, illicit drugs are killing our residents, friends and loved ones... We need to continue taking bold new actions to halt the devastating death toll of the opioid overdose crisis."

According to the BCCDC, less than 20% of the drugs sold as 'opioids' contain the desired substance. More than 90% of the had fentanyl in them. Fentanyl is the substance that killed more than 1,400 people via overdose in 2017 based on reportage from the B.C. Coroner's Service.

Vancouver Fire and Rescue supports the Robertson-proposed pilot project as well. "The number of overdoses shows no signs of slowing down," said Capt. Jonathan Gormick. "The precrisis acute spikes have been replaced by endless days of high call volume."

The closing week of April, of this year, had a total of 207 overdose calls to the Vancouver Fire and Rescue. That equates to 74% higher than the weekly average of the final week in April of 2017.

The Vancouver Police Department also supports the pilot project. This "dovetails" with the pillars of the VPD. The four-pillar approach to drug enforcement of the Vancouver Police Department. Vancouver Police Department Adam palmer talked about the wisdom seen in the spring.

The spring of 2018 where there was the effort to find ways to deliver the clean drug supply to those who risk life and livelihood in pursuit of substance from an illicit provider or seller.

"I think that there are really creative solutions that we'd be open to in Vancouver," Palmer opined. "Things like replacement therapy and substitution therapy... prescribing heroin and that sort of thing to people. A lot of that stuff makes sense."

The federal government rejected calls for more "extraordinary harm-reduction measures such as decriminalization of simple possession." However, the "Canadian Research Initiative in Substance Misuse Treatment is committed to finding 'new approaches to substance use disorder treatment.'"

A Dollar Store Has Been Selling Fentanyl Testing Kits

June 3, 2018

According to the *Times Colonist*, the city of Vancouver will be selling fentanyl test strips. Potentially, these are being sold out of a need to be fulfilled. The need based on the overdose crisis in province of British Columbia.

The Overdose Prevention Society Sarah Blyth stated the society found the strips being sold. They are similar to the pregnancy tests one takes home for self-testing. Rapid Self Test, Inc., makes the fentanyl test strips.

They, according to the reportage, are being sold for \$1.25 at a Dollar Tree. The society tested the strips on a number of illicit street drugs on Saturday with the fentanyl test strip kits bought from the dollar store.

The reportage said that everything tested positive for fentanyl. This does not mean, by necessity, the tests are in any way accurate. The senior manager of programs at the PHS Community Services Society, Coco Culbertson, opined that the item was new: the fentanyl testing strips for \$1.25

According to the website of the product, the tests are available through Walmart and Pharmasave. "Drug checking using fentanyl testing strips has been taking place at Insite, the supervised consumption site in Vancouver, since summer 2016. It was expanded in September to the Powell Street Getaway and overdose-prevention sites in Vancouver Coastal Health's region," the *Times Colonist* reported.

The ones sold at the dollar store are a different brand. The Dollar Tree in Pender Street sells two, as it turns out, home test kits. One for marijuana; another for fentanyl. A clerk from a store at Commercial Drive stated that they had sold out of them.

"I don't know how reliable these tests are," Blyth said. "But if people buy [illicit] drugs and they can access these tests for a good price, then I see that as a good thing." Blyth said harm reduction is another methodology in order to reduce and so prevent overdose deaths.

Imagine if a loved one or colleague, this could save a life. Some other methodologies include never using drugs by one self, using them at the supervised consumption sites, or having access to the drug naloxone to prevent fentanyl overdoses.

There is one warning, according to the reportage, that the test kits do not test for carfentanil, which is 100 times more powerful than fentanyl.

"The province continues to be gripped by an opioid crisis, one that led to B.C. declaring a public health emergency in 2016," the *Time Colonist* said, "More than 1,400 British Columbians died last year from illicit drug overdoses, and hundreds more have died this year. The powerful opiate fentanyl is believed to have caused most of the fatalities."

