

# Sudden Silence: Hidden Voices

Toxic illicit drugs have already killed more than 11,000 people in BC. *Sudden Silence: Hidden Voices* tells the story of 16 of them through the voices of their loved ones, who are calling for a regulated safe supply.





# Sudden Silence: Hidden Voices

## About the Project

This *Sudden Silence: Hidden Voices* publication is an adaptation of a photo-voice project that was funded through a Vancouver Community Action Grant to the group Moms Stop the Harm – a network of Canadian families impacted by substance-use related harms and deaths that provides peer support to grieving families, assists those with loved ones who use or have used substances, and advocates for a change in failed drug policies.

The purpose of *Sudden Silence: Hidden Voices* is to highlight the tragedy of the overdose crisis and introduce some of the individuals who have been lost. Their loss is most keenly felt through their loved ones. Their grief cannot be described in words and is a constant companion.

The project focuses on the stories of 16 individuals who lost their lives in British Columbia's toxic drug overdose crisis. Since their voices have been silenced, a loved one speaks for them. The stigma of being a drug user and the impact this had on each person is highlighted.

The original *Sudden Silence: Hidden Voices* project, led by Deborah Bailey, Vancouver lead with Moms Stop the Harm, is a moveable display intended to 'travel' to different locations at the invitation of hosting organizations. For more information or to host the display see: [www.suddensilence.ca](http://www.suddensilence.ca) or contact Deb Bailey at [dhbailey@telus.net](mailto:dhbailey@telus.net).

### *Sudden Silence: Hidden Voices* Photo-voice Project

Photography – Gabrielle Beer

Graphic Design – Marla Britton, Brittondesign Service

Display Stands – Priscilla Wilson, Exhibit Express

Project Lead – Deb Bailey, [dhbailey@telus.net](mailto:dhbailey@telus.net)

Special thanks to all of the *Sudden Silence: Hidden Voices* participants.

This project reveals the impact of the stigma of addiction and drug use and how a regulated, safe supply can make a difference.

Many people have difficulty understanding the dynamics of addiction. They cannot fathom why people continue to use drugs at a time of such high risk. The hope of this project is that greater understanding of the causes of Substance Use Disorder (SUD) will lead to greater compassion and more people will join in to demand greater government action to prevent the deaths by treating addiction as both a health and a societal problem.

### Here are some useful definitions

**Addiction** is a treatable, chronic medical condition involving complex interactions between brain circuits, genetics, the environment, and an individual's life experiences. People with addictions use substances and engage in behaviours that often become compulsive and continue despite harmful consequences.

**Stigma** refers to negative and judgemental attitudes towards those who use drugs. Stigma creates isolation and barriers that contribute to the overdose crisis. Because of the stigma of using drugs, being addicted to drugs, and receiving treatment for the use of drugs, many people feel shamed by others and try to keep their drug use hidden.

**Regulated Safe Supply** refers to a legal and regulated supply of drugs that have mind/body altering properties. The strength and content of these drugs is known. The current illegal drug supply bought off the street is often toxic. The strength and content of these drugs are unknown. This is what kills people. An example of a regulated, safe supply are drugs that are prescribed and provided through a pharmacy. There are various models that could be instituted to provide a regulated safe supply. Dr. Patricia Daly, Vancouver Coastal Health's Chief Medical Officer, has been calling for a safe and regulated drug supply for years to help combat the overdose crisis.

Here is a good source of information:

**BC Centre on Substance Use** [www.bccsu.ca](http://www.bccsu.ca)

The BC Centre on Substance Use is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction.



## Marco 28

*The world is missing  
a talented chef,  
a son,  
a brother,  
a friend.*

*He was someone  
who wanted to live  
and to love  
the people  
he loved.*

Full story page 20



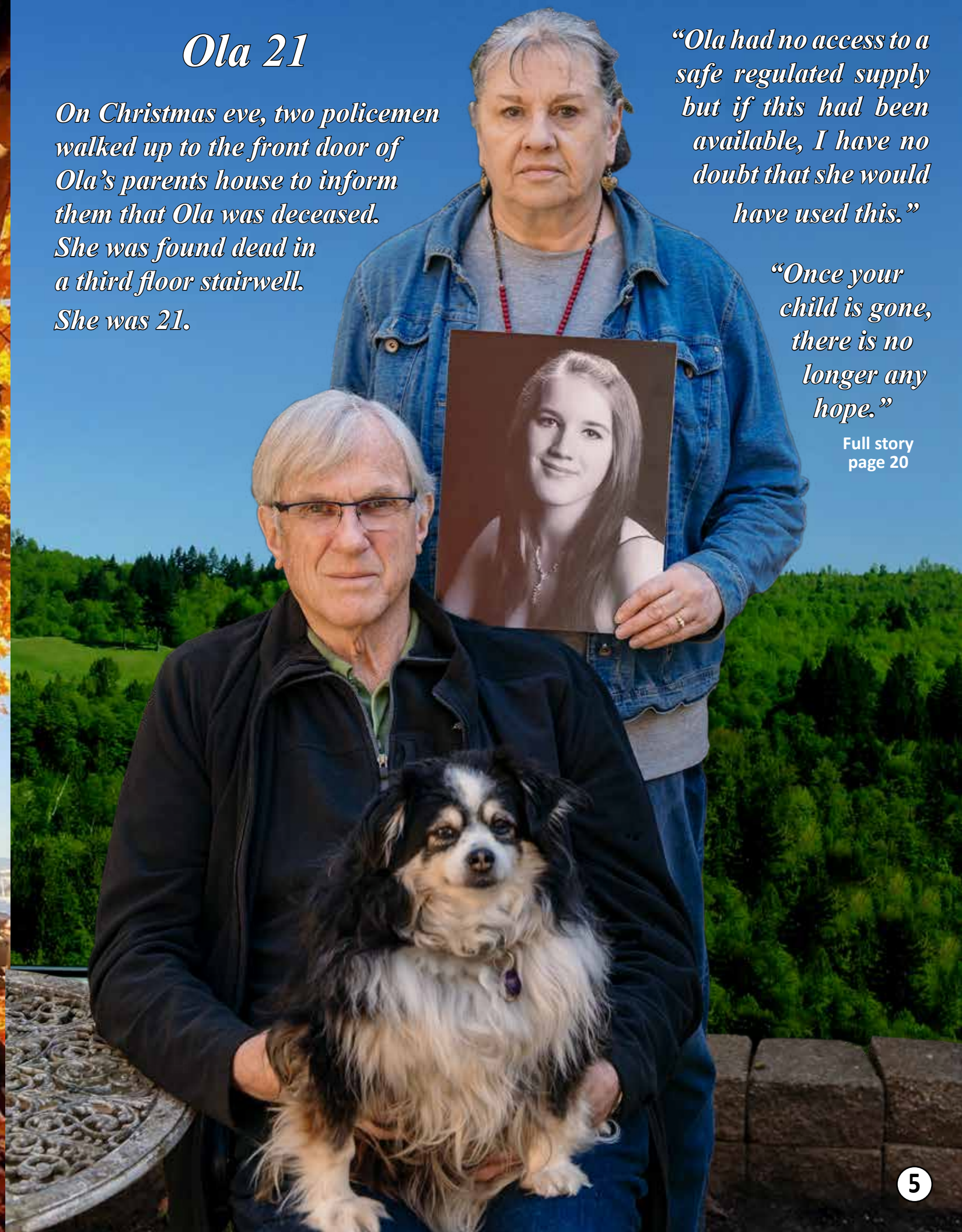
## Ola 21

*On Christmas eve, two policemen  
walked up to the front door of  
Ola's parents house to inform  
them that Ola was deceased.  
She was found dead in  
a third floor stairwell.  
She was 21.*

*"Ola had no access to a  
safe regulated supply  
but if this had been  
available, I have no  
doubt that she would  
have used this."*

*"Once your  
child is gone,  
there is no  
longer any  
hope."*

Full story  
page 20





## Aysa 27

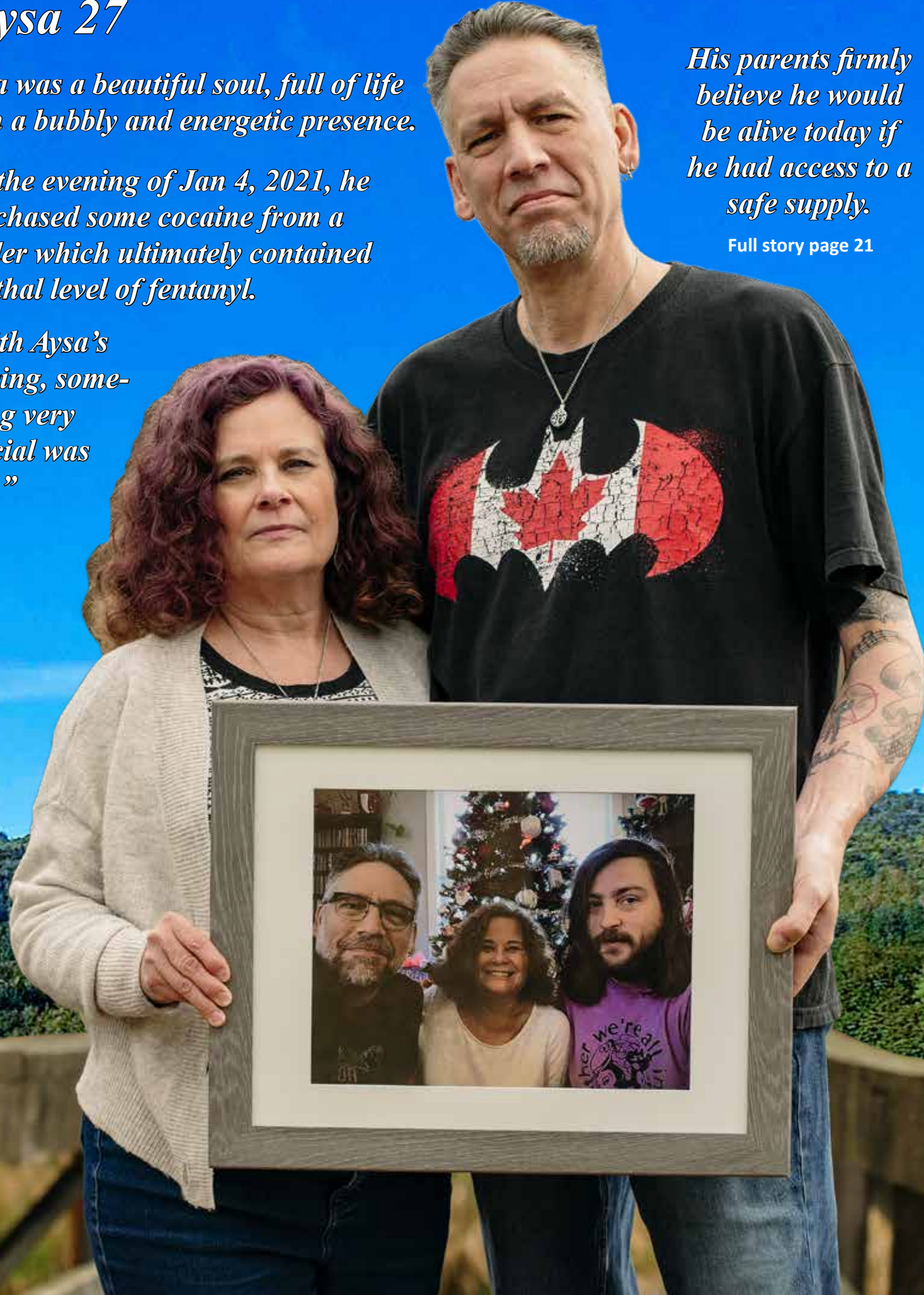
*Aysa was a beautiful soul, full of life with a bubbly and energetic presence.*

*On the evening of Jan 4, 2021, he purchased some cocaine from a dealer which ultimately contained a lethal level of fentanyl.*

