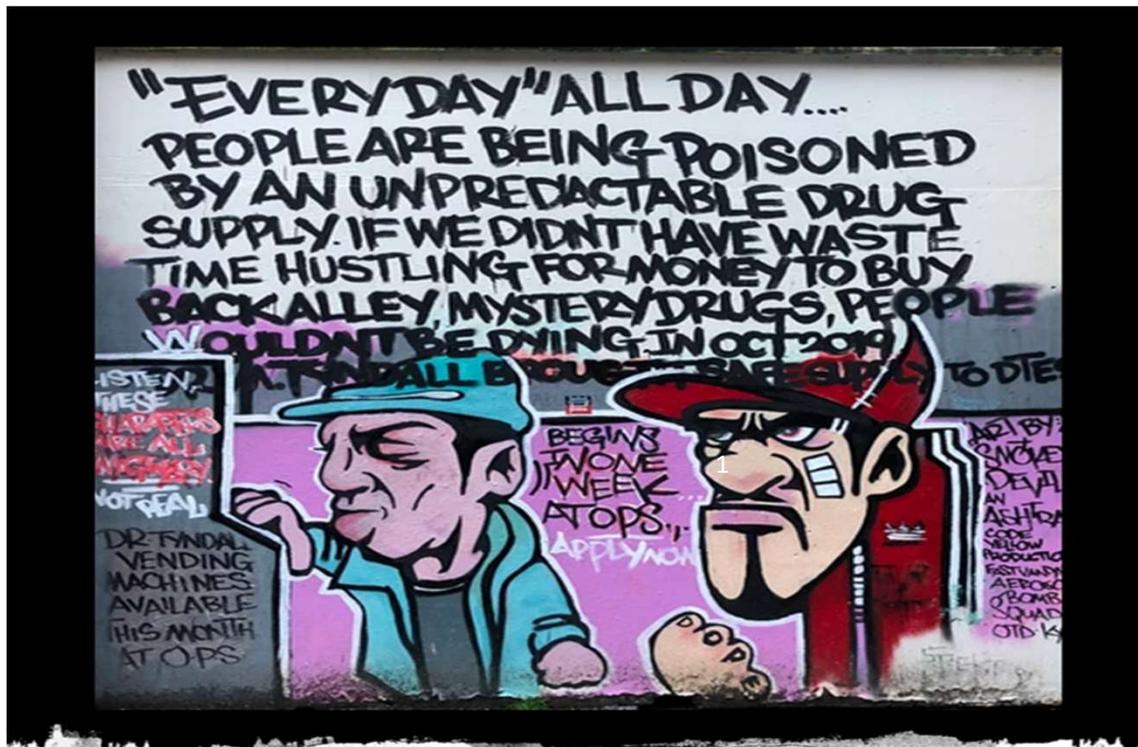


DRUG MARKET INSIGHTS

Mixed Method Analysis of the
Illegal Drug Market during
COVID-19



STREET ART OF THE MYSAFE MACHINE FROM LOCAL ARTIST SMOKEY D. PHOTO: COURTESY OF MARK TYNDALL

Canadian Association of People who Use Drugs®

CAPUD.CA

Drug Market Insights

USE TO PREVENT OVERDOSE DEATH

MADE IN CANADA

JANUARY 2021

Acknowledgment

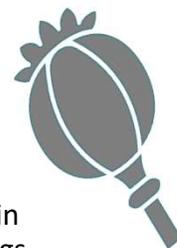
We acknowledge that the land that this document was created on is the ancestral and unceded territory of the Indigenous people of Turtle Island. While acknowledging territory is very welcome, it is only a small part of cultivating strong relationships with the Indigenous Peoples. It should take place within the larger context of genuine and authentic working relationships as we work to forge real understanding to challenge ongoing colonialism.

Through our collective efforts to advocate for equitable healthcare solutions for people who use drugs including larger legislation changes such as decriminalization and regulation of all drugs, we must strive to meaningfully collaborate and respect all the Indigenous People of Turtle Island. Every individual and every institution has a role to play in making the needed changes to dismantle systemic racism and oppression against Black and Indigenous People of Color..