Change the Word, Change the Stigma

June 4, 2018

The use of social media platforms can help reduce the stigma around opioid use based on reportage from *CBC News*. The Health Department of Nova Scotia continues to work with Health Canada and the province of British Columbia for the creation of a pilot project. The pilot initiative is intended to be released in the summer. The main purpose is to have a campaign in order to change public attitudes around drugs and drug use.

That is, this is meant to improve social attitudes in order to encourage drug users or those who know those who use drugs to get appropriate help as necessary. Ally Centre of Cape Breton Executive Director Christine Porter approved of the campaign. She said the withdrawal from the opioids is severe.

It may lead to increased illicit behaviour for those who go through the withdrawal, presumably to acquire more of the addicted-to substance.

The research points to opioid use disorders being capable of being treated through medicine. That makes the reduction of stigma, "criminal stigma," important. It creates a barrier in compassion and can prevent users from going to seek help. It can force them into illegal or dangerous behaviour.

Porter stated, "It's a disorder. It's a disease, and one that can be treated, and one that we can find help for people instead of shunning them all and pushing them all into the corner... It's not about a flu, or anything like that. It's a terrible sickness that people endure, so, you know, it leads them to desperate measures, and unfortunately that's where a lot of the stigma comes from."

The words used, the labels for users and drugs, creates a stigmatizing language or set of words around opioid usage. For example, there is reference to opioid abuse or opioid addiction. People use opioid use disorder now. One reason: people who need opioid medication in a legitimate, medicinal way use the opioids to deal with the chronic pain.

"A lot of education has to take place," Porter explained, "People are still under the impression that substance use disorder or addiction is still a person's choice, when we know and science knows, and lots of research has shown, that indeed that it is a disease... We absolutely have to change the language."

The Chief Medical Officer of Health in Nova Scotia, Dr. Robert Strang talked about the ways in which opioid use disorder need treatment in a health care setting rather than becoming stigmatized. The resultant stigmatization makes some physicians reluctant to prescribe medications

The national prescription guidelines were updated, recently, to help with counteracting this pervasive stigma around drug use and opioids at this moment in time with the crises in various cities taking lives via overdose.

"The worst thing we can do is to actually push people to a street drug, or supply of opioids on the street, because now we've put them at much-increased risk for an overdose," Strang opined, "...Stigma reduction is part of our opioid response plan, so we're always happy to partner with others when there's ability to share some costs, etc."

There will be monitoring of the campaign. Dependent on failure or success, and degree of success if so, this will be "rolled out nationally." Strang described the ways in which this is coinciding with the harm reduction methodologies being employed in Nova Scotia with the introduction of "overdose antidote kits across the province." (ed. I assume this means Naloxone kits.)

Some Roadblocks to the Harm Reduction Efforts

June 5, 2018

According to *CBC News*, the Kathleen Wynne Ontario government moved with some regulations. The changes in the regulations will make adult smokers' switch to e-cigarettes more difficult.

This will take place on July 1. There will be "roadblocks to the province's goal of creating a smoke-free Ontario." One aspect of the regulations is a ban on the use of e-cigarettes indoors. This is to be applied in vape shops for adults only too. The reporter states that users, adult users presumably, need to be able to test their products for potential purchase.

The ban of indoor vaping would prevent the consenting adult cigarette smokers from being able to test their electronic cigarette products in the adult-only shops.

"To some, this might seem like no big deal. But in order for people to successfully transition from smoking to vaping, they need a lot of information. Vape shop employees need to be able to show people how to use the devices," *CBC News* stated, "and customers need to be able to sample the various devices and flavours in order to find something that will satiate their cravings. Otherwise, people tend to give up and go back to cigarette smoking."

The reason for the ban: second-hand vapour. According to the reportage, little to no evidence exists for this claim for the rationale. It becomes irrational in other words. A body of research, in peer-reviewed and academic journals, confirms "little to no risk to the second-hand vapour produced by e-cigarettes."