*“With Aysa’s leaving, something very special was lost.”*

*His parents firmly believe he would be alive today if he had access to a safe supply.*

Full story page 21



## Gemma 19

*Gemma just could not stop using drugs. Gemma died from an overdose alone in a room at an inadequate treatment centre. The carelessness of this treatment centre combined with the toxic drug supply led to Gemma’s death.*

*Gemma was very spiritual. We have all lost this beautiful soul.*

Full story page 21





## Joseph 25

*Joseph packed a lot into his short life, overcame tremendous odds, and put his life to rights again and again. He was adventurous, a great friend, and he just loved being a dad to his two boys.*

*Over the course of two years every part of his life was eroded due to oxycodone.*

*Joseph was killed by fentanyl poisoning. Kat, Joseph's mom, says that if a safe supply had been available, Joseph would be alive today.*

*Safe supply and decriminalization are the keys to dismantling the harms of substance abuse.*

Full story page 22



## Jessica 34

*She won a scholarship in the faculty of UBC Education, where she received her teaching degree along with the distinguished award for "most promising teacher" of the 2012 graduating year.*

*Not being able to recognize, admit, or disclose her struggles to anyone, Jessica felt like her only option to deal with the pain and mental anguish was to medicate using drugs that took away the pain for a while.*

*Had she been given an option for prescription opioids, or even a safe supply of opioids that were not tainted with unknown amounts of fentanyl she would have had a safe supply the night she relapsed.*

Full story page 23

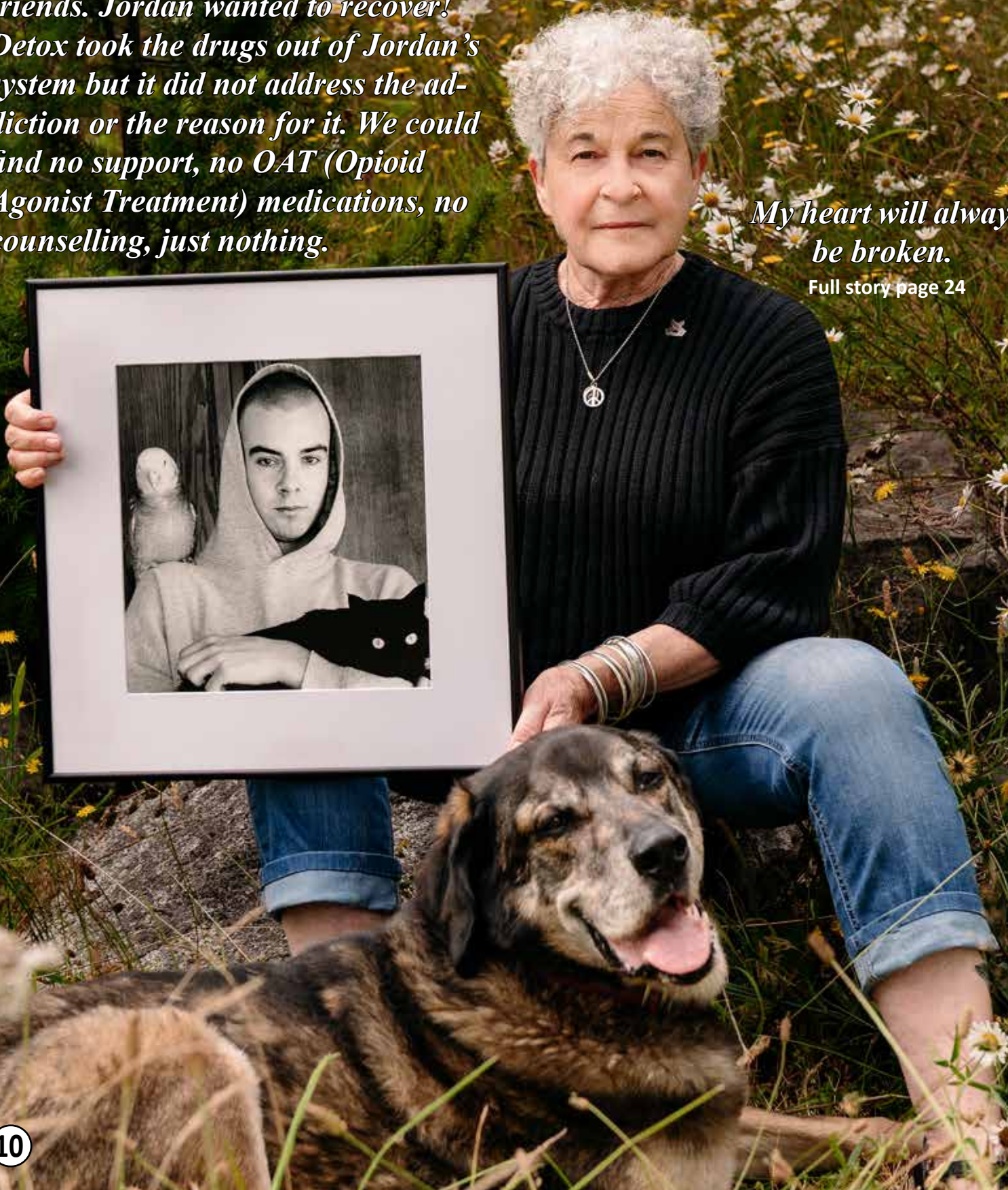




# Jordan 25

*In his mid-teens Jordan began smoking pot and drinking. By age 18 he was taking other drugs with friends. Jordan wanted to recover! Detox took the drugs out of Jordan's system but it did not address the addiction or the reason for it. We could find no support, no OAT (Opioid Agonist Treatment) medications, no counselling, just nothing.*

*My heart will always be broken.*  
Full story page 24



# Renée 29

*Renée lived her life with great passion, determination, and courage. She was an honour student in high school and at Kwantlen University where she graduated from Public Safety (Emergency) Communications.*

*She was also a licenced hair-dresser and loved to make people feel beautiful.*

*If Renée could have found the help and support that she needed to cope with her addiction, she would still be with us today. Stigma and the toxic drug supply killed her. Hiding her relapse to avoid condemnation, she used alone and died alone.*

Full story page 25





## Patrick 38

*When he was in his 30s, he had a serious workplace accident. He was never pain free. Patrick started to look for meds from outside sources when his doctor would not prescribe any more pain meds.*

*In the last few months of his life, Patrick decided to quit all drugs. He managed to stay free of drugs for 37 days. Then he relapsed. Unfortunately, what Patrick was sold was not heroin but fentanyl. If there had been a safe supply available, Patrick would most likely be alive today.*

Full story page 26



## Sebastian 20

*In their mid-teens, Sebastian and his friends began experimenting with drugs. Addiction just took Sebastian and never let go. "100%. Stigma killed Sebastian." He relapsed after 2 years and hid his relapse and drug use due to the stigma of being a drug user and the shame over relapsing.*

*Sebastian is missed by many. The stalwart and enduring support of friends is a testament to Sebastian's character and how much he is loved and missed.*

Full story page 26





# Aaron 28

Aaron suffered from a chronic illness, Cröhn's Disease. The pain could be so severe that at 12, it was recommended he try medical marijuana. Aaron may have been drawn to opioids due to the constant pain from his illness. Aaron overdosed on a day pass from a treatment centre. If there had been a safe supply of opioids, and he was under medical care, he likely would be alive today.

The world has lost a wonderful soul. Sadly Aaron had a young daughter who has lost her dad.

Full story page 27



# Jordan 25

Jordan was diagnosed as profoundly deaf when he was 2 and a half months old. When he was 3 and a half years old, he had a cochlear implant, a medical device designed to restore the ability to perceive sounds and understand speech. Part of the cochlear implant is external and visible to others.

Some kids in his secondary school were unkind and made fun of him. After high school Jordan began to smoke heroin. Later he went to a drug treatment centre and did very well. He relapsed and died of fentanyl poisoning.

How would a safe supply have impacted Jordan?

"Jordan would be alive today, no question," says Jordan's mom, Sharene.

Full story page 27





## Susan 53

*By the age of 13, Susan was associating with a peer group who used alcohol and marijuana. Susan went through a period of relative calm after high school and until she was about 32 years old. Susan and her partner escalated their drug use. It became toxic for all involved and ended abruptly with Susan's family removing her and her children, aged 10 and 1, to a new city. Despite this fresh start Susan became very addicted to heroin.*

*Susan's sister: "She overdosed at home. If she could have had access to a safe and regulated supply, she may have come 'into the light' and maybe felt less shame so she could have asked for help."*

Full story page 28



## Harley 31

*Harley had been in a serious car accident when he was younger. The pain from his injuries was severe. Doctors prescribed Oxycontin. Due to continuous pain, Harley continued to seek out opioids after his prescriptions had ended. He needed it for the pain and he found that he had become addicted.*

Full story page 28



*Many systemic barriers prevent drug users from getting the help they need. Vicki believes that if Harley had been able to access a safer supply of drugs, he would still be alive.*

*Harley told his mom he really wanted to get better someday soon so that he could look after her when she was old.*

*Harley has kept his word and is guiding his mom from the Sprit World. He often says, "Remember, mom, I got your back just like you had mine."*



## *Mariah (Creedence) 20*

*What Mariah loved most was music, music, and more music! She wrote songs and performed. One of her relatives introduced her to cocaine when she was around 15. Mariah found that the drugs took away the pain of being different and she continued to use.*



*Mariah McLellan was 20 years of age when she died due to drug poisoning. Mariah's sweet smile is missed by many. She loved children and always hoped to be able to teach kids how to play music.*

Full story page 29

## *Nate 28*

*Nate fell and was injured at work. To help him deal with the pain from his injury he was prescribed Percocet (which contains the opioid oxycodone). When the prescription ran out, Nate found that he had become addicted to opioids and so he started to purchase them from street level dealers.*



*Nate, with the support of his mom, Tiffany, tried treatment for his addiction many times. Tiffany felt that if a regulated safe supply would have been an option, Nate would have used these during times he relapsed. Relapsing back to street drug use is common. These drugs are poisoning and killing people.*

Full story page 29



## Marco 28 Caring, Funny, Sensitive

Marco had a laugh that was infectious and silly. He could also be incredibly meticulous and particular about everything he did. He grew up with a life-long love of cooking and eventually became a chef. As a young boy, Marco refused to order something from the kid’s menu! He didn’t like how the kid’s chicken strips were presented. He always cruised the adult menu and would choose oysters, or whatever was the most expensive thing on the menu.

As a professional chef, Marco was very particular about how he set himself up in the kitchen to cook. He was also very meticulous about the way he presented himself. Everything he wore had to be crisp and clean. There could not be a single scuff mark on his shoes, or a crease in his jeans. Clothes had to be hung in a way that he deemed perfect. His mom, Dawn, recalls, “I will never forget the day I came home from work and found him taking his jeans out of the freezer because it ‘kept the lines crisp’. When I accidentally threw his clothes in the drier, he then insisted no one was ever going to do his laundry but him. However, eventually, I had to ban him from doing so much laundry because he would be doing the washing everyday!”

Dawn says “Marco was also a perceptive and thoughtful guy. One Mother’s Day, Marco and his sister were preparing an amazing eggs benny for me. He looked over at me and said, “mama are you ok?” I was every much enjoying seeing the two of them together and cherishing that moment. He was so sensitive to other people’s feelings”.

Drugs entered into Marco’s life in his teenage years. He began to use drugs to help with his emotional pain.

Marco did worry about the stigma of being a user and he tried to hide his drug use. He was embarrassed over his using. If safe supply had been available to him, Marco might still be here.

The world is missing a talented chef, a son, brother, friend, and partner. He was someone who wanted to live, and to love the people he loved. Marco was not perfect, but he shined.

