



**Report On Resistance Part One:**

# **Stimulant Contamination**

The Coalition of Peers Dismantling the Drug War

Ministry of Propaganda

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w̅eta?/Selilwitulh Territories

“In the current crisis is... Stimulants are not, by and large, contaminated with fentanyl. [...] Stimulant use is different [than opiate use] and while I’m not an expert, it is not clear to me that people can live that kind of a stable life while they have a stimulant-use disorder.”

*-Dr. Patricia Daly - Chief Medical Health Officer for Vancouver Coastal Health*

## **Introduction**

For the last three years, the public health crisis caused by the prohibition of drugs has ravaged communities of drug users across British Columbia. With the absolute number of overdoses still climbing, and with no sign of the crisis abating, fast pragmatic action must be taken if we wish to save lives. However, current attempts to solve the problem caused by the prohibition of drugs are restricted by misinformation, limiting policy, and the mismanagement of funding allocation. Up until now, this has led to temporary band-aid solutions that don't address the root of the crisis. Action in support of creating a drug supply with a predictable content for all users is imperative if we want to stop overdose deaths. Despite the challenges government and medical bureaucracies pose in preventing true low barrier, non-medicalized safer supply, the need for more expansive poly-substance model variations of safe supply projects should be a political imperative.

## **Stimulants and Fentanyl Overdose**

While the reality of fentanyl contamination of stimulants is ongoing, the narrative set forth by many public health institutions in BC argue the opposite. For example, the BC Coroners Service Autopsy Reports state that the presence of stimulants in combination with fentanyl in cas-

es of overdose mortality does not suggest that people who overdosed on fentanyl bought stimulants that were contaminated with fentanyl.<sup>1</sup> Moreover, the BC Centre on Substance Use has stated that drug testing at overdose prevention sites does not indicate that stimulants like cocaine or amphetamines are adulterated with fentanyl.<sup>2</sup> Nevertheless, the notion that the current stimulant supply is not impacted by fentanyl contamination is fallacious and undermines the expertise of lived experience.

Reporting from people on the front lines is often light-years ahead of research endeavors. For example, over a period of eight months, peer-reported overdoses in eight different HOPS sites across Vancouver indicated that fentanyl contaminated stimulant overdoses were indeed occurring. Although 44 out of 54 overdoses were directly attributed to opiates use, 5 out of 54 overdoses occurred after peers witnessed what was thought to be pure stimulant ingestion (methamphetamines and crack cocaine).<sup>3</sup> Meaning that 6% of overdoses during this time period occurred as a result of opiate contamination wherein the user did not intend to use opiates at all. Although they are anecdotal, these reports reinforces we know from the community, that stimulants are being contaminated with opiates in dangerous ways.

Further, from what we know about data, we know that the possibility of bias

due to relatively small sample sizes is high when examining populations of drug users. This is caused by a fundamental difficulty of estimating a total population size for many variables one encounters in this field. The general poor statistical sample of the drug user population and drug testing information renders existing data sets extremely open to statistical bias. For example, if we assume that only two percent of Vancouver's population use "hard drugs" (crack cocaine, methamphetamines, and opiates) and many of our statistical samples have population sizes of 100 – we are only capturing 0.7% of drug user's experiences. Such low sample sizes are hardly evidence enough to make any real assumptions about drug user's factual experiences.

Further, the ambiguous population size of drug checking does not indicate whether or not our statistics lead to viable conclusions. We cannot decipher whether or not a 3% fentanyl positive rate on five hundred samples of stimulants a month actually indicates anything about the real quantity of toxic stimulants in the drug marketplace. Ultimately we need to take the tendency of existing samples to systematically under-estimate the population parameter as bias. This leads to the point that the only source giving factual evidence are conclusions from the real on the ground experience of drug users.