One action that anyone can take at any time is raising your cultural awareness to become more culturally sensitive. This can include learning about other cultures, asking questions, reading, and becoming more self-aware. It may seem simple enough, but we must go into this process prepared to be humbled at any point, because we are entering a life-long learning journey, and we will make mistakes. Mistakes are how we learn if we keep an open mind and open heart, they will make us a better person.

Through this acknowledgment and recognition by practicing the principles of harm reduction and trauma-informed philosophies we are committed to this lifelong work in creating real effective change within our society. Drug Policy work must be rooted in dismantling any institution that creates and/or perpetuates systematic harms associated with colonialism, racism, white supremacy and the criminalization of drug use and sex work.

This work must be done collectively and equitably representing all the voices impacted by these systemic restrictions, we must ensure we represent those who are impacted the most centering their voices in our organizations remembering our guiding principle of “Nothing About Us Without Us”.¹



Background

The Canadian Association of People who Use Drugs (CAPUD) is an organization in Canada. Our board and staff are composed entirely of people who use(d) drugs (PWUD). One of our main purposes is to empower people who currently use drugs deemed illegal to survive and thrive, with their human rights respected and their voices heard. We envision a world where drugs are regulated and the people who use them are decriminalized. We are survivors of this war and we'll continue to fight for policy reform that is based in evidence, understanding and compassion. We didn't start the war, but we will end it!

CAPUD has members in communities across the country, with our board members respecting 9 provinces, and membership reaching practically every province in Canada. The poisonous illegal drug supply has been killing PWUD for years now, COVID-19 has accelerated the rates of these overdose deaths, especially in British Columbia, Alberta, Saskatchewan & Ontario. There has been increased use of unregulated fentanyl and other fentanyl analogues, as well as other synthetic opioids such as etonitazene, isotonitazene, U-447700 and synthetic benzodiazepines such as etizolam and flurazepam. The increased use of these drugs has led to a lot of turmoil and agony for our community. PWUD are responding to overdoses on the frontlines as they are the first responders of this crisis. One member currently reported finding multiple bodies in a building from overdose deaths. That batch ended up killing 8/12 users in a single setting. We are done talking, it's time for action. We need evidence-based interventions such as an authentic safe supply, decriminalization, federally funded overdose prevention sites (OPS) or safe consumption sites (SCS) and drug checking services for anyone who uses drugs in Canada.

PWUD are not only just experiencing a novel pandemic, on top of an overdose crisis but we are experiencing a syndemic of multiple health and social factors. The hallmark of a syndemic is the presence of two or more diseases that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more deleterious by experienced inequities. Due to the methods of consumption of most drugs, PWUD are at a higher chance of contracting HIV and Hepatitis C Virus (HCV) and injection related infections such as endocarditis. On top of these health factors that PWUD experiences more, they also experience a lot more persistent homelessness and incarceration. This describes what PWUD have been experiencing for quite some time, even before the novel COVID-19 pandemic. For a lot of our members this is their second dual public health emergency, with the first one being in the overdose crisis and HIV crisis in the 90s. ^{2,3}

This booklet was created to give an on the ground insight to what is happening to the current state of the drug supply and drug using behaviors that are changing due to the supply.

Methodology

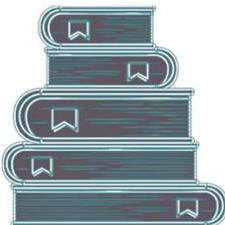
CAPUD conducted an online survey and had informal follow up interviews with PWUD all over Canada about the current state of the drug supply in the COVID-19 era. As PWUD within a larger community of PWUD, not academics, when we ask our members questions and have informal conversations it doesn't mean we necessarily are engaging in research, but we do get frontline reports from our members which we document. We do external reviews of all our documents allowing willing members to review them and provide feedback. This survey and discussion is designed to hear from our members what is happening on the ground for PWUD during these dual public health emergencies.

