WEBVTT

1 00:00:01.690 --> 00:00:04.230 <v ->All right, welcome everyone.</v>

2 00:00:04.230 --> 00:00:06.330 Let's go ahead and get started.

3 00:00:06.330 --> 00:00:09.780 So it is my pleasure to introduce our speaker for today,

4 00:00:09.780 --> 00:00:12.040 Dr. Ryan McNeil.

5 00:00:12.040 --> 00:00:14.770 Dr. McNeil is an Assistant Professor,

6 00:00:14.770 --> 00:00:17.530 was joining appointments at the Yale School of Medicine

7 00:00:17.530 --> 00:00:20.290 and also here at the Department of Social

8 00:00:20.290 --> 00:00:23.100 and Behavioral Sciences at Y.S.P.H.

9 00:00:23.100 --> 00:00:26.600 He is teaching a course on Harm Reduction this semester

10 00:00:26.600 --> 00:00:28.300 which many of you might be taking.

11 00:00:29.730 --> 00:00:31.990 Dr. McNeil received his PhD

12 00:00:31.990 --> 00:00:34.190 from university of British Columbia.

13 00:00:34.190 --> 00:00:39.190 And he joined the Yale Faculty in December, 2019.

14 00:00:39.680 --> 00:00:43.180 Dr. McNeil's research exams to Social Structural

15 00:00:43.180 --> 00:00:45.300 and Environmental Influences

16 00:00:45.300 --> 00:00:47.830 on the Implementation and Effectiveness

17 00:00:47.830 --> 00:00:52.240 of Harm Reduction and Addiction Treatment Interventions.

18 00:00:52.240 --> 00:00:54.760 He also studies the Influence of Housing

19 00:00:54.760 --> 00:00:56.570 and Housing Based Interventions

20 00:00:56.570 --> 00:00:59.223 and overdose related risk.

21 00:01:00.593 --> 00:01:03.930 He is the principal investigator on multiple grants,

22 00:01:03.930 --> 00:01:05.050 both from N.I.H

23 00:01:05.050 --> 00:01:08.810 and from the Canadian Institute of House Research.

24 00:01:08.810 --> 00:01:10.600 And he's also the co-creator

25 00:01:10.600 --> 00:01:13.500 and scientific lead of Crackdown.

26 00:01:13.500 --> 00:01:16.490 So this was a Podcast launching January, 2019

27 00:01:17.797 --> 00:01:19.820 and it is designed to mobilize research

28 00:01:19.820 --> 00:01:23.863 and amplify The voices of people who use drugs.

29 00:01:24.800 --> 00:01:27.950 This media collaboration has been called a podcast

30 00:01:27.950 --> 00:01:29.850 most likely to save lives,

31 00:01:29.850 --> 00:01:32.970 and he has received a number of awards

32 00:01:32.970 --> 00:01:37.970 including the Third Coast International Audio Festivals

33 00:01:38.200 --> 00:01:40.820 on the Radio Impact Award,

34 00:01:40.820 --> 00:01:43.110 the Canadian Hillman Prize and a Silver Medal

35 00:01:43.110 --> 00:01:46.310 from New York FestivalS Radio Awards.

36 00:01:46.310 --> 00:01:50.303 So without further ado, let's a welcome Dr. McNeil.

37 00:01:52.191 --> 00:01:54.991 <v ->Hi everyone, Katie, thanks for very kind introduction.</v>

38 00:01:55.930 --> 00:01:57.550 It always reminds me that I feel like I need

39 00:01:57.550 --> 00:01:59.250 to update my Faculty page.

40 00:01:59.250 --> 00:02:02.930 So it has like a tighter description of the things

41 00:02:02.930 --> 00:02:05.430 that I do 'cause it always feels a little bit much

42 00:02:06.920 --> 00:02:10.210 which is to say I'm just really happy to have you all here

43 00:02:10.210 --> 00:02:13.670 and present on both the broader concept and idea

44 00:02:13.670 --> 00:02:17.080 of safe supply in the context of the overdose crisis.

45 00:02:17.080 --> 00:02:18.070 And talk about some of the work

46 00:02:18.070 --> 00:02:19.980 that we've been doing.

47 00:02:19.980 --> 00:02:22.370 Looking at this, this might be new to some of you,

48 00:02:22.370 --> 00:02:24.780 so please don't hesitate to ask questions.