## Ola 21 Determined, Exuberant, Adventurous

Ola Bailey was a determined, and loving young lady who had many interests and talents. She came to Canada at the age of 3 and quickly adapted to her new life, parents, and language. She was always smiling and effervescent. Ola took up tap dancing when she was 4 and over the course of her dancing career, she did jazz, hip hop, and musical theatre. What she loved the most though was ‘girl hockey.’ The first piece of hockey equipment Ola acquired was a hockey helmet. She wore it for two days straight, and yes, she slept with it on. Ola also earned a black belt and first Dan in Sun Hang Do, loved to ride horses and took weekly lessons for years. She was also a cadet beginning from the age of 12 and worked her way up to the rank of warrant officer. She played the sax and the bagpipes.

Always an active gal, Ola was diagnosed with ADHD when she was 5 and shortly after that with a language-based learning disability. She absolutely loved her elementary school years. She learned to play chess on the giant chess set and loved to help the teachers. Even when she went on to high school, she always liked to return to see her former teachers. She loved to travel and with her parents went to California, South Carolina, Florida, Arizona, Pennsylvania, New York, Washington, Mexico, Bermuda, Hawaii, England, France, and Guernsey in the Channel Islands. She had an unparalleled sense of direction and could always find her way no matter where she was (which was very helpful when her mom lost the car in parking lots).

Ola loved to play the goalie position in ice hockey and she continued to play through high school. She could play “out” on ice, but in goal she was almost unbelievable at times. In tournaments she often won MVP for her skill at stopping pucks. Knowing that Ola had traumatic early years, her parents hoped that skills like hockey and riding

20 would help to keep her safe and on a positive path. Ola had the

trifecta of vulnerability to addiction: a neurodiverse brain, genetic email for addiction (both birth parents were drug users), and experimentation with drugs beginning in the mid teen years.

High school proved to be difficult for Ola on many levels. Struggling with ADHD and a language-based learning difficulty made it tough for her to navigate the social world of teens. She found it difficult to fit in and find a group to belong to or hang out with. At 13, Ola began to experience new mental health difficulties. Although she was treated for this, it was a continuing struggle. Around the age of 15, Ola started experimenting with drugs after becoming involved with a peer group that was also experimenting. Later she was exploited by a much older man who was a heroin and meth addict. This is where her addiction began. Ola began staying away from home, often in very unsafe situations. Stunningly, there was no help or assistance possible to restrain the older man from connecting with her. Her parents and friends spent a lot of time looking for her to make sure she was all right and to try and convince her to come home. Ola found that heroin helped to soothe the pain of rejection, social difficulties, and the shame of becoming so involved in drugs. She told her mom that heroin helped with the “pain in her heart” which basically equated to the pain of living in a social world that frequently does not understand and often rejects those who are neurodiverse. Neurodiversity is the concept and approach that neurological differences should be recognized and respected as a social category on par with gender, ethnicity, sexual orientation, or disability status. Unfortunately, those who have some neurological differences are more vulnerable to being bullied, rejected, or exclude.

The stigma of being a drug user had a profound impact on Ola. She couldn’t believe that she had become addicted and she tried many, many times to stop using but couldn’t. Most often she did this on her own so as not to have to admit that she was addicted. She hid her drug use from close friends and families. As her drug use continued, she disconnected from all the activities she once loved, preferring to hang out with “friends”, also drug users. Her judgment became increasingly impaired. Once she would have detested the way she was living but now she preferred it. Everyone in her circle of friends was using when they were together and no one was shaming them for their use of drugs.

In the last year of her life, Ola ended up in the hospital with a serious blood infection. The main source of infection was in one of her legs but they could not find it to drain it. She was put on intravenous drugs to combat the infection. After two weeks, Ola was allowed to go home with a home IV program. When she stood up to get dressed, one of her femurs broke. The femur is the strongest bone in the body but it turned out that the infection had basically disintegrated part of her femur. Ola stayed in the hospital for three more weeks and had surgery to insert external and internal rods in her leg. She was released with crutches and a cane. She continued on high dose medication to combat the infection. Before she was released a doctor from the Addictions Unit made a recommendation that she start Suboxone (opioid agonist treatment). This could be managed by her parents. Ola did well on the Suboxone program. Unfortunately, a community addiction doctor would not support the at-home program. The doctor now required her to go to the pharmacy daily to do daily witnessed ingestion (DWI). Ola did not do well on this for two reasons. She was ashamed of having to take Suboxone at the pharmacy in public. Also she still had to use a cane when she walked and walking was still difficult. When Ola had to go to the pharmacy for DWI, she decided that she was OK without Suboxone; the cravings were gone.

Ola died just before Christmas. On the 22 of December in 2015, Ola told her folks that she was going shopping downtown. Her dad dropped her off and told her to be safe. She did not return that night and the next day she was reported missing. On Dec 24th two policemen walked up to the front door of their house to inform her parents that Ola was deceased. She was found in a third floor stairwell. All of her Christmas shopping, her phone, her money and her ID had been stolen. There was been a naloxone kit available two floors down but the person she was using drugs with left her, either dead or in some kind of distress. He did not tell anyone that Ola was there and so she

was not found until it was far too late to help her. She was 21 years old. There needs to be many changes to the way addiction is viewed and dealt with. Ola’s legacy might be that her story was told on national news. This led to action by the federal government and methadone and suboxone were “delinked”. This meant that all physicians would now be able to prescribe Suboxone. Many specialists and doctors had been asking for this for some time. Ola’s story brought a face to the issue and highlighted one of the changes that should have been made a long time ago.

“Ola had no access to safe regulated supply but if this had been available, I have no doubt that she would have used this and she would have continued to work on freeing herself from addiction. I think having a regulated safe supply could have saved her life. One relapse can end your life,” said her mom Deb. She continued, “ If Ola had come and said that she was going on a regulated safe supply of heroin, I would not have been thrilled. I did not want this for her and I don’t believe she wanted this for herself. I would however be very relieved as she likely could have survived if she could have avoided poisoned street drugs. There would still be hope that she could get free from addiction and that if she had a relapse, she would not die. There would still be hope. Once your child is gone, there is no longer any hope.”

Because Ola is no longer on the planet, the world is missing an interesting, and loving person. She could be a great companion, always ready to give something a try or strike off on a new adventure.

## Aysa 27 Zest for Life, Energetic, Awesome Hugs

Aysa was a beautiful soul, full of life with a bubbly and energetic presence. He walked into every room with a confident and friendly “Hey, how you doing?”. All his friends migrated towards wherever Aysa was and he was key to ensuring they all kept in contact, no matter where they ended up. He was also a natural born leader and could pull everyone together. He accepted everyone for who they were and was inclusive of all. He never passed judgment. He always showed an interest in others beyond a simple, “Hi, how are you?” and could strike up a conversation with both friends and strangers alike. Aysa could also talk to pretty much anyone, although he thought himself to be shy. He genuinely wanted to know you better. Aysa was also very giving of himself. If he had anything that he could share, he would.

At an early age, Aysa loved books, art and reading. He was always curious and asked questions in such a way that indicated he was a deeper thinker than most. As Aysa grew, he developed a love of music and writing, along with artistic endeavours. He was able to “school” his father with his knowledge of classic rock and was much more rounded in his musical tastes as he got older. Many of his first concerts were with his parents to see as many classic bands as possible. Fleetwood Mac, ZZ Top, Neil Young...you name it, Aysa loved them all. Aysa created artwork that was later featured on a band’s music release.

Aysa’s love and skill as an artist was evident at a very early age (2 years). He drew many pictures that included the concept of creating depth, size and scale, something seldom seen at such a young age. He was curious, adventurous and not afraid of exploring new situations and places.

Aysa and his family moved to Chilliwack when he was going into Grade 8. This can be a difficult time to move and be the “new kid” in class. Aysa didn’t warm to the structure of school life and he often did not see the benefit of having to take certain subjects. He was also not interested in sports or other extra-curricular school activities. He gravitated to friends that shared his interests and frustrations around school. He did take part in smoking marijuana and skipping class from time to time, just as his peers were doing. Aysa did smoke marijuana fairly frequently and soon was experimenting with other drugs, including cocaine, but did not typically like anything “man-made”. If you could grow it yourself naturally, he was much more interested. He often read books about the benefits of certain types of drugs.

In later years, Aysa felt like many of his friends were moving on through life at a faster pace than he was and that he was falling behind. He was worried that everyone else was “making it”, and that he was not moving ahead fast enough. This caused him a fair amount of stress and anxiety.

Aysa did have wonderful dreams for the future. His biggest dream was to open a record shop with a café at the back and an area where live music could be enjoyed by everyone. He would have enjoyed hours of conversations with music lovers of all genres. His parents very much wanted to see him succeed at this. Aysa was all about people (and animals too). He enjoyed chatting with people, and he always remembered who he met and what they had to offer.

Music was a big part of Aysa’s life. Most of his music came as a result of what he was feeling in the moment and he would build off that. He made music in the “math rock” genre which is typified by complex rhythmic patterns, angular chords and melodic structures, often featuring odd time signatures, resulting in a “mathematical” sound. His music could have easily been used as background music for movies and other media. You will find an example of Aysa playing music using the link below.<https://www.youtube.com/watch?v=5smNVn1S6d0>

The stigma of being a person who uses drugs had an impact on Aysa. Although he knew that people, even relatives, might judge him for his involvement with drugs, he dealt with the mixed observations as best he could. It wasn’t always easy for him or his parents.

From time to time Aysa was known to use cocaine. He once told his mother that he wished cocaine was legal as it was the only thing that helped him focus and get things done. Aysa had been diagnosed with ADHD in elementary school but struggled with prescribed medications, which often made him lethargic and unmotivated. Access to a safe supply would have made a huge difference for Aysa. His parents firmly believe he would be alive today if he has access to a safe supply. A Compassion Club model would have worked well for him. Although cocaine was not his drug of choice it was ultimately a poisoned dose that claimed his life, like so many others. On the evening of Jan 4, 2021, he purchased some cocaine from a dealer which contained a lethal level of fentanyl. The horror of that choice led to him passing away on Jan 5, 2021.

With Aysa’s leaving, something very special was lost. He had a great sense of humour and a zest for life. Aysa connected people and was a huge positive power that transferred onto whomever he was with. His parents, Dwayne and Michele, miss Aysa every day. “His openness and willingness to talk to us regarding life and the struggles that come with it will always be cherished, no matter how hard some of these conversations were. We had many honest, open talks. Aysa was never, ever shy to show us that he loved us. If you meant something to him, you knew it. He had awesome hugs, and was so open about what we meant to him. He was very affectionate. He was often the one initiating the affection and didn’t care if it was in front of his friends.

We will forever feel the loss of our son, Aysa!”

## Gemma 19 Empathetic, Huge Heart, Strong, Kind, Beautiful, Would Give Others the Clothes off her Back

As a young girl growing up on one of the Gulf Islands, Gemma was loving, kind, artistic and musical. She loved and was loved by her family and friends.

Gemma moved with her family to Vancouver when she was 16. She started experimenting with drugs with other kids in her peer group. When her family became aware of Gemma’s drug use, they arranged for her to get help in a residential treatment program for youth. Gemma used drugs in the program and was kicked out. The director and employees of the program shamed Gemma and her family. Instead of helping her find another program that would have been more appropriate, they sent Gemma packing with no other resources. This was the first of many disappointments within the care system. 21



The stigma and shame came directly from the people that her parents thought would help.

Karma, Gemma’s mom, explained, “There were shockingly little resources for youth in 2017, and not much has improved since then. The only option we could find was a day treatment program that was, in reality, glorified babysitting. That is when we connected her to a doctor who prescribed Suboxone. At first Suboxone helped. Like many, Gemma found the rules that went along with the Suboxone prescription difficult. She felt ashamed of having to line up every day in the pharmacy to get her dose of Suboxone. DWI (Daily Witnessed Ingestion) was required. Every day when she was given the Suboxone, she had to take the pill and then open her mouth to show that she had swallowed it. This was done in front of other customers. For many, including Gemma, this was embarrassing and humiliating.”