We sent out a Google Survey and followed up with willing participants for a casual conversation about the illegal drug market. With the survey design we captured qualitative and quantitative data which we compiled the results from 29 participants. We then used the information we found to guide a discussion of what is happening on the ground in a pan-Canadian approach. Members that were willing to have informal discussions after the survey received an honorarium for their participation.

CAPUD follows community-based research ethics developed in Vancouver's Downtown Eastside by academics and PWUD. The document we use is called the "Research 101: A Manifesto for Ethical Research in the Downtown Eastside" which is based on the ethics of PWUD. The booklet is focused on four different subjects;

- Getting to Know Each Other
- Ethical Review: Whose Ethics?
- Doing the Research
- Reciprocity and Bringing the Research Back ⁴

We use these principles for all our community-based research projects and/or online surveys.

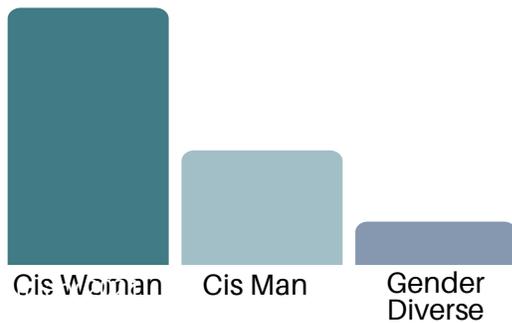


Members

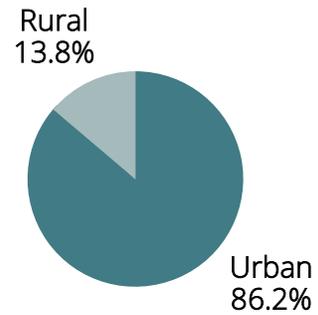
Members that participated in CAPUD's Drug Market Survey all identified as current or former drug users. They live in a wide range of provinces from coast to coast ensuring we had geographical representation from as many areas as possible. We collected general demographics of the participants prior to asking questions about the drug market. The reason why we collect general demographics is to capture as many voices as probable, promoting the most marginalized members to participate in our work to ensure meaningful representation within our membership.

