

Deaths from drug overdoses rise rapidly in Canada

By Riksen Stewart and Roger Jordan
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Shocking figures published at the end of May revealed that so far in 2017 deaths from drug overdoses in Vancouver are occurring at a rate of more than one per day. This is only the latest expression of a rapidly expanding opioid crisis across Canada, which has been exacerbated by worsening social conditions, widening social inequality, and rising unemployment.

The *Vancouver Sun* reported in early June that at the current pace the city would reach more than 400 deaths from opioid overdoses by year's end. Mayor Gregor Robertson described the crisis, chiefly being caused by the synthetic opioid fentanyl, as a "bloodbath" that had no end in sight. In the first week of May alone, emergency responders answered 168 calls related to overdoses in Vancouver.

In 2016, almost 2,500 deaths occurred as a result of opioid overdoses across Canada. The two most affected provinces, British Columbia and Alberta, have declared a public health emergency. Across western Canada, in BC, Alberta, Yukon and Northwest Territories, the death rate from opioids was more than 10 for every 100,000 people.

These grim figures are set to be surpassed in 2017. With 120 overdose deaths during March in Vancouver alone, the rate was up by 50 percent from the same month in 2016. During the first four months of the year, 488 overdose deaths were recorded across BC, putting the province on course to register over 1,400 deaths in 2017. This compares to 935 deaths in 2016, which was a record high at the time.

These statistics conceal stories of miserable conditions of life and abject poverty. An investigation by CTV of Vancouver's Downtown Eastside, which has a large homeless population and is within walking distance of the city's banks, upmarket coffee shops and restaurants, reported finding numerous drug users slumped over dumpsters in the district's alleys. Jonathan McArthur, a drug addict who spoke to CTV in hospital, estimated he

had overdosed 25 times in the past year. He explained that he began using heroin several decades ago for back pain, but now no longer knows if it is laced with cheaper, and potentially lethal, synthetics.

More than half of the unintentional deaths recorded in BC and Alberta during the first 10 months of 2016 were linked to fentanyl. Fentanyl is an extremely lethal drug, with less than half a teaspoon capable of killing 10 people. It is estimated to be between 50 and 100 times stronger than morphine. Carfentanil and W-18, two even more potent synthetics, have begun appearing on the streets.

The threat posed by fentanyl is being compounded by its increased use in combination with other drugs. Health Canada recently reported that it has been found in samples of cocaine, heroin and methamphetamine.

The scale of the crisis is further illustrated by reports that frontline health care workers are struggling to cope mentally. Growing numbers require assistance to process what they are dealing with.

The BC and Alberta provincial governments are doing nothing to combat the underlying causes of the epidemic of drug deaths. The Alberta New Democrats (NDP), in power since 2015, have limited themselves to creating a few supervised injection sites, effectively facilitating those addicted to lethal drugs to, as one user described it, play "Russian roulette" with their lives. They are also introducing a program under which more than 400 naloxone kits are to be distributed to drug users so that they can inject others in order to reverse opioid overdoses.

The NDP has enforced austerity budgets for much needed public services over the past two years, while continuing to guarantee a low-tax environment for Alberta's big oil corporations. Under conditions where tens of thousands have been thrown out of work due to the collapse in oil prices beginning in 2014, the

government has left workers to fend for themselves.

Unemployment has doubled in Alberta from 4 percent in 2014 to 8 percent in 2017. The province has also seen a 53 percent increase in emergency room visits for opioid poisoning from 2014-15 to 2017, with 27 cases per 100,000 people (three people per day). In comparison, Ontario has 17 cases per 100,000.

Official unemployment in BC is somewhat lower, at 5.8 percent, but the income disparity is among the highest in the country, with a poverty rate of over 13 percent. Among young people aged 15-25, the unemployment rate is 13 percent.

The recently concluded agreement between the BC NDP and Greens to form a minority government does nothing to overturn any of the devastating cuts to social services imposed during 16 years of Liberal Party rule. A few token promises, such as creating a mental health ministry and pilot projects to treat overdoses, will not even begin to alter the disastrous social conditions confronted by people in some of the worst affected areas.

At the federal level, successive governments have enforced austerity budgets and adopted tax cuts for the super-rich, resulting in the starvation of funds for social services. Liberal and Conservative governments have implemented cuts or below-inflation increases to provincial health care transfers. While Stephen Harper's Conservatives increased health transfers by 6 percent annually, which still amounted to a cut given the spiralling cost of health care, Justin Trudeau's Liberals are imposing annual "increases" of a mere 3-4 percent.

The drug use epidemic has mushroomed under conditions of social inequality, poverty, unemployment and a general feeling of hopelessness that afflicts broad sections of the population, combined with an economic and political system that is impervious to the needs of those most severely impacted by the social crisis.

Drug abuse is a problem confronting all types of people, regardless of skin colour, gender, nationality or even income. However, the most devastating consequences of addiction are felt by the working class and poor. In western Canada, this includes a disproportionately high percentage of First Nations people, who either live on impoverished reserves or have been forced into the major urban centres in search of better prospects. It also includes a disproportionately high number of people suffering from mental health problems, who lack the support services they require.

Canada's universal health care system does not cover the cost of prescription drugs or drug rehabilitation

programs. Workers who are injured or have a medical condition requiring pain-killing medications over an extended period of time frequently cannot afford the standard prescribed medications and instead turn to much cheaper, but highly addictive street drugs.

People addicted to drugs can check themselves into a hospital or detox centre to remove the drugs from their system, but without rehabilitation they will most likely be back on the drugs again as soon as they are checked out of the hospital.

The Alberta government has been closing beds in the public mental health facilities that treat drug addictions. In March, a group of psychiatrists sent an open letter to the government describing the move as disastrous.

The Alberta government is also refusing to utilize an estimated 35,167 square meters (the size of 22 NHL-sized hockey rinks) of empty space sitting in Calgary's major hospitals for use as detox and drug rehabilitation centres. The bed closures will most likely be picked up by the private sector.

Private sector drug rehabilitation centres are a big profit making business, where the wealthy can spend tens of thousands of dollars on drug rehabilitation programs. An article in the *Financial Post* in 2014 noted that Rob Ford, the former right-wing, populist Toronto city mayor, spent \$100,000 on a drug rehabilitation program. Although this amount is high, the average treatment fees for a 30-day stay at a drug rehabilitation centre in Canada are approximately \$14,000. When the cost for lost wages is added in, and travel costs to get to the centre, this figure rises even further. These costs are far out of the reach of working class families.

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