Once she noticed the cravings for drugs lessened, Gemma decided that she would go off the Suboxone. Sadly, once she did this, the cravings came back. Gemma’s addiction escalated and the family tried to get her help, but every step of the way experienced roadblocks.

There were still few options for addiction treatment for youth. When Gemma was 19, her family was able to send her to a very expensive licensed residential treatment program. This program mainly used non-evidence-based approaches. Her mom explained that, “Gemma was asked to use her will power and higher power to stop using. We all know now that this approach has a high failure rate. The only treatment that spoke to Gemma at that time was a trauma-informed approach which Gemma liked and responded to, but they made her stop and continue with the NA (Narcotics Anonymous) and AA (Alcoholics Anonymous) treatment. Gemma left this program after 3 months under the guidance of the staff. We now know that Gemma was nowhere near ready to face the real world unless she had access to a safe supply.”

The treatment centre referred Gemma to a “step down” licensed residential treatment facility without any real risk assessment and discharge plan. The centre was not prepared for a young woman with an opioid use disorder. Gemma only lasted 10 days before she scored a poisonous dose of drugs she thought were clean opioids, took it to her room, locked the door and used. Gemma died alone in this room and was not found for 12 hours. As Gemma had not been using, this poisonous dose combined with her low tolerance for opioids, killed her. By the time Gemma was found, it was far too late to help her, even though she was in a treatment centre, a place where her family believed she would be safe. We now know that treatment centres need to be regulated and monitored. People with opioid use disorder need evidence-based treatment. The carelessness Gemma and her family experienced at the hands of these treatment centres combined with the toxic drug supply, and the shame and stigma led to Gemma’s death.

The stigma around using drugs completely impacted Gemma for the entire time she was using drugs. She hid her use from her family and her friends. She used alone so that others would not know. The anxiety over using drugs and not being able to stop led to some mental health issues such as depression. Gemma just could not stop using drugs even when she fully intended to. Heroin and fentanyl put her in a cycle of addiction. Even though she knew that using drugs was creating harm in her life, and she tried to stop, inevitably she found herself again looking for how to get the drugs she craved.

If Gemma could have accessed a safe regulated supply, she would probably still be alive. Her mom, Karma, believes Gemma would still be here had there been a safe supply program of drugs available. The drugs that are purchased on the streets are found to be deadly for so many.

Addiction is a disorder that is characterized by periods of not using and then starting to use again. Despite the best intentions, people sometimes find they have impossibly strong urges to use the drug again. Very often it takes multiple runs at getting free from drugs. Before fentanyl, before one dose of a drug could be lethal, it was very common to make 5 to 7 attempts before being able to shake the grasp of addiction. However, since drugs currently purchased on the

street might contain a lethal dose, many people never get the chance to try and try again. One relapse is all it takes if one gets a deadly dose. Gemma only had one relapse after completing her treatment. She could have survived it if she had access to a regulated supply.

The declaration of the public health emergency in 2016 was one year before Gemma’s death. Now in 2022 the number of deaths due to the toxic drug supply is at around 6 people a day in BC. We need a safe drug supply now in order to save lives. Our government needs to take this health emergency seriously! We also need to educate the public around shame and stigma. We also need more evidence-based treatment options for youth. We need action now!

Gemma was an incredibly kind and beautiful person. Many people have told her mom that Gemma changed their life. Gemma was very spiritual, and people were drawn to her because of her lovely energy. We have all lost this beautiful soul.

## Joseph 25 Funny, Adventurous, Loved being a Dad

From a young age, Joseph was curious, and fun-loving. He always had a great sense of humour. He was a risk taker, loved hiking, swimming, dirt-biking, snowboarding and spending hours in the forest. He loved animals and nature, rode horses, and cuddled his dog.

Joseph packed a lot into his short life, overcame tremendous odds, and put his life to rights again and again. He was adventurous, a great friend, and he just loved being a dad to his two boys.

Joseph experienced trauma at a young age. His father was emotionally and physically abusive. Joseph was very affected by the pain this caused him and others in his family. As a young teen he was introduced to drugs while at his dad’s home. He eventually started using crystal meth which caused severe physical and emotional problems. With the support of his mother, brothers and friends, counselling support and by his own sheer determination, he overcame these issues and regained his health.

Joseph began training to become an ironworker. Joseph had ADHD since childhood and struggled in the school system. At BCIT he blossomed. His learning style meshed with the course of study, and he achieved marks in the “90s”. He was very proud to obtain his Red Seal certification as a Journeyman Ironworker. While in school he had started a relationship and soon he and his partner were expecting their first child. After graduating, Joseph worked on many construction projects throughout Metro Vancouver. When their son was just a newborn, he was offered a job in the north. He took it, bringing his young family with him. He loved the outdoors and the small community where they relocated. The work schedule, though, was long and hard. He sometimes worked 10 to 12 hours a day, 20 days straight. He was 22 years old.

Very quickly it was noted by supervisors that Joseph was a good worker, and he was given lots of responsibility. The stress of the workload took its toll. He and his partner were also expecting a second child. At some point a colleague suggested OxyContin and gave him some saying that oxy might help him cope, and at first it was helpful. He felt calm and focused. However, over time it became problematic.

Over the course of two years every part of his life was eroded due to oxy. He did not access the employee assistance program through his work, for like many in the trades, he feared that if his employers knew he had used or was using he would be fired.

Ultimately, he and his partner split up, he lost work and became depressed. For a time he lived in his truck in Vancouver. Things had spiralled out of control but again he pulled himself together. He asked his mom for help, and they found a clinic where he was prescribed methadone. Then, through some friends, he was offered work in Alberta and decided to take the job.

He spent nine months working there, making regular trips back to BC to see his boys. They were the light of his life and his motivation.

In January of 2016 he decided that he would wean himself off methadone, which he did by the end of March. He was doing well but really missing his boys and, in late June, came back home to BC.

He was so happy to be back with his family. By mid-July he had a new job, was looking for a new apartment big enough for the boys. Everything was falling into place. And then one day in mid-August on his worksite Joseph either purchased or was given what he was told was MDMA (Ecstasy). He wasn’t seeking opioids. But the illicit drug supply is poisoned. Six weeks after returning to BC he was killed by Fentanyl poisoning. Joseph was only 25 years old.

Kat, Joseph’s mom, says that if a safe supply had been available, Joseph would be alive today. The poisoned illicit supply makes taking any street substance a risk. If he was relapsing, a safe supply would mean the difference between life and death and allow space for recovery. Safe supply and decriminalization are the keys to dismantling the harms of substance use.

Kat says, “The loss of Joseph has left a hole in all our lives and is especially sad for his children’s lives. He just loved his boys. They loved their dad. I worry for the trauma they have experienced losing a parent and what that might mean in future. And Joseph, he was just becoming the man he wanted to be in the months and days before his life was cut short. What would he have become? What gifts could he have brought to his kids, to the world and how might he have changed it for the better? We will never know. All the lost potential, of all the lost sons and daughters, we will never know.”

## Jessica 34 Caring, Considerate, Creative

How and when did using drugs enter into Jessica’s life?

The best way to learn about Jessica’s story is to read a news story which was featured on CBC in November of 2019. Google: CBC Jessica’s Secret, by Jodie Martinson and Bridgette Watshon.

This story won 2 national journalism awards. I shared it in order to raise awareness amongst people in suburban communities. An update to the story is that Jessica’s partner is now 5 ½ years sober and their daughter is in French Immersion, a split Grade 2 / 3 class and is thriving in school and gymnastics and dance.

I first became aware that Jessica was experimenting with cannabis when she was around the age of 16. I thought it was a phase that many, including me, have gone through in their teens. I wasn’t too worried as it didn’t seem to hinder her school work. She made honour roll every year. Reference letters from teachers and employers all say Jessica was a diligent, hard working, pleasant student and employee. She graduated from high school with merit and service awards and was accepted to UBC in the Faculty of Science.

Why might Jessica have been drawn into drug use? Did she feel that drugs helped her in some way?

Jessica was drawn to drug use for both biological (nature) and trauma-related (nurture) reasons. Her biological predisposition for substance use disorders came from both sides of the family. Her father battled AUD (Alcohol Use Disorder) which later led to use of cocaine and ultimately to his death at the age of 41. On my side, my brother also battled AUD and lost his life to complications from it at the age of 55. AUD has been a factor on both sides of the family for generations. For my side, I have been diagnosed with both ADHD (Attention Deficit Hyperactivity Disorder) and BD (Bipolar Disorder) since her passing, and dealt with my struggles using addictions to food, exercise, cannabis, prescription medication and shopping.

From a nurture point of view, Jessica was the daughter of a father who didn’t or couldn’t show love because of the trauma incurred by his father upon him as a child. By the time Jessica was born, his struggles with alcohol along with other substances such as cocaine and cannabis became more and more prominent and created a dysfunctional living environment. Jessica’s personality type was such that she was a people-pleaser but try as she might, she couldn’t please her dad. Her dad and I separated when she was 9 years old.

As per the separation agreement, I was given full custody and guardianship of Jessica and her two younger siblings. Their dad was given weekend visitations and so, if he arrived sober, or at all, to pick them up, they were allowed to go with him. That didn’t guarantee he would stay sober during their visit and that became a problem, especially for Jessica.

Jessica didn’t share with me what had happened between her and her father during some of those weekend visits. Later though she confided in her friend, whose mom contacted social services. It was then brought it to my attention that her father had been sexually abusing her while intoxicated. She was “finally” getting that much-longed for attention from her dad, albeit in a very confusing and egregious way which is why she didn’t want to tell me. She said “I was afraid you weren’t going to let us see dad if I told you”. When police and social services encouraged Jessica to press charges against him she said “no, dad didn’t do it on purpose — he was drunk”. Can you imagine, a young girl so desperately wanting her father’s attention, that her standards for what a father should be were influenced by her perspective that “this” attention was better than nothing. Tragic.

In spite of what happened, and in the absence of counselling — Jessica refused to go for help, not wanting to relive the trauma — life seemed to continue normally for Jessica. She graduated from high school with several awards, and then from UBC, BSc in Cellular Biology and Genetics. A year later she won a scholarship in the faculty of UBC Education, where she received her teaching degree along with the distinguished award for “most promising teacher” of the 2012 graduating year.

I believe it was during university that Jessica began experimenting with drugs outside of alcohol and cannabis. Just like some children inherit poor physical health genes from their parents, Jessica inherited poor mental health genes, and so right out of the gate, coping in life was more challenging. Coupled with the trauma she suffered during her short life on earth, and not being able to perhaps recognize, admit, or disclose her struggles with addiction to anyone — counsellors (she tried), or me — until it was too late. Life often felt like too much for this girl to handle. This is why Jessica felt her only option was to self-medicate to feel that she could cope.

The impact of the stigma of drug use can be summed up in one word: INSURMOUNTABLE. Jessica was a professional, a high school teacher and she felt she was held to a higher standard both by herself and others. She was not willing to disclose to anyone (at first), and then only to close family members (when she finally needed help), that she was self-medicating with illegal substances. She was deathly afraid of being judged and rightly so. She was living in a suburb of Vancouver (South Delta). which lacked the kinds of options and resources available to folks living in Vancouver.

Four years after her passing she would likely have suffered a similar fate, as suburbs are still lacking many resources. Also without a safe supply, the drugs that most people including Jessica purchase, are toxic and so more unnecessary fatalities can be expected.

In 2015, when I first learned of Jessica’s struggles with SUD, government-sponsored programs available in South Delta were extremely scarce and difficult to find. The closest available programs were in Surrey, so not in a place Jessica felt ‘at home’ or comfortable. She also found these humiliating and demoralizing. Some staff would react in a condescending way after learning Jessica was a teacher. Had Jessica been suffering from any other physical illness, she very likely would have been shown care and compassion in a respectful environment, with an array of options.