Demographics

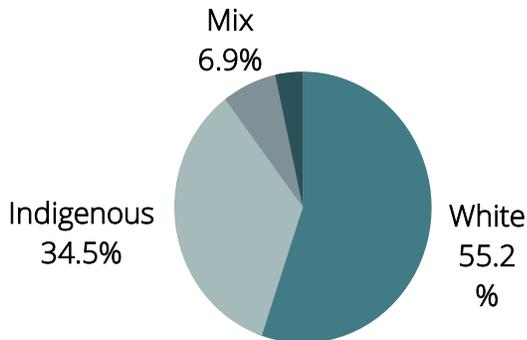
GENDER



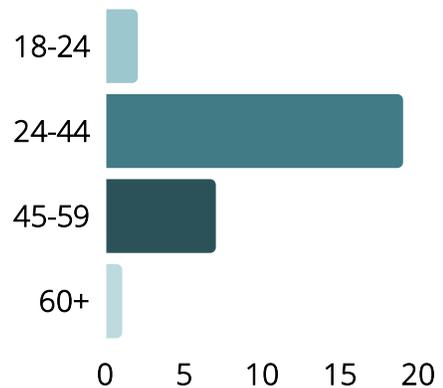
URBAN VS RURAL



ETHNICITY



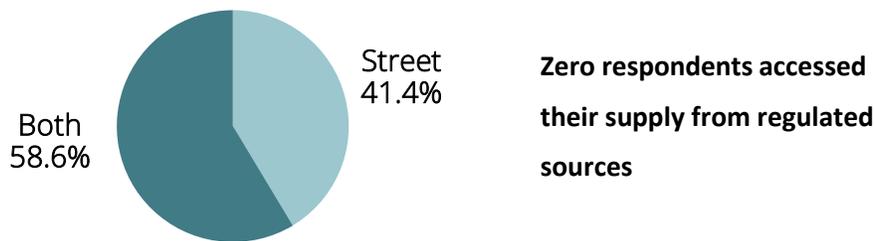
AGE



Drugs

Before we got into a discussion about the current altered state of the market. We asked members what their preferred drugs were for each individual and their community. We also asked members where they acquired their drugs from. There was a wide variety of preferred illicit narcotics ranging from opioids, stimulants, benzodiazepines, psychedelics and dissociative drugs. The most common drugs that were preferred by the members and what their community sees was Heroin, Fentanyl and Crystal Methamphetamines but a very large variety of substances were noted, anything from Cannabis, Ketamine, MDMA, LSD, Xanax, Valium and so on. What was very surprising and worrisome was when we asked members where they required their drugs from, not a single member said only prescription. That means that everyone was still at a risk of a drug poisoning death

How do you acquire your drugs?



Most members we had a discussion with acquired their drugs through street or prescription and street. One of the reasons for this could probably account for the lack of available pharmaceutical grade alternatives for stimulants. In the US, the Federal Drug Administration approved nasal spray cocaine, called 'Numbrino' so it's not that it's not available and FDA approved, there is just no political will to start prescribing it for recreational purposes. The focus continues to be on opioids, but we must change that narrative and start looking for suitable therapies for all substances.

We are in an overdose and drug poisoning crisis that has stemmed from the criminalization of drug use. Governments should not be trying to do everything they can to enforce and eradicate these substances, they should be trying to regulate them in a safe and profitable way. In saying that we must remember all of the PWUD who have been criminalized and not allowing the same mistake to happen that did with Cannabis regulation, not allowing people with a criminal record to partake in any of the selling of cannabis even after it has been legalized.

Drugs Continued

Opioids

Fentanyl - is a powerful synthetic opioid that is like morphine but is 50 to 100 times more potent.⁵

Hydromorphone - Hydromorphone, also sold under the brand name Dilaudid among others, is an opioid used to treat moderate to severe pain.⁶

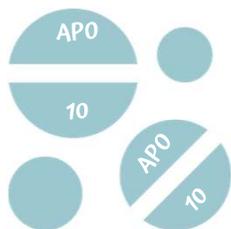
Methadone - Methadone is an opioid medication used to treat severe pain and opioid addiction.⁷

Diacetylmorphine AKA heroin is a white powder with a bitter taste abused for its euphoric effects. Heroin, a highly addictive drug, is derived from the morphine alkaloid found in opium poppy plant is roughly 2 to 3 times more potent than morphine.⁸

Benzodiazepines

Diazepam (Valium) is used to treat anxiety, alcohol withdrawal, and seizures. It is also used to relieve muscle spasms and to provide sedation before medical procedures. This medication works by calming the brain and nerves.¹²

Alprazolam (Xanax) is used for anxiety disorder. It affects chemicals in the brain that may be unbalanced in people with anxiety.¹³



Stimulants

Cocaine - Cocaine is a powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. Crack cocaine is another popular method of use is to smoke cocaine that has been processed to make a rock crystal (also called "freebase cocaine").⁹

Methamphetamine - Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. Crystal methamphetamine is a form of the drug that looks like glass fragments or shiny, bluish-white rocks.¹⁰

MDMA which is a synthetic, psychoactive drug with a chemical structure similar to the stimulant methamphetamine.¹¹

Psychedelics & Dissociative drugs

Magic mushrooms are wild or cultivated mushrooms that contain psilocybin a naturally-occurring psychoactive and hallucinogenic compound.¹⁴

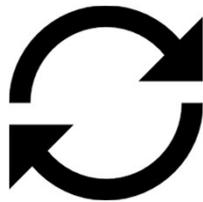
Ketamine is a fast-acting anesthetic and painkiller used primarily in veterinary surgery. It is also used to a lesser extent in human medicine.¹⁵

Drug Market Survey

We started with a qualitative survey and followed up with informal discussions with willing members to elaborate on their answers:

1. What kind of illicit drugs does your community normally see before COVID-19?
2. What has been the biggest change to the drug supply since COVID-19?
3. Have you been criminalized or penalized for drug use during COVID-19?
4. Have you been forced to go through involuntary withdrawal due to COVID-19?
5. How has your drug use changed due to COVID-19?