49 00:02:24.780 --> 00:02:27.100 I'll try to leave ample time at the end,

50 00:02:27.100 --> 00:02:32.090 and please bear with me in the clunkiest

51 00:02:32.090 --> 00:02:35.190 of presenting formats.

52 00:02:35.190 --> 00:02:36.990 I can't be the only one who's looking forward

53 00:02:36.990 --> 00:02:38.703 to doing talks in person again.

54 00:02:51.320 --> 00:02:55.580 Great, so a few notes as I get started,

55 00:02:55.580 --> 00:02:58.210 a lot of the discussion will focus on work

56 00:02:58.210 --> 00:03:00.970 I've been engaged with in Vancouver, Canada

57 00:03:00.970 --> 00:03:02.840 which is both where I moved here from

58 00:03:02.840 --> 00:03:05.740 and where I continue to run a range of different projects

59 00:03:05.740 --> 00:03:08.210 that are examining the Implementation

60 00:03:08.210 --> 00:03:11.420 of safe supply and its role in responding

61 00:03:11.420 --> 00:03:13.470 to the overdose crisis.

62 00:03:13.470 --> 00:03:17.840 I'll spend a bit of time conceptualizing the overdose crisis

63 00:03:17.840 --> 00:03:20.650 as well as getting into some of the specific dynamics

64 00:03:20.650 --> 00:03:23.480 worth considering as we move into

65 00:03:24.450 --> 00:03:28.670 frankly a period of severe overdose related morbidity

66 00:03:28.670 --> 00:03:29.643 and mortality.

67 00:03:35.200 --> 00:03:38.390 A lot of the work and thinking about safe supply

68 00:03:38.390 --> 00:03:41.250 for me really comes out of this particular space

69 00:03:41.250 --> 00:03:45.980 which is the Washington Needle Depot which became the Molson

70 00:03:45.980 --> 00:03:48.060 or the Maple Overdose Prevention Site

71 00:03:48.060 --> 00:03:50.850 in Vancouver, Canada's Downtown Eastside.

72 00:03:50.850 --> 00:03:55.390 And really it was the beginning of 2017

73 00:03:55.390 --> 00:03:58.550 as the city was grappling with a severe overdose crisis.

74 00:03:58.550 --> 00:04:03.520 When you know, longstanding ideas of drug legalization

75 00:04:03.520 --> 00:04:08.000 and alternatives to an illegal drug supply,

76 00:04:08.000 --> 00:04:11.130 increasingly characterized by fentanyl and other adulterants

77 00:04:11.130 --> 00:04:14.250 began to really percolate in the community

78 00:04:14.250 --> 00:04:15.700 and become a topic of discussion

79 00:04:15.700 --> 00:04:17.670 as people sought out alternatives

80 00:04:17.670 --> 00:04:22.670 to increasingly toxic drug supply that was killing people.

81 00:04:23.290 --> 00:04:26.340 So during field work in work that I do primarily

82 00:04:26.340 --> 00:04:30.040 as an ethnographer at this site,

83 00:04:30.040 --> 00:04:32.110 both people involved in operating it

84 00:04:32.110 --> 00:04:33.610 as well as others visiting the site

85 00:04:33.610 --> 00:04:37.300 began to talk a lot about the need for alternatives

86 00:04:37.300 --> 00:04:39.170 and the need for a safe supply.

87 00:04:39.170 --> 00:04:41.020 And this was very much aligned

88 00:04:41.020 --> 00:04:43.030 with other discussions that were happening

89 00:04:43.030 --> 00:04:48.030 in Circles of Drug-User Activists in the community

90 00:04:49.210 --> 00:04:52.200 which has a longstanding history of drug user organizing.

91 00:04:52.200 --> 00:04:55.520 That's been critical to advancing Drug Policy Reform

92 00:04:55.520 --> 00:04:57.990 both in Canada and globally,

93 00:04:57.990 --> 00:05:00.760 including the implementation of supervised consumption sites

94 00:05:00.760 --> 00:05:03.460 and other interventions.