Jessica often wrote in her diary about how she was disgusted in herself. She despised herself for using substances for coping; she had high standards and, yes, she was ‘stigmatizing herself’. She truly believed her only option was abstinence, exercise and counselling, but she was unwilling to disclose to her counsellor her addiction to opioids and would only reveal that she was anxious. Jessica was successful for 10 months, until she had one unsettling setback. That one setback was me, her mom, her main support, being put on life support myself for using an energy powder [Notropic] ordered on line to cope with my own undiagnosed ADHD and BD (Bipolar Disorder)Type 1. So many people who are addicted know they can use drugs to relieve the pain (physical or psychological) and the fear they have. She may have thought she was losing the one person who was her everything. Her



coping strategy was to use and this time, the drugs were tainted and she died. How might the availability of a safer supply made a difference to Jessica? Simply put, a safer supply of drugs would have allowed Jessica to make a mistake and it would not have cost her life.

When is the last time you or a person you know, who has abstained from using a legally regulated substance such as alcohol, nicotine, prescribed opioids, a category of food, or really, anything “legal”, died when relapsing due to toxic poisoning? It doesn’t happen because ‘what you see is what you get’ with legal substances. In other words, you are allowed to fall, get back up, and try again. Jessica didn’t get that chance.

Had she been given an option for prescription opioids, or opioids not tainted with unknown amounts of fentanyl, she would have had a safe supply the night I went on life support and she just could not cope. She relapsed. If there had been access to safe supply, Jessica would still be here to watch her precious little daughter grow up and use her incredible teaching skills to help teens through high school. Before she died, North Delta Secondary School was promoting her to head science teacher.

What is the world missing because Jessica is no longer on the planet? Here’s what some of Jessica’s loved ones say...

Evan, partner: “On the most basic level, and what I miss the most is a partner and co-parent, obviously. On a deeper emotional level I miss the way she challenged me on my opinions and ideas.”

Darya, friend: “We are missing an accepting, considerate, intelligent, non-judgmental human being.”

Avalon, friend: “The world is missing someone who cared passionately about education and connecting with at risk students. She was supportive and nonjudgmental and helped many through difficult times.”

Jillian, sister: “We are missing a caring, creative, and encouraging person.”

Sands Secondary School — a 10 metre long Tribute banner for Jessica giving staff and students an opportunity to write about her after learning of her passing and an excellent science teacher who could relate to troubled teens better than anyone.

Colleagues: “You impacted a lot of lives in a positive way and it really showed how much you cared about the kids. You made a difference.”

Students: “Thank you for always being patient with us and telling funny jokes”, while another wrote “you made Sands a happier and brighter place for everyone; every time I saw you, you had smile on your face and were laughing.”

Her daughter: “I don’t remember mommy.”

Me, her mom: “I’m missing an incredibly talented, witty, intelligent, vibrant, and giving daughter who was also one of my best friends. I miss the twinkle in her eye when she gave you that cute grin with the little dimple on her chin. I miss her sense of humour. I miss the homemade cards she used to give me on special occasions. I miss hearing her complain about how much hiking with me annoys her because I don’t enjoy the beauty in my haste to reach the top. I miss every little detail about Jess.”

World: “An intelligent, compassionate, curious, giving social justice warrior; a champion for the underdog.”

A favourite story about Jessica: I have many favourite stories about Jessica but I think this one describes best who she was, not only as a daughter, partner, mother, sibling, friend, colleague, and teacher, but also as a human being.

It was a very cold, snowy January early evening, when Jessica zoomed up in her Hyundai Elantra, to our townhome in Ladner, which was located right next to the Ladner United Church, a hub for underprivileged populations. After a day of teaching at Sands Secondary School, she was coming to pick her daughter up from my place after daily caretaking.

Often the two of them would stay for dinner. Jess was always happy to spend time with family and enjoyed discussing her daily trials and tribulations with myself and her step-dad, who also worked in education. She was in full recovery from her substance use disorder and thriving.

We had a lovely dinner. Jessica and my granddaughter packed up and

was Jessica. She was in tears. “Mom,” she said, “there is a homeless man sleeping outside of the United Church and he’s going to freeze to death. Can you please bring him a blanket. He’s suffering.” We found the name of the pastor for the church and called him. He, in turn called the Delta Police, who picked him up and gave him a ride to a 3-day, free-of-charge, stay at one of the local hotels — shelter from the terrible storm and relief, if only for a few days.

Jessica made a difference in someone’s life that night because she cared. I asked many people to describe Jessica in one word and the word “caring” came up time and time again. Not a day doesn’t go by that I don’t miss her. The world has needlessly lost a compassionate, brilliant, beautiful human being who had so much to give.

Let’s learn from the past and find a way to make our illegal drug supply as safe as our alcohol, nicotine, cannabis and prescription medications — because most of us make mistakes. We fall off the wagon, whether it be diet, alcohol, whatever “poison” you choose, (or more likely, chooses you), based on a combination of biological factors and life experience, and this is proven.

However, should you fall or relapse, your options are safe — your poison won’t kill you, at least not instantly. Consider yourself very lucky and then ask yourself this question: should you or your loved ones ever find yourselves in Jessica’s shoes, how would you like to be treated?

#### Jessica - a poem

With her smile and twinkle in her eye  
She could light up schools, stadiums and the sky  
A passion to teach; she loved to learn  
How very quickly life can turn  
When the drug that helped her cope  
Was only sold as illegal dope  
So Jessica vowed never to use again  
A slip; that ONE mistake; that’s when  
She bargained “I’ll do it just this once”  
And suddenly she had no pulse,  
That’s the price for her last craving  
Ask yourself, was Jessica’s life worth saving?

Kathy Woudzia

## Jordan 25 Irrepressible, Compassionate, Talented

Jordan was a go-getter as a child. He slept very little, and made us laugh through much of the day. There were signs of his ADHD (Attention Deficit Hyperactivity Disorder) but since his dad and I knew almost nothing about ADHD, we just figured he was super high energy. He was independent and mostly fearless, a risk taker. Jordan was diagnosed with ADHD and dyslexia in grade 4. There was little treatment for ADHD known to us at that time.

Jordan was very athletic and daring. On a skateboard he would try the most difficult moves and usually land them! He was sponsored by a small skate shop in his teens. He learned to snowboard in 2 days!

In his mid-teens Jordan began smoking pot and drinking. By age 18 he was taking other drugs with friends. At that time their drugs of choice were cocaine and oxycodone. Jordan found that these drugs regulated his brain to a normal pace. It was as if drugs allowed him to be his authentic self. When I think back, there were mystifying verbally violent outbursts of rage over nothing that lasted about 5 or 10 minutes, even into his mid-teens. It was a release, I think. He was still the proverbial life of the party — handsome, funny, engaging. He loved girls and they loved him. With drugs he had confidence and balance.

Later, though, Jordan knew he was struggling with his drug use. When he was 19, he asked to go into a recovery facility for a cocaine and alcohol addiction. Once there, he hated the 12 step, abstinence-based, ‘write a journal entry everyday’ approach. He left after two weeks of a six-week program. He relapsed and began accessing illicit pharmaceutical oxycontin.

At 23, he was on a job site and injured his back. Our family doctor then prescribed oxycontin for 7 months! Jordan became strongly addicted to this drug. Later, Jordan went to our doctor to get help for his serious addiction. The doctor angrily “fired” him as a patient when Jordan disclosed he was addicted. The doctor’s words were, “If an addict’s lips are moving he’s lying.” I was in the room, so I know this is true. The doctor was angry that Jordan had become addicted! Unbelievable! Jordan wanted to get back on track without drugs!

Working together, we finally got him into a detox facility. During the 2 week wait time for detox, I bought illicit oxycontin so Jordan wouldn’t go into withdrawal. I paid off drug dealers in a Walmart parking lot. It was a nightmare.

Detox took the drugs out of Jordan’s system but it did not address the addiction or the reason for it. We could find no support, no OAT (Opioid Agonist Treatment), no counselling — just nothing. We now know that having a person go through detox without providing supports, puts people who use drugs in a very dangerous position. The compulsion to use is still present. If a person relapses and uses the same amount of drugs that they used before, they can overdose. Relapsing may also lead people to seek street drugs. These drugs are often deadly as they are of unknown strength and composition. Currently, street drugs can be considered toxic and extremely dangerous. Jordan’s drug use and addiction were mostly before the toxic street drugs were prevalent. He was able to continue to get pharmaceuticals from doctors at various walk-in clinics. It was a combination of these drugs that were prescribed to him that stopped his heart. If there had been a wider path of treatments, Jordan may have been able to recover. If Jordan had found OAT, a regulated safe supply, an addictions doctor or one that understood addiction and treatment for ADHD, I believe he would be with us today.

The stigma of drug use meant that our small community was likely judgemental, yet it was concerned. We were lucky. Most people liked Jordan, even loved him. They saw his erratic behaviour as annoying and sometimes frightening. They would often report to me. No one, not even me, really understood drug use at that time. If my community stigmatized Jordan, they didn’t show it to me. Now that I am a visible advocate for good drug policies, my community is really on board.

This anecdote is a bit weird, but it gives a sense of Jordan’s burgeoning compassion and empathy for those who needed help.

All ages of kids rode the school bus. One afternoon one of the youngest boys peed his pants. His peers were laughing at the boy and making fun of him. He was crying. Jordan at age about 13, walked over and sat with the boy and proceeded to pee his own pants. Laughter turned to amazement. Needless to say, the bus driver was not impressed. I was called to the school and Jordan was asked to wash the seats of the school bus. No one was really angry with him. In fact, the bus driver and school staff talked about Jordan’s kindness even though it was very over the top.

What is the world missing because Jordan is no longer with us on the planet?

He could cheer up the most depressed folks. His laugh and his joy radiated out.

The world is missing a man who would help others at the drop of a hat.

The world is missing a man who could build anything, a man that would have been a fantastic father. He loved children and mentored kids in skateboarding.

Jordan wanted to recover! My heart will always be broken.

## Renée 29 Loving, Artistic, Generous

Renée was a loving, generous, kind person. She cared about all people and had many friends from all walks of life. Her smile and laughter could light up a room, and she was loved deeply by her family and friends.

Renée lived her life with great passion, determination, and courage. She was an honour student in high school and at Kwantlen University where she graduated from Public Safety (Emergency) Communications. She was also a licenced hairdresser and loved to make people feel beautiful.

Renée loved animals, especially dogs and horses, and was a talented rider. She was gifted as an artist, and from the time she could hold a pencil she was always drawing and painting. The artwork she left behind is a small comfort to her parents who miss Renée beyond measure.

When Renée entered the ninth grade she started smoking and drinking and eventually started using party drugs as well. Her parents hoped that this was just a normal teenage phase, but as her alcohol and drug use worsened, they became concerned.

They registered her in an after-school program for teens with problematic substance use, but this was of little help. At age 19, Renée agreed to go to a private abstinence-based treatment facility where she lived for 5 months. But within half a year of leaving treatment, she relapsed.

Renée’s parents struggled to understand what was happening to her. They were not aware of any severe trauma in Renée’s early life, but they knew that she suffered terrible harms and traumatic events while using drugs and alcohol.

Renée strained to hide her addiction from the family, fearing judgement and rejection from loved ones. This stigma, this negative view of people who use drugs, permeates our families and our society, and causes great harm to those suffering from addiction.

Renée had a substance use problem that was not accepted or understood by those around her. Avoiding her family and friends to conceal her troubles, Renée became increasingly isolated and alone. She felt ashamed; she felt like a failure.

Renée was treated with contempt, disdain and even violence by people, including those working in health care and law enforcement. Because she used drugs, she did not receive the respect, help and protection that all people are entitled to.

Renée’s parents continually searched for a way to help her and were told by addiction professionals to let her “hit bottom”. In desperation they tried “tough love” for a short time, which only caused greater harm and pain to Renée. With the current toxic drug supply, “hitting bottom” means death for a person who uses drugs.