"In 2013, for example, doctors from the Roswell Park Cancer Center in Buffalo, N.Y., published a study on second-hand vaping in the journal *Nicotine & Tobacco Research*. They found that the second-hand nicotine exposure from e-cigarettes was 10 times lower than from regular cigarettes. Moreover, unlike with tobacco cigarettes, e-cigarettes do not produce any carbon monoxide, which can be very harmful to bystanders," *CBC News* said.

One 2016 literature review looked at research over the previous decade, at the time. There was no exclusion of "studies that used e-cigarettes with unsafe coil designs (which have now phased out), studies in which e-cigarettes were improperly run dry (resulting in the combustion of the wick) and studies that used low-quality and potentially contaminated e-liquids," *CBC News* said.

Even with the major limitations in the literature review from 2016, the passive or secondary-smoke from an e-cigarette was less than the risk from a conventional cigarette. Also, in the *International Journal of Drug Policy* that published a 2015 study, they found the nicotine residue left by tobacco cigarettes was 150 times more than the e-cigarettes.

Despite these major limitations, which bias the review against e-cigarettes, the authors concluded that, "the risk from being passively exposed to EC (e-cigarette) vapour is likely to be less than the risk from passive exposure to CC (conventional cigarette) smoke."

CBC News explained, "But by classifying e-cigarettes as akin combustible tobacco cigarettes, the Ontario government is basically ignoring this evidence. It's even more contradictory because the government has fully supported and funded safe injection sites for intravenous drug users, but is, at the same time, making it more difficult for smokers to access and try out e-cigarettes, which are a safe, proven harm-reduction tool."

New UBC Professorship Focuses on Cannabis

June 6, 2018

The *Toronto Star* reported on the first professorship in all Canada for researching the role of Cannabis. In particular, the role in the overdose crisis.

As the overdose crisis continues to impact individuals, families, and communities, and so enter the general populace consciousness, the questions emerge in not only the public but also the academic worlds.

The professor position will be hosted in the University of British Columbia. Professor Evan Wood, Canada Research Chair at UBC, stated the two-professorship would assist in the production of concrete statistics about cannabis use and its impact on opioid addiction.

Wood believes data is needed in these areas. The potential data could save lives.

help lives. Canada's largest cannabis company, Canopy, partnered with B.C. Ministry of Mental Health and Addictions, the B.C. Centre for Substance Use, and the University of British Columbia.

Everything came together to create the two-year position. Wood considers the opioid crisis "horrid" in need of "evidence-based approaches. This research stream still has not garnered support in the standard funding structures.

There is a federal basis for this with the restrictions on cannabis in scientific research. This comes from decades of cannabis treated as a highly dangerous drug. Wood said, "Cannabis prohibition has just been a tremendous failure... We need to chart a new course."

Canopy will be donating \$2.5 million to the foundation of the Canopy Growth Professorship in Cannabis Science and the Canopy Growth Cannabis Science Endowment Fund. These will help with the continued efforts to research cannabis in a scientific setting.

"The Ministry of Mental Health and Addictions, meanwhile, contributed \$500,000 to the project — a move Wood praised, calling it bold and forward-thinking," the *Toronto Star* stated.

The B.C. Minister for Mental Health and Addictions, Judy Darcy, stated a commitment to support from "across all sectors to find new, evidence-based ways to save more lives from opioid overdose and help more people find a pathway to hope and healing."

The Director of Patient Education and Advocacy for Canopy Growth, Hilary Black, opined that this is all an extension of her public service for the general public. Black was the founder of the Compassion Club in Canada, which was the first one in the nation.

"To me, the cannabis industry has always been about using profits to give back, and to take care of your community," Black said, "I'm doing the same work, but now on a much bigger scale, working with Canopy Growth ... And I get to use their resources (for) social responsibility in the communities that we're operating in."

Black described the amount of the donation as without strings. In that, the donation will not come with any strings to dictate the form and style and structure of the research. That makes the conflict of interest much lower than otherwise.

Wood stated, "It was very important to them and us that this be a philanthropic gift."