These questions guided us into having discussions of some of the main concerns from our members such as potency, price, access, availability, criminalization, withdrawal, and drug using patterns.



Availability/Access

Our survey showed us what people were really worried about and what the biggest change in the drug supply was. The biggest concerns and change for PWUD both came back as availability and access. People were concerned if they were going to be able to continue to find their drug of choice throughout the pandemic. People are also worried about not being able to access their drugs as well. They may seem very similar but having a drug available and being able to access that drug are completely different. With the COVID-19 public health recommendations, both factors have impacted the health and safety of PWUD. Not having a steady consistent supply creates a whirlwind of harms for PWUD as seen in many communities through the duration of the pandemic.



Potency

From initial qualitative discussion we know that the price has risen, but has the main supply source been disrupted yet? As reports of overdose fatalities are on the rise in North America as Fentanyl continues to kill hundreds of people a day and even more so in the COVID-19 era, the data shows drugs are still available, and they are getting more toxic. When you think about the global economic supply chain of precursors to popular drugs such as Fentanyl & Crystal Meth, they all come from the birthplace of COVID-19 in Wuhan, China. Chemical distribution plants in that region of the world have played a huge role in the distribution of the deadly chemicals that get synthesized into consumable street drugs. ^{16, 17}

As the PWUD we have interviewed mainly reported no supply disruption as far as steady access goes but price and potency will remain a constant struggle as the economics of the drug trade are going to become even more virulent. The iron law of prohibition means drugs become more deadly and toxic, with COVID-19 public health recommendations and restrictions it has increased the level of toxicity creating a more potent supply than ever seen.

Price

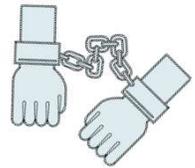
Prices everywhere are seemingly going up regardless if there is an actual supply shortage. As drug distributors will use the pandemic as an excuse to raise prices of already expensive drugs.

“The prices are skyrocketing, for example someone who would have paid \$10 for a crack rock and now they are paying \$30.” – CAPUD Member

By prescribing a safe supply of drugs, it allows the user to get out of the constant struggle of needing to engage in survival sex work or selling low quantities of drugs just to be able to use to feel normal. Safe supply not only helps with the actual consumption of the drug but with the social determinants of health related to the consumption of the drug. Physicians can build such relationships with each patient by simply asking “What do you need to get through this? What can I prescribe you?” in a way that is delivered with zero judgment, stigma or decriminalization. This will create an opportunity for patients to feel heard and safe when speaking about other healthcare related issues such as access to testing, prevention or treatment services for HIV or HCV.



Criminalization



Surprisingly enough none of the members were criminalized for drug use or violating public health recommendations. As some were penalized, none identified as being legally criminalized under the Canadian Controlled Drugs & Substances Act (CDSA). The CDSA also has issued an exemption allowing pharmacists to renew, refill or transfer narcotics. The Canadian HIV/AIDS Legal Network mapped out a possible plan for the CDSA to issue a nationwide class exemption decriminalizing drug use. On top of the community support the Canadian Association of Police Chiefs (CACPC) and the Canadian Prosecutors office also supported decriminalization since the pandemic has begun. ^{18, 19, 20}

It's about time that policy makers take the leap of faith that is needed to subside this overdose crisis. If we keep drugs criminalized, we will never destigmatize PWUD allowing them to seek support when they need it.

Withdrawal

Participating members had different answers when asked if they had to go through involuntary withdrawal. As few answered with a simple Yes or No some got more in depth. 9 out of 29 members went through withdrawal during the pandemic. 31% of the participants went through withdrawal, within our small study population.

"No, although it has been more difficult to find drugs during this pandemic and, as I don't have access to testing tools, I am more at risk because I've consumed drugs from new potentially dangerous sources."