Renée wanted to live, she wanted to get well. She wanted to get married and have a family. With tremendous courage she tried again and again to overcome her addiction, enduring the tortures of detox and withdrawal so many times. But no matter how hard she tried, the addiction stayed with her. In her journals she wrote about addiction as the “monster that wanted her dead and alone”.

Her family believes that if Renée had had access to a safe supply of drugs, she would not have died from fentanyl poisoning. If she could have found the help and support that she needed to cope with her addiction, she would still be with us today. Stigma and the



toxic drug supply killed her. Hiding her relapse to avoid condemnation, she used alone and died alone.

This world has lost a beautiful person. Renée cared about others. She took care of her grandma, she was loving toward her family, she made food for her neighbours, she went to the hospital to give haircuts to patients, she took blankets to the homeless. Renée loved and was loved deeply.

In the backyard of the family home is Renée’s Garden. It is a beautiful spot to sit and remember all that she was. Her parents Stuart and Lisa have broken hearts that will not heal. Like so many who have lost a loved one to toxic drugs, they advocate for change so that others will not have to experience the deep pain of losing a child.

## Patrick 38

### Intelligent, Caring, Loved the Outdoors

Patrick was a friendly, intelligent, caring man. He loved being in the outdoors and was always game for anything ‘outdoorsy’. He had a life-long love of camping and hiking. Patrick was always a “hands-on” person. When he was 8, he took apart his dad’s computer and had pieces of it spread across the floor. When his mom saw what he had done she said she hoped he could put it back together. Patrick did, before his dad came home!

Patrick struggled with ADHD (Attention Deficit Hyperactivity Disorder) throughout school and discovered that he learned best on his own.

He started to experiment with drugs when he was in high school. In one of his classes, he became friends with other kids who were using drugs and alcohol. Patrick was not much for alcohol, so he was always the Designated Driver for his friends. Patrick was a cautious but also a curious person and it is likely he tried some drugs with his buddies.

Patrick went on to pursue a career in IT. He became a trouble shooter, always solving complicated network issues. He was a reliable and valued worker. He never missed work. When he was in his 30s, he had a serious workplace accident. He was busy setting up a network when the floor suddenly gave way. Patrick fell two stories. He landed in such a way that one of his feet broke in many places. It was a painful injury, and he was prescribed medication to help deal with the pain.

Before his injury, Patrick had been agile; he climbed up and down ladders with ease. When he returned to work, he found some of the physical requirements were now incredibly painful. He continued to use pain medication so that he could work. Eventually his doctor would not prescribe any more pain meds. However, the pain in his foot persisted and at times made it very difficult to work. He was never pain free. Patrick started to look for meds from outside sources. He became one of the many who work and use drugs, often with no one knowing. He found that smoking heroin helped with the pain, and he became addicted to it. Like so many, it was never his intention to become addicted through trying to deal with his physical pain. When Patrick realized that he was addicted, he tried methadone programs several times.

The stigma of using drugs weighed heavily on Patrick. He never wanted anyone to know and was always concerned that someone would find out. The union Patrick belonged to provided a good drug and alcohol program for union members, but Patrick never felt he could access this. He was afraid of losing his job if anyone found out he was using drugs and so he kept his use hidden, especially from those at work.

In the last few months of his life, Patrick decided to quit all drugs. Addiction is a disorder where relapses often happen despite an individual’s serious intention not to use. Patrick managed to stay free of drugs for 37 days. Then he relapsed. He sought out a dealer and was sold some ‘heroin’ which was always his DOC (drug of choice). It is likely that Patrick smoked the amount he had used before quitting 37 days ago. Unfortunately, what Patrick was sold was not heroin but fentanyl. Fentanyl can be as much as 50 times stronger than heroin and so when people use the amount they would normally have

used, they overdose. If a person who has overdosed is found quickly and rescue breathing is started or someone has a Naloxone kit, they might survive the overdose. But this day, Patrick smoked some “heroin” as he sat alone in his work vehicle. This is where he was found hours later.

If there had been a safe supply available, Patrick could have used this and so would most likely be alive today.

Among many others things, Patrick is missed for his skills as the family ‘go to’ IT guy. To his mom, Lizzy, Patrick was also her workout buddy and support person. The community has suffered a big loss because Patrick is gone. He volunteered renovating houses for non-profit organizations. He also volunteered at Amnesty International and was a supporter of international human rights. Patrick was a friend to a lot of people and he always stayed on good terms with everyone he met. Patrick loved all animals. He is very much missed by many.

## Sebastian 20

### Laughter, Compassion, Loyalty

As a little kid, Sebastian was independent and adventurous. For his first 8 years, Sebastian grew up in Costa Rica. Spanish was his first language. He spent happy days outdoors, making games in the woods and playing with friends. They spent many happy hours cruising the coffee trails on their bikes, imagining themselves to be all manner of adventurous heroes. He loved his great aunt’s empanadas and his grandma’s rice and beans. Lego kept him busy inventing new machines and vehicles through the rainy season and Harry Potter books were his bedtime story for many, many years.

Sebastian deeply loved his family there and in Canada, and has always had close connections with both. He is so profoundly missed. Once in Canada he discovered snowboarding and loved it. Sailing, fishing and crabbing also became favourite ways for him to spend his time. He and his dad were supposed to go on a big trip 4 days after Sebastian died.

Seb played soccer, hockey, and rugby. He enjoyed being part of a team and sharing the experience of competition. Growing up in Costa Rica, he, of course, played soccer, but always informally, a “mejenga” (pick-up game). There were no uniforms, referees or firm rules and the field was often a patch of grass or a dirt road. So when Sebastian came to Vancouver and enrolled in a local soccer league, his first game with actual uniforms, a referee, and spectators (parents), it was, to him like playing for Barcelona. He was glowing. After spending a determined, and humbling year in skating classes called Dazzling Dogs and Curious Cats, Seb caught up to his peers and joined a hockey team. You could see the pride in his face on his first skate in full equipment. He just cruised the ice, savouring the moment.

His dog Rio was his constant companion. Rio is a rescue dog that Seb’s sister found for him. Matthew, Sebastian’s dad, said “Rio was huge. Sebastian loved Rio like nobody’s business. They went everywhere together.” Sebastian’s friends were a big part of his life. At some point in their mid-teens, Sebastian and his friends began experimenting with drugs in their recreational time. Like most people, Sebastian never considered for a moment that he would become addicted. To him, he was just having fun and experimenting like the other guys in his group were doing. He and his friends had started experimenting with oxy and then heroin. They also sought out fentanyl patches to scrape the fentanyl off. At that time it was easy to find the patches and they were cheap. Somewhere along the line though, addiction just took Sebastian and never let go. Sebastian hid his use of drugs for a long time. He told his folks about his drug use in 2013. He had tried to understand his addiction and had written in his journals where he called himself an “addict.”

His dad, Matthew, said, “100%. Stigma killed Sebastian.” He relapsed after 2 years and hid his relapse and drug use due to the stigma of being a drug user and the shame over relapsing. With a reduction in stigma and shame, and with a medical and scientific approach to drug use, Sebastian might have been more inclined to talk about his use

and look for support. When he began to use drugs again, Sebastian thought he was letting other people in his life down. Having access to safe supply would have made a difference to Sebastian. He and his friends bought most of the drugs they used from dealers. Those selling drugs may swear to their clients that the drugs they sell are safe. In reality, by the time the drugs get to the street, they have passed through many hands. Along the drug chain, other drugs or fillers like caffeine, vitamin C, laxatives, and even plaster to extend amounts and increase profits may be used. Fentanyl and even stronger analogues like carfentanil made illicitly can be of unknown strength and unevenly mixed.

Unfortunately Sebastian and his friends were using drugs at a time when experimenting with drugs could be deadly. Sebastian lost some friends due to drug use. As dad Matthew said, “There was a war going on and they were smack in the middle of it — drugs that kill you.”

Sebastian is missed by many. The stalwart and enduring support of friends is a testament to Sebastian’s character and how much he is loved and missed.

## Aaron 28

### Adventurer, Hard Worker, Adrenalin Junkie

Aaron was adventurous, courageous, compassionate, a hard worker, amazing son, a great daddy to his little girl and an adrenalin junkie! He worked alternately as a welder and then, when it was fire season, he would jump out of helicopters to fight those huge fires that unfortunately are so common in BC. He and his mom were avid target shooters and motorcycle riders. They rode and went to the shooting range together often. Shannon and Aaron travelled to Mexico to scuba dive whenever they could fit it into their busy lives.

As a little kid, Aaron was fun and loving, even though he suffered from a chronic illness, Crohn’s Disease. When his body would allow, he enjoyed skiing, snowboarding, baseball and hockey. Crohn’s is an inflammation of the digestive and intestinal track and causes abdominal pain, fatigue, joint pain and weight loss. There is no cure for Crohn’s. During Crohn’s flare-ups, Aaron would at times become so sick that he ended up at BC Children’ Hospital. The pain could be so severe that at 12, it was recommended that he try medical marijuana. As Aaron described it, when he ate food, it was like “eating razor blades.” Aaron also had some trauma from living with a partner of his mom’s who was constantly emotionally abusive. It was some years before they both managed to distance themselves from this abuse.

Stigma had a huge impact on Aaron. He was very nervous that he would lose one or both of his jobs if anyone found out that he used drugs. He tried to hide both his Crohn’s Disease and use of drugs from everyone he worked and socialized with.

Detoxing was often a requirement of treatment programs. Aaron would detox at home. This in itself can be dangerous if treatment is not immediately available. If an individual uses drugs after they have not used them for some time, they can overdose, especially if they take the same amount of drugs that they were used to taking.

Aaron was looking for treatment but as there were no available spots in treatment facilities, Aaron went into a pre treatment facility. Aaron was shocked by what he found at the pre-treatment centre. There was obvious drug use at the centre. Aaron became so upset and agitated by this that when he did get into the actual treatment facility, the physician thought at first that many of Aaron’s issues were as a result of a mental illness. However, eventually they could see that this was not the case and that Aaron needed help as he had become addicted. Aaron did very well in the treatment centre. Things seemed to be looking up.

One day, another person in treatment offered to take Aaron out of the centre on a day pass. In the evening, that person returned but Aaron did not. When his mom called to speak to Aaron she was told that he couldn’t come to the phone. His mom, Shannon, talked to Aaron

almost daily so after four days of no contact, she went to the centre to find him and was told that he had not been there for four days. The centre personal said they had not been able to tell his mom for HIPAA (Health Insurance Portability and Accountability Act) confidentiality reasons. Shannon contacted the police. Since Aaron was taking some strong medication for Crohn’s but had not taken them for four days, the police deemed Aaron “high risk” and tried to find him. Over the next 30 days, Shannon, her friends and family also hit the streets, put up posters and searched all through the city. Sadly, after a month of searching, the police came to tell Shannon that Aaron had been found, deceased, sitting up against a tree, in a wooded area. It appeared that he had overdosed on toxic drugs the same day that he left the centre. No one knows how much fentanyl was in the drugs that he took. The drugs that he took for his Crohn’s disease likely interacted with the drugs Aaron purchased and this caused the overdose.

Shannon believes that Aaron may have been drawn to opioids due to the constant pain from his illness. If there had been a safe supply of opioids, and he was under medical care, he likely would be alive today.

The world has lost a wonderful soul. Sadly Aaron had a young daughter who has lost her dad.

## Jordan 25

### The Joker!

Jordan’s mom, Sharene, calls Jordan a ‘miracle child.’ Jordan was diagnosed as profoundly deaf when he was 2 and a half months old. He was a happy, happy toddler and was learning to sign at a specialized school. When he was 3 and a half years old, he had a cochlear implant. A cochlear implant is an electronic medical device designed to restore the ability to perceive sounds and understand speech for individuals with a hearing loss. The cochlear implant is an amazing apparatus but it does not totally replace all aspects of hearing. Those who have an implant must learn how to use the implant and get accustomed to using it.