95 00:05:03.460 --> 00:05:05.850 Now I'll get into this a little bit later,

96 00:05:05.850 --> 00:05:07.830 but that the city has also been home

97 00:05:07.830 --> 00:05:11.210 to several clinical trials

98 00:05:11.210 --> 00:05:14.370 for advanced treatment options for opioid use disorder

99 00:05:14.370 --> 00:05:19.220 including a heroin prescription heroin trial

100 00:05:19.220 --> 00:05:21.830 and an injectable hydromorphone trial

101 00:05:21.830 --> 00:05:23.570 that further prime the community

102 00:05:23.570 --> 00:05:25.840 for discussions of alternatives

103 00:05:25.840 --> 00:05:30.840 to a toxic drug supply and available treatment programs

104 00:05:31.870 --> 00:05:34.890 that weren't were meeting people's needs.

105 00:05:34.890 --> 00:05:37.830 And so this began to become more pronounced

106 00:05:37.830 --> 00:05:40.480 with an Activist Circles and really

107 00:05:40.480 --> 00:05:45.040 became a bit of a rallying cry as the community was impacted

108 00:05:45.040 --> 00:05:48.440 by just an incredible level of loss

109 00:05:48.440 --> 00:05:51.673 in the wake of a sustained overdose crisis.

110 00:05:56.100 --> 00:05:59.030 It really raises I think three interlocking questions,

111 00:05:59.030 --> 00:06:01.680 really the heart of what I wanna touch on today

112 00:06:01.680 --> 00:06:04.280 which is effectively, why were so many people dying?

113 00:06:05.290 --> 00:06:07.250 What is safe supply,

114 00:06:07.250 --> 00:06:09.933 and how does it address the overdose crisis?

115 00:06:15.070 --> 00:06:19.410 And so certainly there's broader narratives

116 00:06:19.410 --> 00:06:21.490 in terms of how we think about the overdose crisis

117 00:06:21.490 --> 00:06:23.370 that become dominant,

118 00:06:23.370 --> 00:06:28.370 that in kind of relatively straightforward waves

119 00:06:30.570 --> 00:06:34.220 of prescription opioids, onto heroin, onto fentanyl

120 00:06:34.220 --> 00:06:39.220 onto now psychostimulants and other drugs.

121 00:06:39.727 --> 00:06:42.523 But it's always been a little bit messier than that.

122 00:06:44.200 --> 00:06:46.270 And the period I'm really gonna concentrate on

123 00:06:46.270 --> 00:06:49.930 is kind of this period of fentanyl and other adulterants

124 00:06:50.820 --> 00:06:51.910 within the supply.

125 00:06:51.910 --> 00:06:55.013 And certainly as folks are likely aware,

126 00:06:56.290 --> 00:06:58.720 fentanyl has been associated with a rapid escalation

127 00:06:58.720 --> 00:07:01.380 of the overdose crisis across North America

128 00:07:01.380 --> 00:07:06.380 as a more potent opioid that is becoming a primary driver,

129 00:07:07.470 --> 00:07:09.820 well is long the primary driver

130 00:07:09.820 --> 00:07:13.613 of overdose deaths in North America.

131 00:07:15.980 --> 00:07:20.230 And really, what are my early orientations

132 00:07:20.230 --> 00:07:23.230 to the scope and severity of fentanyl

133 00:07:23.230 --> 00:07:26.050 happening alongside field work that we were doing?

134 00:07:26.050 --> 00:07:27.910 So running studies out of an area

135 00:07:27.910 --> 00:07:31.800 with really one of the most severe

136 00:07:31.800 --> 00:07:34.260 fentanyl driven overdose crises

137 00:07:34.260 --> 00:07:37.740 was certainly an experience of, you know,

138 00:07:37.740 --> 00:07:39.470 doing the work against the backdrop

139 00:07:39.470 --> 00:07:42.040 of profound loss and this grappling

140 00:07:42.040 --> 00:07:44.280 with what was happening in the community.

141 00:07:44.280 --> 00:07:47.080 Early on, as we were doing and running studies

142 00:07:47.080 --> 00:07:49.110 and doing other work engaged with folks

143 00:07:49.110 --> 00:07:50.650 who use drugs in the community,

144 00:07:50.650 --> 00:07:52.490 there was certainly this tectonic shift

145 00:07:52.490 --> 00:07:55.220 as we all started to really grapple with what was happening

146 00:07:55.220 --> 00:08:00.220 as fentanyl became more prominent within the drug supply,

147 00:08:00.667 --> 00:08:05.520 and it became the dominant illicit opioid within the supply.