"I had to give up benzodiazepines not by choice, it was horrible, the pills just weren't available for a decent price." –CAPUD member

The fact that any Canadian citizen had to go through involuntary withdrawal for pharmaceutical alternatives is unacceptable. There has always been a safe supply of drugs, just not for drug users. Everyone uses one form of substance or another, if it is alcohol, nicotine, cannabis or tobacco, some are just criminalized, and others aren't. With access to detox and treatment services limited due to the pandemic, we need to make sure people are not forced to go through a potentially fatal withdrawal from alcohol, benzodiazepines or opioids.



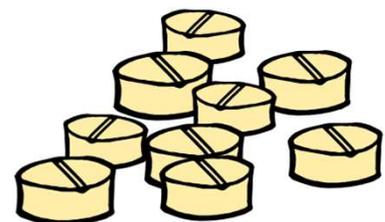
Patterns

The members had mixed experiences with their own drug use since the COVID-19 pandemic. As some members report that they are using much less, most have reported they are using much more in more unsafe using environments.

“Spend more money on less safe products that have been less consistent. Taking other medications to try and manage the withdrawal. Cocaine has been lowering in quality. Now it's a constant chase.” –CAPUD member

The unsteadiness of the market has a lot of people who use drugs worried. We do not like change that is thrust upon us without any or very little consultation, let alone any kind of meaningful collaboration. Change of tolerance becomes a very deadly factor for someone’s own using, especially as it relates to opioid use. As a lot of people have been through involuntary withdrawal due to COVID-19, most Canadians have access to opioid agonist therapies such as Methadone and Buprenorphine, but they do not work for everyone. We must think outside the box when prescribing during the pandemic following the lead of the British Columbia Centre for Substance Use safer supply guidelines.²¹

As the national drug user organization, we have been advocating for a safe regulated supply long before COVID-19, but due to the dual public health emergencies leading to record high overdose death numbers in practically every province, urgency is starting to be felt by not just PWUD but a large majority of individuals/organizations in our country



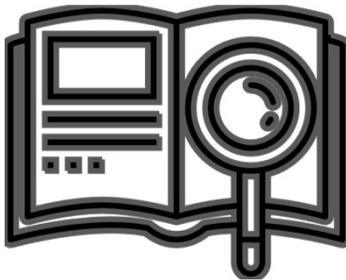
Recommendations and discussion

The federal government must declare the overdose crisis a national public health emergency and starting to treat the crisis with the urgency that is needed. We have seen what the government can do when there is political will to deal with a healthcare crisis, If the federal government were to declare it the crisis it is, maybe the response would follow. The other two recommendations are solutions we have been screaming from the rooftops for ever, provide a safe supply of drugs and decriminalize their use.

With regulatory exemptions such as the one issued by the CDSA may have led to an increased access to authentic supply of safer pharmaceutical alternatives, we still have a long way to go until we reach regulation. While we continue to advocate for a safe supply of pharmaceutical alternatives, we also must be looking to build a Canadian framework for regulation of all drugs.

Safe supply prescribing has been becoming increasingly more popular among physicians but not popular enough. As diversion always seems to be a concern for physicians, it should not be more of a concern than a patient potentially consuming a deadly substance. Physicians should look at not prescribing evidence-based solutions to a patient who dies from a fatal overdose as being penalized, instead of not prescribing the medication in fear of being reprimanded. The way things are right now are backwards, we must change the system before the system wipes out PWUD. We urge the Canadian Royal College of Physicians and Surgeons, along with each Provincial Regulatory body to follow the leadership of Health Canada and publicly endorse and support the prescription of safe supply.

Decriminalizing all drugs and providing a sustainable safe supply is a response that would have a large immediate impact, people will continue to be stigmatized and pushed to the illegal market to purchase deadly drugs until we have a larger patient centered approach for both safe supply and decriminalization.



Conclusion

As experts rush to try and flatten the curve on the novel coronavirus COVID-19 with huge amounts of resources and expertise, the silent deadly syndemic that PWUD are experiencing is deadlier than ever.