Jordan was an elder brother to his two siblings. He loved to get into a bit of mischief-making and was the family prankster. He was always ready for a good practical joke. He loved to take the exterior magnetic part of his implant and stick it on the fridge, just for a laugh.

Jordan was kind and loved all animals. He enjoyed his elementary school years and was a popular and happy kid.

Although he was excelling in many subjects while at secondary school, including 2 languages, when Jordan was around 14 or 15, he began to experience depression. Kids at this age are jostling for status and a place to belong and look for ways to appear cool to their peers. Unfortunately, some teens do this in a way that is unkind and damaging to others. Part of the cochlear implant is embedded inside the ear and part of the implant is external and visible to others. Some did not understand what the implant was and why Jordan had this. Due to his hearing loss, Jordan’s speech had a flat intonation with a slight accent. Some kids in his secondary school were unkind and made fun of him. Once comfortable with everyone, Jordan became uncomfortable and awkward around some of his peers, especially the girls. Jordan was really impacted by how some of his peers treated him.

After graduating from secondary school, Jordan attended Langara. He then decided to become an electrician. It was at this time that Jordan began to smoke heroin. Eventually his girlfriend discovered what he was doing. He said he wanted to “get off ”. He went to a drug treatment centre and did very well. However, he left after four months saying that he felt “really good.” He believed that he was fine, and he was, for a while. Jordan was all ready to start a new job at the airport. Then two of Jordan’s friends overdosed and died. Jordan was heart broken after hearing about this. Jordan connected with a good friend and made plans to have the friend come over. As he waited, Jordan smoked what he thought was heroin. It wasn’t; it was fentanyl. Jordan collapsed in the bathroom. His girlfriend, mom, his brother and paramedics attempted to revive him but could not. Jordan was just 25.

How did the stigma surrounding drug use impact Jordan?



Jordan felt terrible about using drugs and was especially ashamed that his family and girlfriend now knew. He had tried to hide his drug use from them. He had never intended to become addicted. It was hard for him to admit, even to himself, that he was a drug user and that he had become addicted.

How would a safe supply have impacted Jordan?

“Jordan would be alive today, no question.” says Jordan’s mom, Sharene.

Jordan had such a lot to offer. Jordan had remained connected to the deaf community and he was such a role model to other kids who had hearing loss. He was a huge inspiration to many.

## Susan 53 Goofy, Caring, Warm

Susan was a very loving and warm person with a great sense of humour. She was an introvert and very sensitive. Susan was the oldest of three children and her childhood years were difficult. Her father had a significant problem with alcohol and this created difficulties at home.

As a result of her father’s alcoholism (now in recovery for over 30 years), Susan’s parents separated when Susan was a young teenager. Susan tried to cope with all the tumult of alcoholism by withdrawing deeper into herself and into depression. Susan dealt with great emotional pain that overwhelmed her.

As an introvert, Susan was uncomfortable and anxious in social situations. She did not like school and did not get a sense of belonging there. By the age of 13, Susan was associating with a peer group who used alcohol and marijuana. She gravitated towards those teens where she felt most socially accepted. In this group, she met her long-time partner and father of her children. Susan discovered that drugs helped her feel more at ease and reduced her feelings of anxiety.

Susan went through a period of relative calm after high school and until she was about 32 years old. She had her first child and a functioning life with her partner. Although never entirely free of drugs and alcohol, she had a job and a home. However, her relationship with her partner began to falter and that put strain on the family. Susan and her partner escalated their drug use over time to include cocaine and ecstasy and their lifestyle eventually became toxic for all involved. It ended abruptly with Susan’s family removing her and the children, aged 10 and 1, to a new city. Despite this fresh start, Susan started to use drugs, including heroin, in her new environment. She became very addicted.

Over the years and with the full support of her family, Susan tried treatment many times. Each time she went to treatment, her family took care of her children. None of the programs seemed to make any lasting difference and after all of them, Susan relapsed. Susan’s addiction to heroin highlights the terrible power of addiction. Those who are addicted continue to use drugs despite repeatedly experiencing very negative consequences. Even though Susan loved her children very much, heroin continued to have a powerful grip and. time after time, Susan would use again.

Susan’s family continued to be supportive of her but they were also concerned about her children. The Ministry of Children and Families supported the idea that kids belong with their parents. So often Susan’s kids were returned to her even when the Ministry knew that Susan was still using drugs. This was a constant source of stress and concern for Susan’s family. Susan’s family was continually anxious about Susan and her children. Eventually her drug use got to the point where it impacted her ability to care of her kids and Susan’s family received a court order to remove the kids to the custody of their grandparents.

Susan intensely felt the impact of the stigma of using drugs. Ultimately, stigma prevented her from asking for help. She felt so much shame and guilt over using and of the impact using had on her kids. Susan knew that at times she was just not able to be present for her children due to her addiction. She felt ashamed of her continued drug use and of not being the parent she wanted to be. Susan often felt that people looked at her with such disdain and so she tried to hide her drug use.

28 Susan’s sister believes that if Susan had felt less shame, she may have asked for help instead of trying to conceal the difficulties of

her life.

Susan’s sister is blunt when it comes to how a safer supply might have impacted Susan. “She might not be dead. She might have gotten help. For Susan, addiction was such a silent killer. She had a place to live; she was not homeless. She overdosed at home. If she could have had access to a safe and regulated supply, she may have come ‘into the light’ and maybe felt less shame so she could have asked for help.”

Susan’s family believes we are all missing out on Susan’s laughter, and a warm, funny, loving person who was always giggling and such a loving and warm mom. Susan’s sister wants people to know that “the stigma of addiction impacts the person with addiction and everyone in their life. The stigma doesn’t end when the person in addiction dies. It continues to impact Susan’s children, grandchild, my parents, and myself, all of whom struggle to accept and understand what happened to Susan. The Sudden Silence project helps to push back against the stigma, and gives us the chance to tell the world that we are proud of our people who have passed for doing the best they could with the cards they were dealt and that they were so loved.”

## Harley 31 Courageous, Curious, Great Big Heart

With Harley gone, the world is missing a unique and special guy. Harley had great kindness and a humanitarian spirit. He was very concerned about the world and lived in a very ‘earth conscious’ way. Harley was vegan most of the time and very health-aware. He loved animals, especially dogs! He had two that he really loved: a rottweiler and a pit bull! Harley is greatly missed by his family, including his pups.

His mom, Vicki, convinced Harley to go to the hospital as she could see he was not well. Like many people who use drugs, Harley was reluctant to seek help. Often there is sense of dread over how they may be viewed by others, including those in the medical system. The stigma of drug use is very pervasive. Harley had an experience that had impacted his views about accepting help. Once he had overdosed while in a car. He was resuscitated in part through the use of naloxone. When he came to, he realized that he was now shackled and in plain view of the public. This was a humiliating experience for him. As a user of drugs, Harley often felt others saw him in a negative light.

At the hospital Harley was found to be very dehydrated and he had low vitals. He had not been able to keep any food or liquids down for about 7 days. He needed treatment badly. In the hospital he also tested positive for fentanyl as he had told his mom that he would not come into emergency unless he did a hit. In emerg Harley was scheduled for a scan to find out what was happening internally. He was supposed to get a scan the night he passed but the staff said he possibly got missed. They were not sure why. Harley went in the hospital on Sept 23rd around 8:00pm and passed on Sept 24th about 4:20 am.

Later it was learned that the cause of death was the hiatus hernia in his chest area. This may have been from the fentanyl use. This only came to light after waiting 18 months for the coroner’s report. At the time, Harley’s death was a suspected overdose because he had fentanyl in his system.

Vicki, Harley’s mom, also believe stigma had a big role to play in Harley’s death. She had to beg him to go to that hospital. Drug use brought on a lot of shame for Harley and so he avoided going anywhere that his drug use would be noticed.

Many people cross paths with drugs due to an injury where powerful opioids are prescribed for pain relief. This was the case for Harley. He had been in a serious car accident when he was younger. The pain, during and after he recovered from his injuries, was severe. As he became older, the pain increased. Doctors prescribed Oxycontin. Due to continuous pain, Harley continued to seek out opioids after his prescriptions had ended. He needed it for the pain and he found that he had become addicted. Harley’s situation is an alarmingly common story for many drug users. Some of those who suffer painful injuries are prescribed opioids. The vast majority of those who are given opioids find great relief from pain and can discontinue using these when the

pain subsides. 10-20% of the population are vulnerable to becoming addicted. No one thinks they will become addicted and so are surprised and shocked when they discover they cannot discontinue using these. Sometimes they are able to stop using for periods of time but addiction is a disorder where relapses are common and to be expected.

Harley had always been very athletic and was into every sport. He loved the outdoors. Ongoing pain prevented him for participating in these as much as he wanted. This was a real blow to him.

Harley also had some mental health issues and suffered from depression which started after his accident. His mom believes this was due to his belief he had that he was not living up to the standards and labels men often put on themselves. He sought to hide this from everyone. He felt the stigma of being both a drug user and a person with mental health issues. This was not how he thought his life would go.

Vicki believes that if Harley had been able to access a safer supply of drugs, he would still be alive. The street supply that he could access was often toxic and there was no way of knowing how safe the drugs would be. Dealers will often tell their customers that they are selling the “good stuff” People who use drugs often take them to avoid becoming ‘dope sick’ in addition to severe cravings that feels like a need, not a want. So those who use drugs purchase street drugs that frequently contain fentanyl in an unknown and unreliable concentration. Many systemic barriers prevent drug users from getting the help they need. Family members, desperate to help, tried to assist Harley in accessing a safer supply through the medical system but this was difficult and mostly unsuccessful.

Vicki related a heart-to-heart talk that she and Harley had about a year before his death. She, Harley, and the dogs were sitting together outside Harley’s condo. Harley told his mom that he really wanted to get better someday soon... so that he could look after her when she was old.

Vicki says that Harley has kept his word and is guiding her from the Sprit World. He often says, “Remember, mom, I got your back just like you had mine.”

## Mariah (Creedence) 20 Lover of Music

Mariah McLellan was 20 years of age when she died due to drug poisoning. From an early age, it was evident that Mariah loved to learn. She just seemed to soak up information. What she loved most was music, music, and more music! Mariah learned to play many instruments. She did have a few lessons but mainly she taught herself. She wrote songs and performed. She recorded some of her songs on You Tube including one called simply, “Music”. It can be heard on YouTube. <https://www.youtube.com/watch?v=8uQ2iM6jXzU> Mariah’s nickname was “Creedence” as she loved the band with the same name. Her music was recorded using this name.

Mariah always had her own style! Standing apart from the crowd and being a bit different is not always an easy path. To others, she might have seemed a bit of a loner and there were times when she did feel a bit lonely as she travelled on her own individual path.

Tracy, Mariah’s mom, taught Mariah and her sister to be accepting, and friendly to all. Mariah did not complain but there were times when others were unkind. Of course some of her peers’ comments and actions hurt at times.

Mariah’s heritage includes a Plains Cree background. As a youngster she went to several pow wows and loved dancing in her jingle dress. Several members of Mariah’s family struggled with substance abuse and one of her relatives introduced her to cocaine when she was around 15. Sadly several members of her extended family were impacted by addiction. Mariah found that the drugs took away the pain of being different and she continued to use.

How was Mariah impacted by the stigma of using drugs?

Tracy says, “My kids were taught by me not to be judgemental.” Unfortunately, Mariah did feel judged by others and found this hurtful.

What if there had been a safe supply of drugs available to Mariah?

“Likely she would have continued to use but I’m sure she would have

wanted to stop her drug use at some point.”

Mariah’s sweet smile is missed by many. She loved children and always hoped to be able to teach kids how to play music. She can be remembered as happy go lucky and a music lover.