Moreover, statistical confusion is compounded by VCH and incongruous BCCSU estimates that three to five percent of all stimulants are cross contaminated with fentanyl,<sup>4 5</sup> and Health Canada's Drug Analysis Service (DAS) statistics that indicate that five percent of stimulants are cross contaminated with fentanyl.<sup>6</sup>

Despite community reports of fentanyl contaminated stimulants, the medical industrial complex does not believe in the importance of supporting stimulant users. In a Coalition of Peers Dismantling the Drug War (CPDDW) survey of 20 drug users and dealers – 100% indicated they knew an opiate naïve stimulant user who passed away from a fentanyl contaminated stimulant. The above statistics should fuel the support and messaging that stimulant users remain at risk of fentanyl overdose, and need to be included in the conversation as we move forward in this drug war. When we are examining how to help drug users, stimulant users should not be left out of the conversation.

## **The Lived Experience of Overdose**

### **A's Story**

So my story is that... I work in the Downtown Eastside and have for about... 15 years, maybe longer now. Back in the 90's I had some friends that had been using heroin for a long time and then

stopped using heroin for a period of time and then decided one night to use again, and they both ended up overdosing and dying in my friend's apartment. And... And at the time... And I was probably like nineteen maybe eighteen... And... At the time, I remember thinking like how profoundly unfair that was... My friend left behind a seven year old and I know for a fact that they did not want to die that day, and that they were just probably hanging out and wanted to use a little bit and that was definitely not their intended outcome.

And then shortly after that, about a year and a half later, a friend of mine went missing on the farm, and so... At that point I was living in the Kootenays and I decided that I needed to come down to Vancouver and find out. I just felt like something needed to shift for me. And so... That's when I came and started working in this community. Primarily with sex workers... For a long time. And then, about ten years ago, I met my partner. And... He and I had both been... I've used drugs since I was 16. I've used pretty much every drug except for opiates, 'cause I don't. I'm more into the uppers than the downers. [Laughter]... So but my partner had been... Had used heroin for a long time and stopped just before I met him. And then we met each other and we... Eventually had a kid, and... And he also was working for [a major social housing provider]. And when he came into the work, he was working at **[REDACTED]**.

And I think when he started working, he was actually really excited. I think he really believed in being a part of... Like... Community based responses to poverty. He was really interested in how art and being creative sustain people. He was an artist himself. And so he did a bunch of projects when he was at **[REDACTED]** that i think he was really excited about.

And then after our kid was born in 2012, he took a bunch of time off work to be with him, and I went back to work. And then when he went back to work eventually too, the overdose... Fentanyl had hit the market. And he... It's funny 'cause he and I had a conversation maybe like two or three years ago, where... We were talking and we were both saying how if fentanyl had been around in the 90's and the early 2000's in particular, I feel like a lot of us wouldn't be here. There was a lot of heroin at that time and people were... A lot of people were using it and he... I just feel so lucky we survived that. And I remember talking with him and saying well - 'cause I knew at that time that he'd started using crystal meth. And... I knew that. You know, we would talk about it. And I think, in his mind, I think he felt like it would never happen to him. I feel like he felt like... the chance that he would buy tainted drugs, that had fentanyl in them... Was so... I just don't think he... I just don't know... For some reason for him I just never... He never thought it was a possibility. And he



was really good at buying from the same source. And it was someone that I felt like he trusted them. And I feel like they knew the stakes for him, because they knew he had a kid.

So... Yeah... And I think that being back at work and having to respond to overdoses definitely had an impact for him. I think it was something that he really struggled with. And losing people was really hard for him. I think he was someone that felt really strongly. And had a strong sense of justice inside of him... And yeah.... So.... When.... In late July of this year... Of last year I mean... He was working at [a major social housing provider's shelters]. And [...] we were talking through the month of July a lot. As you know we did. And he was done. He was like "I gotta' get out of this line of work. I can't do this anymore." And I was like "Ok. I think. We just... Let's figure this out together... You know, go on EI, and like let's just figure this out. This isn't worth it." It's not worth it for you to be experiencing all of this like - I think it really, for him, it just created a lot of like - emotional distress for him. Because it was so tied to his own personal experience.