Peel Health In-Process Data Collection for Opioid Strategy

June 7, 2018

Mississauga News reported on the Peel Health collecting data for opioid strategy. In the Peel community, the opioid-related deaths continue to rise. It amounts to a common, and more consistent and increasing, narrative throughout the nation. Peel Public Health will be collecting data, monitoring the data, and working to analyze the evidence in order to effectuate positive change within the community.

The purpose for this evidence basis is to expand the harm reduction provisions and update the opioid strategy based on the current crisis. As stated in *Mississauga News*, “Peel’s opioid response is based on four pillars — prevention, harm reduction, treatment and enforcement — Dr. Jessica Hopkins, Peel’s medical officer of health, recently told a meeting of regional council.”

The mortality rates lower than the provincial rates in Peel, which is in the province of Ontario. Between 2013 and 2015, the opioid-related deaths increased by two-fold in Peel. Mississauga Councillor Nando Iannicca talked about a recent visit to Vancouver. In that visit, Iannicca went to the safe-injection facility.

He opined, “I’ve never seen anything more depressing in my life... The human tragedy was the worst story. It was nothing like I’ve ever seen.” The Mississauga councillor pondered the juxtaposition of wealth in Canada and then the misfortune of so many. Iannicca called on the government to do more to help those with addictions.

Linda Jeffrey, the Brampton Mayor, stated that the HIV/AIDS Network made an announcement in March of 2018. That the Ministry of Health and Long-Term Care provided funding to them. The financial support is on a short-term basis. The money’s purpose is to support the operation of the temporary overdose prevention site by the four corner’s in Brampton.

It will open on April 3. Hopkins explained Peel Health did not make any recommendation for an application for funding in order to have the establishment of an overdose-prevention site. She noted, furthermore, work to community consultation, which was working needing to be done.

Elaine Moore, another Brampton Councillor, talked about the Peel Works Needle Exchange Program mobile van. Where the van may be a “willing host” for the overdose prevention services, however, Hopkins the units for public health do not amount to the lead agency. Those that treat individuals with addictions, but, rather, the Local Health Integration Networks did that work.

“In 2017, the Health Ministry provided LHINs with base funding to treat people with addictions,” the news article stated, “Last year, the Mississauga Halton LHIN expanded services for psychosocial treatment, withdrawal management and harm reduction and enhanced services like the community addiction liaison to the emergency-room program.”

Peel Health has a strategic framework with some initiatives. 2017 was the year when Peel Health got some funding from the Health Ministry in order to onboard new staff members and increase the harm reduction services available. Those services offered via Peel Works Needle Exchange Program mobile van.

The public health staff also began to distribute naloxone circa March 1 of 2017 with the provision by the van once more. “And, there has been an increase in the interactions with people through the Peel Works Needle Exchange Program. Peel Public Health is also working closely with Peel regional police, Caledon OPP, and federal and provincial Crown prosecutors on enforcement,” The report concluded, “Peel Public Health plans to present opioid-strategy recommendations to regional council in the spring.”

Eden May Not Survive in Vancouver

June 8, 2018

The *Toronto Star* reported on a cannabis dispensary in the Downtown Eastside of Vancouver. The dispensary runs an opioid substitution program. It works in partnership with the department of psychology at the University of British Columbia.

The opiate study program co-ordinator for Eden Medicinal Society, Denise Brennan, stated that after about six months the set-up in Eden Medicinal Society will be unable to afford to stay open, especially without a business license or a development permit. These were both denied with the current bylaws that do not allow the dispensaries to work within 300 metres of one another.

Brennan stated, “It’s quite an expensive, intensive program... It’s more than \$5,000 a month just to have the doors open, so in the absence of any way to generate revenue — because we can’t get a business licence to do that — it’s not possible to maintain long term.”

The City of Vancouver stated that the East Hastings Eden site is not a licensed Compassion Club. Therefore, it operates with land use approval. That makes the current operation illegal. That it is, by implication “under enforcement action by the city for operating without a license.”

The location has not sold any cannabis on site for profit since opening. Rather, it focuses on the provision of cannabis for patients. That is part of the research initiative with UBC. Medical cannabis dispensaries have two options for application for permits and licenses.

One is the Medical Marijuana Retail Use License, which is available for selling medical cannabis to the “broader public.” The other is a Compassion Club license. The latter is far cheaper. It is available for those operations that provide more health services to members alone.

With the harm reduction mandate of Eden, both licenses do not cover it. In fact, they do not cover the various needs of the Downtown Eastside.

Brennan, in description of the Eden program, explained, “It’s a very, very different model from just going in and grabbing your drugs... One of the things we’re doing here is mitigating social isolation... We’re creating a safe space for people to come in and say, ‘I’m struggling. I’m having a human experience.’” It is a common story.

Brennan stated, bleakly, that the location may not survive past the end of the current month. There is a change with the incoming cannabis as a tool for harm reduction mentality in the government. One methodology could be the cannabis to replace opioids therapy, or the cannabis-based opioid substitution therapy.

“I think there are various ways to combat (opioid addiction),” she said. “I’m not saying cannabis is the ultimate solution. I’m saying cannabis is a significant harm-reduction option, and one that appeals to people.”

Harm Reduction for Needle Debris in Lethbridge, Alberta

June 9, 2018

The *Lethbridge Herald* reported on the opioid crisis ongoing throughout the country focused on the province of Alberta. There has been a community backlash to the opioid crisis that has led to several deaths in this month alone.

There is needle debris. There are substances and users. Communities are working to deal with it. The Alberta Health Services Lead Medical Officer, Dr. Vivien Suttorp, spoke about the harm reduction approach to the opioid crisis.

“With harm reductions, we provide services to individuals who are addicted to opioids and who are unable or unwilling to seek treatment,” Suttorp stated, “We support them in safe practices, and we support them in ensuring they have links to community organizations and social supports as required, and that they have appropriate education.”

The needles that become debris may be host to various viruses including hepatitis C, hepatitis C, and HIV. In the majority of contexts, a virus is only alive for few minutes on the needles. Therefore, the needles may not be a harm in the longer term.

However, there may be accidental pokes from needles less than a few minutes after use, and so the health workers or others may contract these serious viruses. *If you are pricked, poked, or punctured by a needle such as these, then you should immediately wash very well with water mixed with soap and then call HealthLink.*

Immunizations are important for self-protection of citizens. “All children receive hepatitis B vaccine... Hepatitis B is one of the viruses that lasts longer in a needle. So make sure your children are up to date,” Suttorp explained.

The calls for pediatric needles for HealthLink have not increased over the last year and a half with about 1 to 3 per month. “But there are no details available on where and how those incidents take place,” the *Lethbridge Herald* notes.

68,000 needles, approximately, were on the Lethbridge streets with a 45% return rate. 55,000 syringes have gone out as well with a 95% return rate.

The Executive Director of ARCHES, Stacey Bourque, stated that the people who take the needles through a clean needle program are encouraged to return those needles. Those who take the needles out remove them from a free biohazard container.

The World Health Organization, or the WHO, has a set of best practices. ARCHES follows them. Bourque explained, “The outlined best practice from the (WHO) is that you operate as a distribution program... You don’t limit access to syringes or restrict access regardless of the fact you are operating an (SCS). And you don’t require a one-for-one exchange.”

Needles can be tracked to a degree, but ineffectively. However, no solid means exists in wide practice to be able to track syringes and ARCHES is unable to have them mandatorily set up to be returned.

One of the most effective ways to prevent disease spreading is to have on-time use syringes, according to the article.

“There isn’t a communicable disease we know of that is contained within one subpopulation... Eventually, it’s going to make its way out into the general population,” Bourque stated, “We tried (retractable needles) as a pilot program six months ago and there were a few issues with that... We’re talking about people who don’t necessarily have safe injection practices.”

Bourque and ARCHES are open to suggestions from the public.

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