## Nate 28 Loyal, Passionate, Curious

Nate was passionate and curious. He was very loyal and had a wonderful sense of humour. As a little kid he was outgoing and hilarious. He loved to skateboard, and he was very talented. He had attracted a sponsor with his boarding skills and, at one time, hoped to make a career in the skateboard industry.

When Nate was 14, he first began to use pot with friends who hung out at the skateboard park. Later in his teens, he and his friends tried alcohol and mushrooms. As a young adult, Nate used cocaine on the weekends when he was out partying with friends.

Although Nate was skilled in many areas, he was anxious about not being good enough and was concerned that his progress through life was behind many of his peers. Nate felt that his friends were “moving on”, getting married, and having children, and by becoming addicted, that put him even further behind. Drug use helped him with some of the social discomfort of these thoughts. Nate also had some struggles because he felt that his biological dad had essentially abandoned him. Nate was very much loved and supported by many, just as he loved those around him right back.

Nate worked in construction as a concrete former. At work he fell from a second level scaffolding and was injured. He could not return to work for three weeks. To help him deal with the pain from his injury he was prescribed Percocet (which contains the opioid oxycodone). When the prescription ran out, Nate found that he had become addicted to opioids and so he started to purchase them from street level dealers.

Nate was ashamed that he had become addicted. He hid these difficulties from his friends. Due to the shame he was feeling, he felt unable to confide in others. Nate’s mom, Tiffany, said that Nate confided in her that he was “100% ashamed” of the addiction that prevented him from getting on with his life.

Nate, with the support of his mom, tried treatment for his addiction many times. He was in and out of treatment for three years. He would do well at first and then relapse. Then, when COVID hit, support meetings stopped and Nate felt isolated. During this time he got into fentanyl.

Tiffany, Nate’s mom, felt that if a regulated safe supply had been an option, Nate would have used that during times he relapsed. Relapsing back to street drug use is common and it is estimated that 40 to 60 percent of those who are addicted relapse as they attempt to disentangle themselves from drugs. This relapse rate for addiction is comparable to other physical illnesses, such as high blood pressure, for which the rate of relapse is between 50 to 70 percent. Relapses in addiction, however, are often accompanied by increased shame as the individual feels that they have failed. Ideally to deal with relapsing, people should be able to enter treatment, begin an OAT (Opioid Agonist Treatment) program, or obtain a regulated safe supply without delay. However, this is not always possible due to waitlists and the lack of available treatment options. Therefore, someone relapsing will often seek drugs from street dealers. Now, those who relapse run the risk of getting drugs that are toxic and of uncertain strength and composition. These drugs are poisoning and killing people.

Nate is very much missed by his family and friends. Nate had a real passion for helping others, even those who were struggling in active addiction. He kept in touch with people and continued supporting and encouraging them. He and his mom often did outreach together. After Nate died, many made it a point to mention to his mom how Nate had really helped and stood by them during their difficult times.



# What Will it Take to Solve the Drug Crisis?

A Postscript by Adriane Carr, Vancouver City Councillor and Paul George OBC, ActionInTime Director

## In 2016 a Drug Overdose Public Health Emergency was Declared in BC

On April 14, 2016, BC's Provincial Health Officer declared BC's first public health emergency under the provincial Public Health Act. He made it in response to a surge in drug overdose deaths in BC. 474 drug overdose deaths were recorded in 2015. That declaration empowered the Provincial Health Officer to "collect more data" that "will help inform responses and prevent further overdoses."

In the first three months of 2016, the death rate had increased to about 50 deaths per month. BC was on track to a record 600 drug overdose deaths that year. Already the illicit sale and use of fentanyl, a synthetic opioid up to 100 times more powerful than heroin, morphine and oxycodone, was a big contributor, involved in 31% of the overdose deaths.

## By 2022 BC's Drug Overdose Emergency had become a Crisis

At the end of 2022, the year's deaths due to toxic drugs reached 2,272. On average, that's 6.4 deaths per day, 189 deaths per month, over 3 times as many as when the drug overdose emergency was first declared in BC. The terrible truth is that illicit toxic drug overdoses are now the leading cause of unnatural deaths in BC, second only to cancer in terms of lives lost, and the leading cause of deaths of 19-39 year-olds. Since the declaration of a drug overdose health emergency in 2016, more than 11,000 people have died in BC of drug overdoses, and more than 32,000 in total Canada-wide.

After six years we have plenty of studies and data. But there's been no comprehensive government action to solve the problem.

## Some Good News in 2023

Beginning on January 31, 2023 for a three-year trial, the Government of Canada removed criminal penalties for people in BC who possess a small amount (up to 2.5 grams) of certain illicit substances for personal use. This means that adults will not be arrested, charged, or have their small amounts of drugs for personal use confiscated by police. The drugs include heroin, fentanyl, methamphetamines and MDMA (ecstasy).

30 The federal government explained that one of the benefits of the 3-year decriminalization trial in BC would

be that money saved by reduced enforcement costs, coupled with anticipated profits from the 2018 legalization and subsequent taxation of marijuana, would help them finance greatly increased and much-needed drug treatment and recovery programs.

This decriminalization trial, a first in Canada, was claimed to be a "bold move" to "turn the tide on the overdose crisis". But is it truly a bold move and will it turn the tide? The Government of BC had asked that 4.5 instead of 2.5 grams be decriminalized. The larger amount is considered important for people who use drugs in rural areas where it is often necessary to purchase larger amounts of drugs because frequent long-distance trips are impossible. Many also say that the 2.5 grams limit will lead to users augmenting their supply with dangerous street drug purchases to meet their needs.

The trial includes some reasonable restrictions, including limits on where the drugs can be used and that users must be 18 years of age or older. But decriminalization is not legalization. Legalization, such as happened with alcohol, would largely eliminate the illegal gangs and black markets, reduce stigmatization of users, and focus government efforts on treatment of addictions as health problems.

## The BC Government's Promise

British Columbia's new premier, David Eby, recently declared in November, 2022 that he will make Vancouver's Downtown Eastside a priority, promising a *Safer Communities Action Plan* that includes coordinated mental health services, overdose response, housing, and a new model of addiction care that will be coordinated out of Vancouver's St. Paul's hospital. It will be a model that he said can roll out across the whole province. A government spokesperson stated the plan will "streamline access and fill gaps between services so that people can seamlessly move between detox and treatment services".

But how quickly can this plan be implemented, including the promised province-wide roll-out? Will there be a crack-down on the criminal supply of more potent and toxic "cocktail" drugs? Will the political will be strong enough to spend the increased dollars needed to successfully implement the solutions?

## The Most Successful Drug Addiction Treatment Model to Date

Most people recognize Portugal as the most successful jurisdiction in tackling the drug crisis. It is a country of about 10.5 million people, about double the population of BC. Its drug problem, however, has a much different history than Canada's. Portugal's illicit drug problem began in the 1990s. Before then, there was little drug use and criminalization, and little stigmatization. But

by 1999, Portugal had the worst drug problem in all of Europe, with rampant open use. To solve it, Portugal pulled out all stops, pursuing a comprehensive country-wide program, developed by experts, focused on treating addiction as potentially curable, and coordinated and implemented by the national government, with sufficient resources allocated to achieve success. In 2001, Portugal also decriminalised all drugs. The results of all their efforts led to a dramatic drop in drug addicts, overdoses, drug deaths, and drug-related crime.

Every person caught using drugs in Portugal must appear before a "Dissuasion Commission", a panel of 3 people—a psychologist, social worker and a lawyer—who seek to understand each individual's unique life problems and develop a personalized plan to help them. Entrenched users are referred to treatment, which, depending on the severity, may include short-term detoxification and long-term care. Portugal also has "reintegration teams" that help people after recovering from addiction to find jobs, pursue education and training, and, if needed, access housing for six months to a year. Portugal puts a lot more money into treatment, recovery and rehabilitation than we have in Canada, along with the primary goal of working to reduce harm.

Portugal has never incarcerated a lot of people for breaking drug use laws. But it has come down hard on illegal drug use, pushers and drug dealers.

## Solving the Drug Crisis in BC and Canada will be Harder than it was in Portugal

The toxic drug crisis in BC has been allowed to get so bad that it's going to take a lot more than supplying safe drugs to solve it, although safe supply is essential to end the overdose deaths. In Portugal there was little to no illicit fentanyl use. In BC, the illicit toxic supply includes these more potent drugs and has already resulted in hundreds of people suffering multiple near-death overdoses. Brought back by naloxone, some are now so cognitively impaired they require lifetime support.

A safe, legal supply of drugs is necessary to end the overdose toxic drug crisis. This should include non-medical models of safe supply, including a range of pharmaceutical alternatives, to reach as many people who need them as possible. As long as users have to get their drugs illegally from criminals, and the drugs continue to be of unknown strength and content, the deaths will continue. Although a safe, legal supply of drugs is fundamental to solving the toxic drug overdose crisis, it is not the only needed action. Harm reduction, of which a safe supply is one component, is only one pillar of the Four Pillars Drug Strategy introduced in Vancouver in 2000. The other 3 pillars—prevention, treatment and enforcement—need

greater attention, too. We need far more government investment in mental health services, detox facilities and long-term care. And we need far greater investment in preventive measures and programs, especially for youth.

## Other Linked Crises Must be Simultaneously Funded and Solved

Other acute social problems exacerbate the drug overdose crisis: increasing poverty and inequality between rich and poor; not enough decent, affordable housing; a surge in untreated mental health issues; shortages of doctors, nurses and health care services; and systemic racism. The COVID pandemic, too, has contributed to making these social problems worse. They all require comprehensive, publicly-funded solutions.

## We Need Big, Systemic Changes to Fund the Solutions

Solving the drug overdose crisis, along with the social ills that exacerbate it, will not be easy. It requires far more funding and reprioritizing of resources by the Provincial and Federal Governments. BC's Budget 2023 is a good step with more than \$1 Billion in new three-year funding for mental health and addiction treatment and recovery services. It also means increasing government resources. In Scandinavia, for example, people pay more in income taxes than we do, knowing that their tax dollars pay for a robust universal social safety net of complete health care, free post-secondary education, living allowances for students, secure affordable housing and a focus on healthy lifestyles. The solutions are available and do-able. With political will and public support, we can implement them.

## Please Support the Solutions to Stop the Deaths.

### CREDITS

Funding for the printing of this booklet, based on the *Sudden Silence: Hidden Voices* educational display project, provided by Vancouver City Councillor Adriane Carr out of her discretionary budget for constituency work.

All photography copywrited by Gabrielle Beer.

Graphic and design work donated by Nik Cuff.

Production and publication coordination donated by ActionInTime – a BC incorporated Society. [www.ActionInTime.ca](http://www.ActionInTime.ca).

Printed in British Columbia.

Special thanks to Deb Bailey and Gabrielle Beer for their help with this publication and all of the Sudden Silence: Hidden Voices participants for their contributions to the original project.



# BC continues to see a staggering, record-breaking number of deaths due to toxic drugs.

2022 was the second worst year on record for toxic drug deaths in BC. The 2022 BC coroner's report reveals that 2,272 people died from illicit toxic drugs that year, only 34 fewer than in 2021, the worst year on record. But, as relentlessly grim as these statistics are, Deb Bailey, whose daughter died in 2015, hopes that her project *Sudden Silence: Hidden Voices*, which features individual families' stories, will draw more attention, inspire empathy and spur more people to demand government action.

"The idea behind this *Sudden Silence: Hidden Voices* project is to let people know that the individuals we are losing are wonderful -- wonderful kids, wonderfully talented young people. Many people have been touched by this crisis, but many others may still not understand it," says Deb Bailey. "The government tells us they've done this and they're doing that. My question to them is, why then are the deaths continually going up? Maybe they are doing the wrong things." Bailey believes that ensuring access to a safe, regulated supply of clean drugs is absolutely necessary and desperately overdue.