Right. And so he was like "Ok. I'm gonna work my last three shifts, and then I'm gonna quit [working at the housing provider]. And that was like... So on the Sunday, which was his like third to last

shift before the shelter closed. He... He... Worked his shift, then he went into a room in the back and he used what he thought was a stimulant and he overdosed and he died. And he left behind a six year old son. I know for a fact - it's super clear to me, that he also didn't want to die that day. He had a lot of things he wanted to do with his life. He was an artist, a painter, and he wanted to see his son grow up. And be there to witness him become an adult. And you know after he died, I felt like he...I just think. All I could feel was this really strong sense of anger... From him. 'Cause he was like "fucking piss, this had happened". You know?

### Interview with S

Interviewer: You have, within the last couple months, notice any change in the quality of the product that you're receiving?

S: Hugely. Over the four months. I have overdosed three times. And all from crystal meth use.

Interviewer: Are they all from different providers also?

S: Yes. Yep. And the last time I did. If my boyfriend hadn't been there. I would have been gone. Like I was blue when I woke up and I tested the shot after. Just the components of the blood, and whatever was mixed in right there. And it skyrocket-

ed on the fentanyl test.

Interview with D

Interviewer: OK. And you actually had an opiate overdose from rock.

D: Yes. I did.

Interviewer: Can you tell me if you bought it from someone that you normally do?

D: No I did not.

Interviewer: So someone unusual?

D: Yes

Interviewer: And did you. Did it look any different? Or appear any different?

D: It was kind of a yellowish color and the person said it was resin. But I think it had down in it.

Interviewer: Wow. So you smoked it right there and then smoked?

D: There and then. I was getting shaken, going all red and I fell in the lane-way and some guy, I didn't even know... He walked up the lane-way and just helped me up and asked if I was OK. I sat there and was all dizzy for a bit. And that was it and then the fent was quick and that was that.

### Interview with K

Interviewer: So ---have you ever yourself personally suffered an overdose yet?

K: Twice.

Interviewer: Twice? And has that been using opiates, or on side? Or what kind of---

K: Nope. I don't use opiates. Once I didn't check - it was cocaine, and just last week I smoked something in my pipe and - I passed out - and I came too and it was two hours later.

### Interview with B

B: Let's see... I had boughten some jib in my building, and I went to my room... Whatever... To smoke it and stuff. And then my friend and I who were smoking the jib. He went right to sleep after smoking it and it's supposed to you know wake you up and such. And then uh [clears throat] I noticed the same effect after smoking some. And then. We pretty well noticed that the bag was uh... It had particles of down in it or whatever. So buddy had just, in order to save some bags. He was just cross contaminated it. Which is... Everyone's reusing bags and it's super dangerous.

### Interview with C

Interviewer: So, have you had any [stimu-

lants] that have... Had any cut with fentanyl?

C: I have. Yes. I actually had to cut myself off of drugs for awhile... 'Cause I didn't want... I won't be wired to anything again. I...

Interviewer: So when, you had an overdose, one of them was, the burning sensation that like.

C: Oh yeah. Oh yeah.

Interviewer: And then the other one was the fentanyl. So you've experienced both. One a wide awake overdose and one of them down under overdose. Both from using stimulants?

C: Yeah.

### Interview with Z

Z: You expect fent in the down obviously. But not the side. And I went down off of side.

Interviewer: You weren't expecting it in the side? Do you generally... Would you ask your dealer when you buy it? That it has been tested? Or if he knows it's clean? I know some guys were bragging that their drugs have got like 60 percent fentanyl in it and some people know that.

Z: Again, not the side. 'Cause you'd hardly ever....

Interviewer: You wouldn't think about that, right.

Z: I'm never really worried about it.

Interviewer: Did it change after you over-dose when you use the side. Did you did it change how you approach it?

Z: Yeah I got a new source and I got to know the person that I buy off.

Interviewer: When you're using now. What do you do now that you've overdosed on side. Do you test it at all now?

Z: Honestly, I cut my use down to hardly any.

Interviewer: Really?

Z: Yeah.

### Interview with B

Interviewer: have you ever taken one substance, and then accidentally overdosed on fentanyl, or been dosed with something else?

B: Yes i have.

Interviewer: OK can you explain that?

B: It was supposedly crack, but I know for sure, it wasn't. Because you do not go to sleep on crack. [Laughter] I know. I was falling asleep and I... This is not what I ordered. [...] This stuff looked like crack too. And it was heroin.

### Interview with D

Interviewer: Can you explain again what happened?

D: Yeah, I went and bought a couple points of side off a friend of mine. And each point was individually bagged, and I paid her the money and everything. And left and went home... I bust out a line for myself and my friend. She does opiates herself, so nothing really happened to her. Myself, I went and sat down in the living room and everyone else in the house left, so I was by myself and I started getting really dizzy feeling nauseous. Running back and forth to throw up. And then i realized "oh crap I think I'm overdosing". I was able to actually pull myself out of it without fully overdosing. But I went and complained about it to my friend the next day, and shes like "Oh my god I'm so sorry I gave you the wrong bag, I gave you a bag of fent by accident", instead of side. She actually felt really bad about it, she gave me back my money and gave me another half a gram for free.

## Discussion

The prohibition on drugs will remain the leading cause of overdose death due to the resultant unpredictability of drug content for opiate users and for stimulant users alike. Until all drugs are readily available in safe and regulated formats, anyone using drugs is at risk of a fentanyl induced overdose. The CPDDW recognizes that at the current time, we are far from being able to distribute drugs freely to everyone. However, this does not mean that large populations of drug users should be ignored or not part of the solution. There is an utmost need to include stimulant users moving forward on conversations about the provision of safe drugs.

### *The Need for Low Barrier Poly-Substance Distribution*

Although the absolute incidence of contamination leans far more heavily towards opiate overdoses, we should not overlook the very real fact that stimulants can be just as dangerous as opiates themselves. The reality is that, if you have been using fentanyl constantly, your threshold for overdose is much higher than someone who is opiate naïve. Despite the fact that approximately fifteen times as many opiates are contaminated with fentanyl than stimulants, the likelihood of someone overdosing on contaminated stimulants is much higher due to their potentially lower



threshold for overdose.

As Crystal Meth remains the most commonly used substance after cannabis,<sup>7</sup> users should have a safer option of stimulants just as rightfully as opiate users. The existing clean and safer versions of stimulants include clean amphetamine options such as amphetamine salts, or dextroamphetamine, and clean methamphetamine options, such as Desoxyn, which although illegal in Canada, is available in the United States. Moreover, although data regarding stimulant replacement therapies is scant, clinical trials have revealed positive associations with amphetamines, methylphenidate, and dextroamphetamine in treating chronic-cocaine and methamphetamine dependence.<sup>8 9</sup>

## **Conclusion**

The end of the opiate crisis can ultimately only be achieved if drug users understand the contents of their drugs and the risk of accidental overdose is greatly decreased. Safer supply does not mean more treatment in the form of substance use disorder management programs. It means that anyone who chooses to use drugs can do so in a safe and reliable manner. Although our legal and medical frameworks are far from being able to distribute narcotics to anyone who would like to use them, there are pragmatic steps that can be taken. This begins with

creating lower barrier programs that offer users a diverse amount of stimulants and opiates, and not putting all of our eggs in one proverbial basket. If the legalization of cannabis and the failure of the prohibition of alcohol have taught us anything, it is that the only way to get users to avoid using the illicit market, and to purchase and consume licit drugs, is by providing the drugs users want in a cheaper and safer way than the illicit market can. This process needs to begin now, even if on small scale, and it must involve a diversity of options and stimulants.

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