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Last spring I talked to Munroe Craig, the co-founder of Vancouver-based harm reduction group Karmik, about the basics of harm reduction philosophy.

The **discussion** centred around the idea that harm reduction is more than the sum of individual acts like pill checking, or creating a safe tent at festivals. At its core, it's about affecting change at both the cultural and individual levels to empower safe choices.

This also means that harm reduction initiatives have to be dynamic, as substance use and the attitudes surrounding them are constantly changing.

Before Craig and her team head to Costa Rica to work harm reduction at the second **Bamboo Bass Festival**, I decided to connect with her again to find out what's changed over the previous year, both with drug discourses and their approach to harm reduction.

This time around Craig is joined on the phone by Alex Betsos, one of Karmik's co-founders and their volunteer coordinator. Betsos also currently sits on the national board for Canadian Students for Sensible Drug Policy (CSSDP).

"When we last chatted it was a really great chance for us to be at the beginning of what was seeming to be a changing time," says Craig.

During the previous interview Craig described the then-current drug discourse as a "paradigm shift" that saw substance use becoming part of popular culture and even gaining acceptability in the media.

Now, she says, this is provoking a change within governing bodies and a new wave of activism.

"I think that some of the things that have changed is actually the talk about drug policy. Some of the progressive pieces that we've seen are focused around political officials and health officials; we have more people standing up and taking notice, even if that stepping up is starting with asserting ourselves and identifying that proactive, progressive drug policies are needed," she says.

Nowhere is the dynamic nature of harm reduction more apparent than the fentanyl crisis, an issue that's risen to the forefront of public discussion over the past year and left some officials scrambling to develop a response.

"A couple major things have happened since March," says Betsos.

"One, Health Canada sought consultation to make naloxone more easily accessible, and that was responded to with an overwhelming, 'Yes, please do that.'"

Naloxone is a medication used to treat opiate overdoses, currently sold under the brand name "Narcan."

"I think that was a very good first step because it means that people have easier access to Narcan kits, which they didn't necessarily have before," says Betsos.

"One of the issues that's coming up is so many people want Narcan kits because they've either known someone who's had an overdose, or they've heard about fentanyl being cut into other substances and they want to make sure they're safe.

"It's created this new level of awareness which has been pretty fantastic."

This new demand led Karmik to recently begin training sessions for the administering and usage of the kits.

Another major event occurred in June, when Betsos and Craig were invited to participate in a **panel on overdose** prevention held by the B.C. Centre for Disease Control.

"There's definitely this change in awareness; both with the individual substance use level, but also we see public health is really trying to deal with this and catch up to the problem," says Betsos.

Both Betsos and Craig agree that public health being put in the position of having to "catch up" signals one of the biggest flaws in how policies deal with substance use.

"We need proactive policies and support, not primarily reactive," says Craig.

"When somebody has an overdose, responding with naloxone can be considered proactive; we educate individuals prior to situations occurring with an overdose, providing them with the tools to support. However it is also considered primarily reactive.

“Naloxone is what we respond with to an overdose situation, but it is not addressing the root cause which is why someone is overdosing to begin with.

“So I think that naloxone is really great, and it’s a step in the right direction, but we need to have more broader harm reduction policies as a whole.

“People have naloxone support and training, but we still have friends, loved ones and family passing away, often with naloxone in their hands.”

Some proactive initiatives that harm reduction activists have long been campaigning for include lobbying for substance decriminalization, launching public awareness initiatives, and working to reduce the stigma that users often face when dealing with public health officials.

These initiatives are favoured over prohibition because, as Betsos points out, prohibition can maintain the same situation currently being seen with fentanyl.

“It’s not like fentanyl came out of nowhere and hit the scene because Oxys [Oxycodone] became Neo [controlled release] Oxys,” says Betsos.

“It already happened before. It’s part of this constant process of drug-prohibition where, because we have all of these drugs prohibited, the cheapest substances that are the easiest to cut into other substances are always going to try to make their way onto the market.”

Similarly, Craig believes that without fundamental shifts in drug discourse, substance-related epidemics will continue happening.

“This substance could be anything,” says Craig.

“Fentanyl is absolutely a cause for concern. The amount of fentanyl that we need to take in order to overdose is much smaller and the substance increasingly potent, especially with synthetic analogues of fentanyl being created at an alarming rate.

At the same time let’s remember that illicit substances being adulterated is not a new thing, this happens all the time.”

The current climate has created a sentiment of fear, with some media outlets either declaring this as the most dangerous time to do drugs, or urging people to avoid drugs entirely. Betsos refers to this as fear mongering, and it creates the illusion that drugs will be safe again once fentanyl leaves.

“It’s actually recreational users that we’ve been seeing the most overdoses with, and we’ve seen an increase in that, so if that’s your metric for the most dangerous time to try substances then maybe it is there,” says Betsos.

“But, I think that’s kind of a sticky way of thinking about it, because it implies that there was a time when there weren’t overdoses, which is not true, and it also implies that there aren’t risks associated with taking substances.”

Rather than join this rhetoric of drug avoidance, Karmik is dealing with the issue by using their training sessions to engage the community.

“I know that what we’re talking about with naloxone, it can seem like a big, deep dark thought,” says Craig.

“You can kind of wormhole all the way down there to where you might feel really scared, afraid, anxious and concerned.

But really, let’s also understand that what we’re doing is actually proactive as well.

We’re empowering and engaging people and their communities to accurately respond and take care of one another.

“We’re increasing the capacities for communities to become more self sufficient as individuals, and lets face it, individuals who are healthy create healthy communities, and that’s also what we’re trying to do.”

The people who attend these workshops then return to their own networks and relay what they’ve learned.

“They’re so happy to put a picture on Facebook and say guess what everybody, I have that kit and I’m here for you. If you need something let me know, and when I go out to an event you’re going to know that I have this kit,” says Craig.

Our interview last March ended with an optimism that harm reduction policies were gaining more traction in both the public and political spheres.

This optimism is still there, but Craig points out the irony of requiring a grave catalyst like fentanyl to initiate discussions, something she hopes will change in the future.

“Why do people need to die or be severely threatened for us to want to change harm reduction policies, support, funding, and possibly start to look at stigmas around substance use,” says Craig.

“Why do we need to have such a very aggressive result happen, or such a very final result happen for us to even look at changing any of these policies, or for them to even garner any attention?”

“Karmik has been doing harm reduction work not because people are dying all the time, but because we know it’s an important and significant piece of public health.”

Learn more about Karmik and donate to them at <http://www.karmik.ca/>