148 00:08:05.520 --> 00:08:08.410 First being sold kind of as heroin

149 00:08:08.410 --> 00:08:13.410 then outright displacing heroin within the local supply.

150 00:08:13.560 --> 00:08:16.370 And so it really struck us early on,

151 00:08:16.370 --> 00:08:19.223 at first we were just losing people.

152 00:08:20.080 --> 00:08:22.880 I remember a study we were operating at that time

153 00:08:22.880 --> 00:08:25.970 that involve follow-up interviews with folks

154 00:08:25.970 --> 00:08:28.800 who had lost their housing to eviction.

155 00:08:28.800 --> 00:08:31.590 And, you know, effectively

156 00:08:32.900 --> 00:08:35.160 we quickly realized that this was happening

157 00:08:35.160 --> 00:08:38.108 as the shift was happening and we couldn't find people.

158 00:08:38.108 --> 00:08:40.330 And then it quickly dawned on us that, you know,

159 00:08:40.330 --> 00:08:43.390 they were people who we were losing to this rapid spike

160 00:08:43.390 --> 00:08:46.593 that was happening in overdoses in the community.

161 00:08:48.150 --> 00:08:50.230 And it was fundamentally different.

162 00:08:50.230 --> 00:08:53.440 And so we commonly encountered people who would put it

163 00:08:54.730 --> 00:08:55.963 really as such.

164 00:08:56.830 --> 00:08:58.860 You know, with heroin you feel it coming on,

165 00:08:58.860 --> 00:09:02.140 you feel the intensity, you feel like you're gonna puke.

166 00:09:02.140 --> 00:09:04.670 You know, keeps coming, and you know,

167 00:09:04.670 --> 00:09:06.050 I'm going to go down.

168 00:09:06.050 --> 00:09:08.840 Fentanyl, you're sitting there waiting for something,

169 00:09:08.840 --> 00:09:10.050 and the next thing you know,

170 00:09:10.050 --> 00:09:11.560 there's an ambulance attendant there

171 00:09:11.560 --> 00:09:13.320 it hits you like a Mac truck.

172 00:09:13.320 --> 00:09:16.920 You don't feel it, nothing just boom, down.

173 00:09:16.920 --> 00:09:19.470 You get up and swear that you didn't even do your shot,

174 00:09:19.470 --> 00:09:21.160 you're looking for it.

175 00:09:21.160 --> 00:09:23.540 And so this certainly for me,

176 00:09:23.540 --> 00:09:26.550 always perfectly summed up that this transition

177 00:09:26.550 --> 00:09:29.810 from, you know, a community that long been impacted

178 00:09:29.810 --> 00:09:34.810 by a high level of overdoses within the context

179 00:09:35.000 --> 00:09:38.420 of a very kind of contained drug scene

180 00:09:38.420 --> 00:09:40.930 to suddenly something completely different,

181 00:09:40.930 --> 00:09:43.110 and, you know, the comparison of

182 00:09:43.110 --> 00:09:44.540 it hits you like a Mac truck

183 00:09:44.540 --> 00:09:47.940 really felt like what happened to the whole community.

184 00:09:47.940 --> 00:09:51.170 And then this certainly was consistent

185 00:09:51.170 --> 00:09:54.110 with what was happening across North America at this time.

186 00:09:54.110 --> 00:09:56.770 So in the United States, you know,

187 00:09:56.770 --> 00:09:58.800 you'll notice this graph from the C.D.C

188 00:09:58.800 --> 00:09:59.850 that gets circulated,

189 00:09:59.850 --> 00:10:02.160 and I think I see in every presentation

190 00:10:02.160 --> 00:10:04.660 on the overdose crisis at this point.

191 00:10:04.660 --> 00:10:08.800 When you see this orange line,

192 00:10:08.800 --> 00:10:12.000 the begins to take off in, in 2015

193 00:10:12.000 --> 00:10:14.340 and really becomes the dominant

194 00:10:14.340 --> 00:10:17.530 and still more recently further dominant

195 00:10:17.530 --> 00:10:20.030 cause of overdose deaths.

196 00:10:20.030 --> 00:10:23.360 But they're just primarily synthetic opioids

197 00:10:23.360 --> 00:10:27.500 and specifically fentanyl and fentanyl adulterated drugs.

