

From: [Sieben, Mark PSSG:EX](#)  
To: [Enger, Tonia PSSG:EX](#)  
Subject: Fwd: Briefing Note: Novel Strategy to address organized crime, money laundering and fentanyl-attributable deaths  
Date: Wednesday, February 13, 2019 10:23:39 PM  
Attachments: BN\_fentanyl.pdf  
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Just FYI at this point

Sent from my iPad

Begin forwarded message:

**From:** Evan Wood <[evan.wood@bccsu.ubc.ca](mailto:evan.wood@bccsu.ubc.ca)>  
**Date:** February 13, 2019 at 2:19:30 PM PST  
**To:** Judy Darcy <[Judy.Darcy@gov.bc.ca](mailto:Judy.Darcy@gov.bc.ca)>, "[david.eby.mls@leg.bc.ca](mailto:david.eby.mls@leg.bc.ca)" <[david.eby.mls@leg.bc.ca](mailto:david.eby.mls@leg.bc.ca)>, "[HLTH.Minister@gov.bc.ca](mailto:HLTH.Minister@gov.bc.ca)" <[HLTH.Minister@gov.bc.ca](mailto:HLTH.Minister@gov.bc.ca)>, "[PSSG.Minister@gov.bc.ca](mailto:PSSG.Minister@gov.bc.ca)" <[PSSG.Minister@gov.bc.ca](mailto:PSSG.Minister@gov.bc.ca)>, "[mike.farnworth@gov.bc.ca](mailto:mike.farnworth@gov.bc.ca)" <[mike.farnworth@gov.bc.ca](mailto:mike.farnworth@gov.bc.ca)>, "[Adrian.dix@gov.bc.ca](mailto:Adrian.dix@gov.bc.ca)" <[Adrian.dix@gov.bc.ca](mailto:Adrian.dix@gov.bc.ca)>  
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**Subject:** Briefing Note: Novel Strategy to address organized crime, money laundering and fentanyl-attributable deaths

The Honourable David Eby, M.L.A.  
Attorney General

The Honourable Adrian Dix, M.L.A.  
Minister of Health

The Honourable Mike Farnworth, M.L.A.  
Minister of Public Safety and Solicitor General

The Honourable Judy Darcy, M.L.A.  
Minister of Mental Health & Addictions

February 13, 2019

Dear Ministers Eby, Dix, Farnworth and Darcy,

Please find enclosed a briefing note outlining an innovative approach to addressing issues related to organized crime, money laundering and the ongoing opioid overdose epidemic. We will soon be releasing a report describing this model that we would be happy to share with you and your staff.

Please do not hesitate to contact me should you have any questions. I look forward to discussing this in further detail with your teams. Our communications team will also be in touch with your communications staff in advance of the release.

Thank you for your leadership on these important matters.

Sincerely,

Evan Wood, MD, PhD, FRCPC, ABAM Dip, FASAM  
Executive Director, British Columbia Centre on Substance Use  
Professor of Medicine & Canada Research Chair in Addiction Medicine,  
University of British Columbia

CC:

Neilane Mayhew, Deputy Minister, Ministry of Mental Health & Addictions  
Taryn Walsh, Assistant Deputy Minister, Ministry of Mental Health & Addictions  
Richard Fyfe, Deputy Attorney General  
Stephen Brown, Deputy Minister, Ministry of Health  
Mark Sieben, Deputy Solicitor General, Ministry of Public Safety & Solicitor General  
Joanna Gislason, Convener, Safer Opioid Supply Working Group  
Justine Patterson, Executive Director, Overdose Emergency Response Centre  
Dr. Bonnie Henry, Provincial Health Officer

## BC Centre on Substance Use (BCCSU)—Briefing Note

**Title:** A Novel Approach to Combating BC's Converging Fentanyl Poisonings, Organized Crime, Money Laundering and Real Estate Unaffordability Crises

**Prepared for:** Hon. Minister Adrian Dix, Minister of Health; Hon. Minister Judy Darcy, Minister of Mental Health and Addictions; Hon. David Eby, Attorney General; Hon. Minister Mike Farnworth, Minister of Public Safety and Solicitor General & Dr. Bonnie Henry, Provincial Health Officer

**Date:** February 13, 2019

**Issue:** Overdoses are now killing four British Columbians every day,<sup>1</sup> an epidemic fueled by heroin prohibition and organized criminal activity that has not only poisoned the heroin market with fentanyl but also thrown the lower mainland's housing market into chaos through its tremendous profitability and money laundering.<sup>2,3</sup> The use of BC casinos to launder drug profits has also raised public concern.

**Background:** Violent organized crime groups are reaping billions from the illegal fentanyl trade and have interfered in local real estate markets to launder drug profits estimated to be up to \$5B a year.<sup>2-4</sup> Largely as a result of the fentanyl contamination of the heroin market, nearly 1,500 fatal overdoses occurred each year in 2017 and 2018.<sup>1</sup> These harrowing statistics mean, for the first time in BC, average life expectancy is dropping.<sup>5</sup> Unfortunately, efforts to reduce the flow of fentanyl into the country have clearly failed with studies of high-risk youth showing most have near immediate access to fentanyl.