A safer pharmaceutical alternative supply must be provided to anyone that is using drugs, in conjunction with decriminalizing the people who use them. Physicians can prescribe off label medications anytime, they do not need a federal exemption to prescribe hydromorphone to a patient with opioid use disorder. All forms of safe supply must be supplied including stimulants such as cocaine, and stronger opioids such as prescribed fentanyl. The only way out of this syndemic is going to be by providing the drug that people need and desire, regardless of what it is. This will be a huge step forward in health equity for PWUD. All around us people continue to die, and this was happening to PWUD long before COVID-19 and until we have a regulated safe supply of drugs PWUD overdose deaths will continue to rise.

We have been advocating for a safe supply of drugs long before COVID-19, if policy makers listened to us and started to domestically produce heroin, we may not be seeing the increase in overdose deaths. We need to push the needle further with safe supply pushing for alternative medications such as cocaine, fentanyl patches, diazepam and any other safer medication that is available to the alternative street supply.

Disclosures

Members were provided an honorarium to participants to have the follow up informal discussion from the survey. We also have had members review the final document which we compensated them for their expertise. CAPUD believes in paying people for their lived/living expertise of drug use and is proud of the fact we pay PWUD for all of their participation in drug policy related events.

References

1. "A Guide to acknowledging First Peoples & Traditional Territory" <https://www.caut.ca/content/guide-acknowledging-first-peoples-traditional-territory>
2. "Syndemic: health in context" [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30640-2.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30640-2.pdf)
3. Addressing the Syndemic of HIV, Hepatitis C, Overdose, and COVID-19 Among People Who Use Drugs: The Potential Roles for Decriminalization and Safe Supply. <https://www.jsad.com/doi/abs/10.15288/jsad.2020.81.556>.
4. Research 101: A Manifesto for Ethical Research in the Downtown Eastside. <https://open.library.ubc.ca/cIRcle/collections/ubccommunityandpartnerspublicati/52387/items/1.0377565>
5. "What is Fentanyl?" <https://www.drugabuse.gov/publications/drugfacts/fentanyl>
6. "Hydromorphone" <https://medlineplus.gov/druginfo/meds/a682013.html>
7. "Methadone" <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/methadone>
8. "Heroin Assisted Treatment" [https://www.drugpolicy.org/sites/default/files/DPA%20Fact%20Sheet_Heroin-Assisted%20Treatment_\(Feb.%202016\).pdf](https://www.drugpolicy.org/sites/default/files/DPA%20Fact%20Sheet_Heroin-Assisted%20Treatment_(Feb.%202016).pdf)
9. "What is cocaine?" <https://www.drugabuse.gov/publications/drugfacts/cocaine>
10. Methamphetamines" <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/methamphetamines>
11. "What is MDMA?" <https://www.drugs.com/illicit/mdma.html>
12. "Diazepam" <https://www.webmd.com/drugs/2/drug-6306/diazepam-oral/details>
13. "Xanax" <https://www.webmd.com/drugs/2/drug-9824/xanax-oral/details>
14. "What to know about magic mushroom use?" <https://www.verywellmind.com/what-are-magic-mushrooms-22085>
15. "Ketamine" <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/ketamine>
16. "Coronavirus chokes the drugs trade from Wuhan, to Mexico and onto the streets of the US" <https://www.latimes.com/world-nation/story/2020-04-24/wuhan-china-coronavirus-fentanyl-global-drug-trade>
17. "COVID19 causes prices of illegal drugs to surge, as supplies are disrupted worldwide." <https://news.un.org/en/story/2020/05/1063512>
18. Health Canada. Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada during the coronavirus pandemic. March 19, 2020. Available at: <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html>
19. "DECriminalIZING PEOPLE WHO USE DRUGS: A PRIMER FOR MUNICIPAL AND PROVINCIAL GOVERNMENTS". <https://drive.google.com/file/d/1E4QScpJYPQxzKLTjaJUV5agbPtt-GwOw/view>
20. Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety & Policing. https://www.cacp.ca/index.html?asst_id=2189
21. Risk Mitigation: In the context of dual public health emergencies." <https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf>