

Canada's Fentanyl Epidemic - an Interview with Dr. Jane Buxton

Jia Hu, PGY4, University of Toronto

Fentanyl-related deaths are increasing throughout Canada, but the number of fatalities have been particularly high in the western provinces. British Columbia is set to have the highest number of unintentional illicit drug overdose deaths since the late 1990s, with fentanyl detected in more than 1/3 of the cases. Below is an interview Jia Hu had with Dr. Jane Buxton, physician epidemiologist and harm reduction lead at the BC Centre for Disease Control (BCCDC) on the fentanyl epidemic in British Columbia.

Can you describe your role at the BCCDC in relation to the fentanyl issue?

As the harm reduction lead at the BCCDC, I created the Drug Overdose and Alerts Partnership (DOAP), an intersectoral group with representation from law enforcement, ambulance, the coroners, drug and poison control, healthcare, and drug users to look at emerging issues. It was through DOAP that we were first able to identify fentanyl as an issue. I serve as the chair and play a liaison role on DOAP.



For example, recently there was an unusual analogue of fentanyl that was sent to the police. In order to test for an analogue, there needs to be a standard to test against. I liaised with the provincial toxicology and the police drug analysis lab in order to ensure the necessary standard was available and the right tests were carried out. There is a lot of coordination to be done in terms of ensuring that our partners are aware of what can and cannot be publicly shared. Coroners' data is often provisional and law enforcement tips can be hearsay so people have to know what can be taken to the media.

When did the fentanyl problem start?

We became aware of fentanyl in 2013. It was initially detected in <5% of illicit unintentional drug overdose deaths. By 2014 it was detected in 25% of overdoses and this number has only gone up over time. Most overdoses are poly-substance so it

doesn't necessarily mean fentanyl is the major cause of death but we are certainly seeing more of it.

It was worrisome when police started testing "fake Oxys" or "green meanies" [*street names for fake Oxycontin pills that are commonly found in British Columbia*] and found fentanyl in them. We are having overdose deaths in people who are not using on a regular basis and who do not inject. There have also been lots of overdoses in younger people.

Why has fentanyl exploded onto the scene in recent years?

For people selling drugs, it's a profit motive. Fentanyl is potent. A small pack of 100 grams can make 10,000 to 20,000 tablets. In British Columbia and Alberta, we think most of it is imported [*from China*] and it is very hard to intercept. We used to have Oxycontin and now it's no longer available. The tamper-resistant Oxyneo is less available. People are looking for other substances to use, so the market is currently flooded with "fake Oxys" . And a lot of these "fake Oxys" have fentanyl in them.

What things can be done to prevent fentanyl deaths from occurring?

We need to let people know that even if they aren't injecting it can be lethal. There are many people who took Oxycontin in the past who had no problem, but there is no quality control in how illicit substances are produced or cut. It's easy to accidentally take a lethal amount of fentanyl. We always used to say 'Don't use alone', but now we say also 'Make sure there's someone around who is sober who can call for help'. It's important to have a plan. Of course, stigma is one of the biggest barriers to people talking about substance use and it's something we really need to address.

In January/February 2015 we felt we needed to get the message out to the population at large. We are good at disseminating in the Downtown Eastside [*a part of Vancouver with a high concentration of drug users and where Insite, the supervised injection site, is located*] but when it involves others throughout the province we realized we needed a different strategy. We used Facebook and Twitter. We developed a public service announcement with the police and the coroners and healthcare - the 'Know Your Source' campaign. This was to get people to question if they really knew what they were getting and where it was coming from. "Know Your Source" was in bus stops, bars, other locations, and was shared widely by the press.

We also have take-home naloxone (THN) which is an antidote that can reverse overdoses. There's obviously opioid substitution therapy (OST). There has been a push for suboxone as a first-line treatment for OST. The other thing that could be helpful for

injectors are supervised injection sites - a place where people are observed and where there's professional help nearby.

Can you comment on differences in the fentanyl epidemic across the country?

It seems that British Columbia and Alberta have seen more deaths than elsewhere. But as with most drugs when it starts in one place it appears elsewhere eventually. We have seen many provinces introducing THN programs. Many provinces have been working with British Columbia agencies to use some of their messaging around fentanyl.

If you could wave your magic public health wand to address the fentanyl problem what would you do?

In addition to things like expanding THN to people who aren't using drugs, family, friends, having it in a lot of different places and having more supervised injection sites, I think we need to seriously consider alternatives to the prohibition and enforcement model. Putting people in jail just doesn't work.