198 00:10:27.500 --> 00:10:29.310 So just in case folks aren't aware

199 00:10:29.310 --> 00:10:33.010 fentanyl is effectively a much more potent opioid

200 00:10:33.010 --> 00:10:37.763 that's associated with a much higher risk of overdose.

201 00:10:40.660 --> 00:10:44.320 And certainly that's been born out by the data.

202 00:10:44.320 --> 00:10:46.513 The onset tends to be quicker,

203 00:10:47.530 --> 00:10:49.890 they tend to be more severe

204 00:10:49.890 --> 00:10:54.120 and it certainly becomes challenging to navigate

205 00:10:54.120 --> 00:10:56.960 especially transitional drug supplies

206 00:10:56.960 --> 00:11:00.260 wherein fentanyl is replacing heroin or other opioids,

207 00:11:00.260 --> 00:11:03.960 or, you know, across a lot of different contexts

208 00:11:03.960 --> 00:11:07.680 where, you know, one doesn't necessarily know the potency

209 00:11:07.680 --> 00:11:12.680 of fentanyl from one package to the next when using.

210 00:11:14.840 --> 00:11:17.890 And so fentanyl, you know, certainly has become

211 00:11:17.890 --> 00:11:21.410 this key driver of the overdose crisis.

212 00:11:21.410 --> 00:11:22.860 And so if we think about Canada,

213 00:11:22.860 --> 00:11:25.863 where I'm gonna really kind of concentrate on a bit,

214 00:11:27.890 --> 00:11:30.670 you know, we similarly see, so, you know,

215 00:11:30.670 --> 00:11:35.670 this is a graph depicting total opioid related deaths

216 00:11:36.930 --> 00:11:40.780 by opioid type.

217 00:11:40.780 --> 00:11:42.920 And you'll certainly notice that, you know,

218 00:11:42.920 --> 00:11:44.850 more and more over time,

219 00:11:44.850 --> 00:11:47.600 these are dominated by fentanyl

220 00:11:47.600 --> 00:11:50.700 and other fentanyl related analogs

221 00:11:50.700 --> 00:11:52.903 that can be even more potent.

222 00:11:55.040 --> 00:11:56.240 And then certainly

223 00:11:56.240 --> 00:11:58.580 because I think it bears specific attention,

224 00:11:58.580 --> 00:12:00.470 especially within a policy context

225 00:12:00.470 --> 00:12:03.280 wherein discussions of the overdose crisis

226 00:12:03.280 --> 00:12:06.510 still remain dominated by an emphasis on pharmaceutical

227 00:12:06.510 --> 00:12:07.850 or prescribed opioids

228 00:12:07.850 --> 00:12:09.903 which we're gonna flip a little bit here.

229 00:12:11.920 --> 00:12:15.110 Did the majority of deaths in Canada has elsewhere

230 00:12:15.110 --> 00:12:17.670 certainly are driven by, you know,

231 00:12:17.670 --> 00:12:19.760 non-pharmaceutical opioids,

232 00:12:19.760 --> 00:12:21.543 even if used in combination.

233 00:12:26.400 --> 00:12:27.770 So as this has happened,

234 00:12:27.770 --> 00:12:30.023 and I mentioned these framing pieces,

235 00:12:31.950 --> 00:12:35.190 you know, early attention to the overdose crisis

236 00:12:35.190 --> 00:12:37.690 in North America is really emphasized

237 00:12:38.757 --> 00:12:40.410 and it happened alongside this period

238 00:12:40.410 --> 00:12:45.010 of declining life expectancy among white folks.

239 00:12:45.010 --> 00:12:48.233 And certainly it became a dominant narrative.

240 00:12:50.160 --> 00:12:53.070 This was very much driven by, you know,

241 00:12:53.070 --> 00:12:55.410 the overdose crisis and deaths of

242 00:12:55.410 --> 00:12:59.670 what became term deaths of despair, you know.

243 00:12:59.670 --> 00:13:03.100 And this really configured a set of policy responses

244 00:13:03.100 --> 00:13:04.800 that were distinct from more traditional

245 00:13:04.800 --> 00:13:08.403 war on drugs approaches even as those continued to dominate.

246 00:13:10.370 --> 00:13:13.250 But also frankly, is obscured the severe impact

247 00:13:13.250 --> 00:13:15.943 of the overdose crisis on communities of color.

248 00:13:17.370 --> 00:13:21.070 Certainly, you know, it's really no longer the case

249 00:13:21.070 --> 00:13:26.020 that deaths among white folks and in the U.S

250 00:13:26.020 --> 00:13:29.330 far exceed those of other folks.

251 00:13:29.330 --> 00:13:32.220 And in fact, among people of color,

252 00:13:32.220 --> 00:13:35.570 overdose rates are rising quite dramatically

253 00:13:35.570 --> 00:13:38.710 and among indigenous folks remain incredibly high

254 00:13:38.710 --> 00:13:42.320 and in fact the highest of any population.

255 00:13:42.320 --> 00:13:44.930 And so I think, you know, this is just a point

256 00:13:44.930 --> 00:13:47.300 to emphasize because we'll cycle back to this

257 00:13:47.300 --> 00:13:51.120 in that when emphasizing, you know, deaths of despair,

258 00:13:51.120 --> 00:13:53.220 it's to foreground that the broader range

259 00:13:53.220 --> 00:13:58.220 of structural inequities that certainly drove to some extent

260 00:13:59.660 --> 00:14:01.180 heightened overdose mortality

261 00:14:01.180 --> 00:14:04.170 among specifically poor white folks.

262 00:14:04.170 --> 00:14:06.050 These have had longstanding

263 00:14:06.050 --> 00:14:10.780 and severe disproportionate impacts on communities of color.

264 00:14:10.780 --> 00:14:14.020 So things from policing to impacts of hosing

265 00:14:14.020 --> 00:14:18.423 and equities and vulnerabilities, poverty, et cetera.

266 00:14:21.670 --> 00:14:23.670 So I mentioned the specific research context

267 00:14:23.670 --> 00:14:28.670 I'm gonna be focusing on is in Vancouver, Canada.

268 00:14:29.110 --> 00:14:31.870 So Vancouver is located in British Columbia, Canada.

269 00:14:31.870 --> 00:14:35.170 And it's commonly, you know, when you hear about Vancouver,

270 00:14:35.170 --> 00:14:37.950 you frankly commonly hear about, you know,

271 00:14:37.950 --> 00:14:39.200 two things at this point.

272 00:14:39.200 --> 00:14:43.230 One is frankly, a severe overdose crisis,

273 00:14:43.230 --> 00:14:45.140 but it's long been characterized

274 00:14:45.140 --> 00:14:47.180 as one of the world's most livable cities.

275 00:14:47.180 --> 00:14:51.520 Kind of nested between the Pacific ocean and the mountains

276 00:14:53.260 --> 00:14:57.063 and in the Pacific Northwest it's, you know, beautiful.

277 00:14:58.830 --> 00:15:01.160 And that framing it's really overlooked the extent

278 00:15:01.160 --> 00:15:04.400 to which it's also a site of extreme social

279 00:15:04.400 --> 00:15:06.670 and structural inequalities.

280 00:15:06.670 --> 00:15:11.510 So the profits itself underwent a relatively rapid shift

281 00:15:11.510 --> 00:15:12.880 in the illicit drug supply.

282 00:15:12.880 --> 00:15:17.680 And it's long had a sustained heroin scene

283 00:15:18.970 --> 00:15:21.210 really stretching back decades.

284 00:15:21.210 --> 00:15:26.210 And, you know, effectively what we saw in really, you know,

285 00:15:27.000 --> 00:15:29.380 catalyzing in 2015,

286 00:15:29.380 --> 00:15:33.223 was the gradual replacement of heroin by fentanyl.

287 00:15:34.980 --> 00:15:37.163 First being sold alongside fentanyl,

288 00:15:38.090 --> 00:15:41.130 adulterated within fentanyl and then, you know,

289 00:15:41.130 --> 00:15:44.560 later becoming what one would just expect to find

290 00:15:44.560 --> 00:15:48.563 when purchasing illicit opioids in that context.

291 00:15:51.170 --> 00:15:53.990 And so this rapid escalation in overdose deaths

292 00:15:53.990 --> 00:15:57.700 led to the declaration of a public health emergency,

293 00:15:57.700 --> 00:16:00.450 which later created basically a pathway

294 00:16:00.450 --> 00:16:03.920 for the further scale-up of overdose prevention

295 00:16:03.920 --> 00:16:05.750 and response interventions.

296 00:16:05.750 --> 00:16:09.630 So Vancouver had long been side of, you know,

297 00:16:09.630 --> 00:16:13.740 I mentioned these trials looking at injectable opioids

298 00:16:13.740 --> 00:16:16.640 as an option for folks with opioid use disorder

299 00:16:16.640 --> 00:16:18.870 on through to supervise consumption

300 00:16:18.870 --> 00:16:20.743 or overdose prevention sites.

301 00:16:23.000 --> 00:16:25.510 And this emergency situation allowed these

302 00:16:25.510 --> 00:16:26.670 to be further scaled up.

303 00:16:26.670 --> 00:16:29.650 So we saw the rapid implementation, so sorry.

304 00:16:29.650 --> 00:16:33.020 So these are largely clustered in the Downtown Eastside

305 00:16:33.020 --> 00:16:37.060 which is see this bar of people always covers

306 00:16:37.060 --> 00:16:38.260 what I'm trying to find.

307 00:16:40.060 --> 00:16:44.823 This darken neighborhood toward the top of the map,

308 00:16:46.960 --> 00:16:49.680 which is about a 10 by 10 block neighborhood

309 00:16:49.680 --> 00:16:51.820 and the side of a lot of these interventions

310 00:16:51.820 --> 00:16:53.070 that I'll be speaking of.

311 00:16:58.200 --> 00:17:00.390 So this emergency order, you know,

312 00:17:00.390 --> 00:17:03.530 first activists began pushing for the opening

313 00:17:03.530 --> 00:17:04.990 or outright opening interventions

314 00:17:04.990 --> 00:17:07.610 including supervised consumption sites

315 00:17:07.610 --> 00:17:08.850 as part of the response,

316 00:17:08.850 --> 00:17:11.750 which are sites where people could use pre obtained drugs,

317 00:17:14.630 --> 00:17:17.030 which were later scaled up

318 00:17:17.030 --> 00:17:19.083 under the authority of the Province.

319 00:17:22.460 --> 00:17:24.050 Further involved the scale up

320 00:17:24.050 --> 00:17:26.540 of injectable treatment options

321 00:17:28.470 --> 00:17:32.003 and fentanyl testing strips and drug checking technologies.

322 00:17:34.720 --> 00:17:37.040 We saw the extension of these interventions

323 00:17:37.040 --> 00:17:39.130 into a variety of settings.

324 00:17:39.130 --> 00:17:41.610 So this is a shot of an emergency shelter

325 00:17:41.610 --> 00:17:44.060 that had adapted supervised consumption approaches

326 00:17:44.060 --> 00:17:47.653 into its setting to increase safety for folks staying there.

327 00:17:50.170 --> 00:17:53.070 And yet, even as these interventions were scaled up

328 00:17:53.070 --> 00:17:55.680 and, you know, public health modeling

329 00:17:55.680 --> 00:17:59.150 and other data showed a significant positive impact

330 00:17:59.150 --> 00:18:01.063 on overdose mortality.

331 00:18:02.740 --> 00:18:05.733 High rates of overdose is still persistent.

332 00:18:08.150 --> 00:18:12.350 Now certainly a large part of this

333 00:18:12.350 --> 00:18:17.350 was just the extreme shift within the drug supply

334 00:18:18.090 --> 00:18:21.350 and, you know, the fact that fentanyl

335 00:18:21.350 --> 00:18:25.580 had become the dominant opioid, later other adulterants

336 00:18:25.580 --> 00:18:27.820 entered the supply for sporadically

337 00:18:27.820 --> 00:18:30.940 and then more regularly from a tassel land

338 00:18:30.940 --> 00:18:34.700 periodically synthetic cannabinoids to occasionally Xylazine

339 00:18:34.700 --> 00:18:36.833 which is a tranquilizer.

340 00:18:38.700 --> 00:18:43.260 So there was this complex kinda mix within the local supply.

341 00:18:43.260 --> 00:18:47.280 Now, certainly a range of structural factors

342 00:18:47.280 --> 00:18:49.030 continued to drive overdoses

343 00:18:49.030 --> 00:18:52.810 in the setting, which we've looked at extensively.