Due to unsafe prescribing of prescription opioids and concerns related to diversion, and the ongoing spread of the fentanyl epidemic, it is estimated that more than 120,000 British Columbians are now addicted to opioids.<sup>6</sup> Regarding prescription opioids, past research has shown that rates of opioid prescribing and availability are strongly correlated with rates of death in BC. With respect to diversion of prescription opioids to the illicit market, research from BC has also demonstrated that over 70% of men and greater than 50% of women who have died of a prescription opioid overdose death have not had an active prescription in the 60 days prior to death.<sup>7</sup> Importantly, surveys of street opioid (e.g. fentanyl) users have demonstrated that 80% prefer heroin, 16% prefer fentanyl and only 4% prefer prescription opioids. Although prescription opioids are safer than fentanyl, it is unclear if providing prescription pills when individuals are seeking heroin will protect against fentanyl overdoses and death. Further, the unsafe provision of prescription opioids as an intervention to reduce fentanyl deaths could pose public health risks since organized crime groups have proven highly adept at producing fentanyl containing counterfeit pills. Although it is well-documented that middle-aged men are overrepresented amongst fatal overdose deaths, young people across the province are also dying from fatal overdoses at alarming rates – more than 500 in the past two years.<sup>1</sup> Youth are often introduced to opioid use through diverted prescription opioid pills which research has shown are wrongly perceived as being safer than heroin.<sup>8-10</sup>

**Discussion:** A group of experts from the BCCSU and other key stakeholders have developed a white paper which describes a novel model (a Heroin Buyers Cooperative) which has the immediate potential to reduce the number of fentanyl-related deaths while waging economic war on organized crime in the hardest hit areas of the province. The report, which is currently scheduled for release February 20<sup>th</sup>, recommends use of pharmaceutical-grade, powered heroin (i.e., diacetylmorphine) within a cooperative model where members purchase a medical-grade product free of dangerous additives and fentanyl analogues that have saturated the illicit heroin market. There are several major public health and public safety advantages of the heroin purchasing co-op model being proposed, including:

- Involvement of health care providers to assess eligibility for all members and restriction of heroin to opioid addicted members to personal amounts preventing addiction spread (especially to youth);<sup>11,12</sup>



- Heroin is far less appealing to youth and inexperienced drug users who are generally fully aware of the risks of heroin, but mistakenly perceive prescription opioids to be a “safe supply;”<sup>8-10,13,14</sup>
- Reducing diversion (i.e. sale on the street) and iatrogenic addiction that results when opioid medications are provided for free and disconnected from public health or addiction care;
- Wages economic war on organized crime by redirecting profits from opioid sales to cooperative members thereby providing a model to address money laundering and gang violence issues;<sup>15,16</sup>
- With the exception of start-up costs, can operate at no cost to taxpayers since the model is self-sustaining through revenue generated from heroin sales to heroin using members only;
- Revenue generated could support key health and social services for people who use drugs rather than having proceeds leave inner-city neighbourhoods and directly benefiting organized crime;
- Addresses counterfeit risks of prescription pills (e.g. fentanyl containing fake oxycontin) through the controlled availability of powdered heroin to members as per traditional street heroin supply;
- People who use street opioids greatly prefer heroin over fentanyl and prescription opioids;<sup>17,18</sup>
- Controlled heroin sales offered to opioid using members through a cooperative model could be offered by a non-profit society rather than government being a “drug dealer”;
- The availability of heroin to members could exert pressure on street markets potentially influencing a shift away from fentanyl and back to heroin in the illegal market;
- Addressing many other harms related to the illicit drug supply currently controlled by organized crime (e.g. youth recruitment, gang violence, homicide etc.); and
- Through the co-op’s co-location with public health, addiction medicine and social services, creates new pathways into care and supports for those who are not well-connected to care when obtaining drugs on the street. As it stands now, we have no means to reach those dying at home alone.

The proposed model would involve careful implementation and evaluation. Lessons learned from many examples of successful purchasing cooperatives and drug policy reforms could be used to support the safe evaluation of a heroin buyers co-op. However, there are unique logistical and operational issues of a heroin co-op that would require careful planning, including:

- Drug importation via Health Canada’s recently implemented Drugs for Urgent Public Health Need mechanism or a Section 56 exemption to the *Controlled Drugs and Substance Act*;
- Heroin acquisition and storage requiring pharmacy involvement to ensure security, supply chain and safety issues are addressed;
- Optimization of ancillary services (e.g., harm reduction, addiction treatment and social services) as well as coordination with public health and public safety;
- Coordination among local, provincial and federal governments that is facilitated by structures that now exist at the municipal, provincial and federal levels.

**Next Steps:** As the BCCSU will soon be releasing this innovative white paper; provincial planning for next steps is urgently needed. It is recommended that following the release of this paper, an expert committee be struck to discuss implementation and evaluation. This committee should be comprised of people with lived experience, addiction medicine experts, public health experts, representatives from the City of Vancouver, and certain members of BC’s Safer Opioid Supply Working Group (e.g. pharmacy) as well as – as government sees fit – representation from your ministries. This committee would be tasked with reviewing the proposed model and developing a timely schedule for operationalization and evaluation. The main issue for government will be to act decisively and quickly in the face of growing organized crime harms and the unabating rate of fentanyl-attributable overdose deaths. While previous governments have failed to act, the public is ready and calling for change. We must respond to the seriousness of these challenges as we would for any other similar public health and public safety emergency: with evidence and action.

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