

The Americas | Canada's overdose capital

# Vancouver pioneered liberal drug policies. Fentanyl destroyed them

So-called harm-reduction measures have become a rod for Justin Trudeau's back



Overwhelmingly harmful PHOTOGRAPH: GETTY IMAGES

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**H**E IS UNCONSCIOUS, barely breathing, sprawled on a pavement in downtown Vancouver. When the firefighters arrive, a bystander explains that the man has overdosed on fentanyl, a powerful synthetic opioid. While one firefighter pumps oxygen into the victim's mouth, another injects him with naloxone, which reverses the chemical effect of opioids. The first shot does nothing; a second is administered. The man sits up, then stumbles to his feet. Refusing all offers of further help, he staggers away down the street. The firefighters can only watch him go.

Blessed with stunning scenery, mild weather and low crime, Vancouver regularly tops lists of the world's most liveable cities. For years, along with British Columbia's provincial government, it has pioneered a programme to curb drug-related deaths known as harm reduction. Health authorities began handing out clean needles in the late 1980s and later added free crack pipes. North America's first supervised injection facility opened in Vancouver in 2003. The city launched a trial prescription-heroin programme (in addition to ones offering lower-potency methadone) in the mid-2000s. In the following years, HIV and hepatitis C infections fell. The number of drug-induced deaths dropped from a record 400 in 1998 to 183 in 2008. Harm reduction seemed a success.

Then came fentanyl. Fifty times more potent than heroin, easy to make and cheap, the synthetic opioid has flooded North America in recent years. "You can't even find heroin on the streets any more," says Brittany Graham, head of the Vancouver Area Network of Drug Users, an activist group. Other synthetics are often mixed with street drugs, including benzodiazepines, sedatives which are especially dangerous combined with fentanyl.

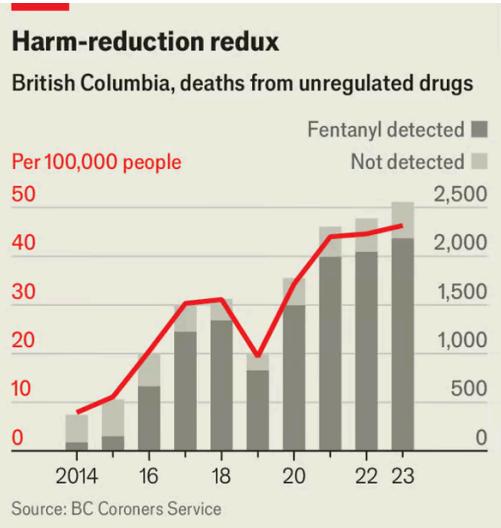


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The drug problem is at its most acute in Vancouver's Downtown East Side, several astonishingly squalid blocks that protrude from the city's affluent centre. On a given afternoon the area's main drag is lined with people sitting, slumping or prone on the pavement amid a jumble of makeshift shelters. Many openly huff fumes from glass pipes or off patches of tinfoil. Smoking opioids is now more common than injecting them, but used needles are still scattered around. Most of the 50 calls to which the neighbourhood's firefighters respond every day are drug-related. The East Side's lethal overdose rate is a dozen times higher than the provincial average.

But it is far from the only place where fatalities occur. Most happen indoors. "We go all across the city," says a fire-department spokesperson. "We go into mansions and penthouses. It's in every community and all age groups." Often the victims are not hard-core addicts, but unwary party-goers who took something far more powerful than expected. It is an easy mistake, especially as counterfeit pharmaceutical pills laced with fentanyl circulate.

Nor is the scourge limited to cities. Overdose rates have spiked across the province. The mountain town of Hope (population: about 7,000), a two-hour drive east of Vancouver, has the province's highest rate of drug overdoses. Rural health officials blame a lack of services on top of the supply of bad drugs.

Overwhelmed by fentanyl's assault, the authorities have doubled down on ever further-reaching harm-reduction measures. Since 2020 medical professionals have been given licence to provide thousands of addicts with full-strength prescription opioids, free of charge, in the hope that this will keep them away from unpredictable street drugs. The pills are mostly hydromorphone, a commonly used painkiller, but some hard-core users insist on pharmaceutical fentanyl. Most controversially, BC last year became Canada's only province to decriminalise the possession of small amounts of all drugs subject to abuse—methamphetamine, cocaine, heroin, fentanyl, the lot.

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But deaths have been surging anyway, straining the case for harm reduction and posing political risks for Justin Trudeau, the prime minister, and other politicians who have supported it. It is still too early to declare the policy a failure—there are many factors behind the recent surge in overdose deaths, including the covid-19 pandemic, which left many drug users dangerously isolated. Reinvigorated harm-reduction policies have not yet been running long enough to generate sufficient data to offer clarity on whether they are working against fentanyl.

There are some encouraging indicators. A recent study found addicts taking prescribed opioids to be at a lower risk of overdosing. And after years of a steady rise, overdoses may finally be trending down: the rate of fatal ones in the first four months of this year is lower than the same period in any of the preceding three years.

Harm reduction has sparked a backlash. Pierre Poilievre, leader of Canada's opposition Conservative party, calls Mr Trudeau "wacko" for approving decriminalisation. He wants to end federal funding for the prescription of opioids for addicts. In May Mr Trudeau's government turned down a request from Toronto to let it decriminalise drug possession in the city. BC is feeling the pressure: in May it reinstated rules against consuming drugs in public. (In the United States, Oregon has fully reversed its decriminalisation policy.)

Few are calling for a return to a policy of flinging petty drug offenders in jail, but critics say the province should put less emphasis on harm reduction and more on efforts to get people to stop using drugs altogether. Some even suggest forced treatment. For many addicts, however, a lack of affordable housing, treatment beds and mental health care makes recovery nigh-impossible. "Naloxone can help keep someone from dying today, but it can't solve all these other issues," says Paxton Bach, a leading addiction doctor.

Harm reduction alone can do no more than its name implies. It seems to be helping to reduce the body count, but by itself it cannot cure all the damage done by drugs as potent as fentanyl and other synthetics. "The drug supply is changing under our feet. It's not like a mutating virus but a whole new disease," says Bohdan Nosyk, an addiction researcher. The disease will need new treatments. ■

*Correction (July 4th 2024): This article originally stated that Hope is north-west of Vancouver. It is of course located to the east. Sorry.*

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This article appeared in the The Americas section of the print edition under the headline "Fentanyl v Vancouver"

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