344 00:18:52.810 --> 00:18:55.170 Things like policing strategies,

345 00:18:55.170 --> 00:18:57.610 which rocked in place-based and displaced people

346 00:18:57.610 --> 00:19:00.363 from overdose prevention and response interventions,

347 00:19:01.370 --> 00:19:05.010 high levels of poverty, which, you know,

348 00:19:05.010 --> 00:19:08.310 impact people's ability to manage drug use

349 00:19:08.310 --> 00:19:10.670 within the context of prohibition

350 00:19:10.670 --> 00:19:13.350 and can be a particularly dangerous mix

351 00:19:13.350 --> 00:19:16.673 in the context of a very toxic drug supply.

352 00:19:18.440 --> 00:19:21.110 On through to a range of other inequities

353 00:19:21.110 --> 00:19:25.163 that drive overdose related mortality.

354 00:19:26.040 --> 00:19:28.660 And so within this backdrop, I really cycle back

355 00:19:28.660 --> 00:19:30.050 to some of those early conversations

356 00:19:30.050 --> 00:19:31.980 that were happening within Activist Circles

357 00:19:31.980 --> 00:19:33.310 and in the sites where people

358 00:19:33.310 --> 00:19:36.470 were accessing safer places to use

359 00:19:36.470 --> 00:19:39.060 as the drug supply went sideways,

360 00:19:39.060 --> 00:19:41.670 and that was a push for safe supply.

361 00:19:41.670 --> 00:19:45.120 And so at its most basic level, you know,

362 00:19:45.120 --> 00:19:48.870 safe supplies laid out wonderfully in this concept document

363 00:19:48.870 --> 00:19:51.610 by the Canadian Association of People who Use Drugs

364 00:19:52.490 --> 00:19:54.230 which is effectively the safe supply

365 00:19:54.230 --> 00:19:56.900 refers to illegal unregulated supply of drugs

366 00:19:56.900 --> 00:19:58.600 with mind or body altering properties

367 00:19:58.600 --> 00:19:59.930 that traditionally have been accessible

368 00:19:59.930 --> 00:20:02.230 only through the illicit drug market.

369 00:20:02.230 --> 00:20:04.900 Drugs included are opioids such as heroin,

370 00:20:04.900 --> 00:20:08.063 stimulants such as cocaine and crystal methamphetamine,

371 00:20:09.360 --> 00:20:12.583 hallucinogens such as M.D.M.A and L.S.D and marijuana.

372 00:20:13.820 --> 00:20:16.530 So effectively, you know,

373 00:20:16.530 --> 00:20:21.530 what the concept of safe supply seeks to do

374 00:20:21.650 --> 00:20:24.580 is intervene mean to address overdoses

375 00:20:24.580 --> 00:20:28.570 driven by supply characterized by, you know,

376 00:20:28.570 --> 00:20:33.570 being toxic by fentanyl, high concentrations of fentanyl

377 00:20:34.660 --> 00:20:36.300 or other adulterants.

378 00:20:36.300 --> 00:20:38.360 By providing people with an alternative

379 00:20:38.360 --> 00:20:40.210 in a way that respects their agency

380 00:20:40.210 --> 00:20:42.660 and choice in relation to their drug use

381 00:20:42.660 --> 00:20:45.543 as well as the variety of ways in which people may use.

382 00:20:47.030 --> 00:20:52.030 And so this concept, you know, really came out of

383 00:20:52.800 --> 00:20:54.630 and I can't emphasize this enough,

384 00:20:54.630 --> 00:20:58.850 the work of Drug User Activists and Organizers.

385 00:20:58.850 --> 00:21:01.620 It later got pick up so here's a document

386 00:21:01.620 --> 00:21:03.870 that we've worked on at a center

387 00:21:03.870 --> 00:21:07.240 that I was asked slash still am affiliated with

388 00:21:07.240 --> 00:21:09.060 when we pick up this idea and think about it

389 00:21:09.060 --> 00:21:11.270 in the context of Compassion Club Models

390 00:21:11.270 --> 00:21:16.270 that could provide people with safer access, you know,

391 00:21:16.450 --> 00:21:20.510 and quickly this became part of a larger discussion

392 00:21:20.510 --> 00:21:23.510 happening within the academic literature.

393 00:21:23.510 --> 00:21:26.650 First as something that has a critical role

394 00:21:26.650 --> 00:21:29.440 in addressing the overdose crisis,

395 00:21:29.440 --> 00:21:32.500 on through to something that also could address harms

396 00:21:32.500 --> 00:21:35.930 driven by escalating stimulant overdoses

397 00:21:35.930 --> 00:21:37.470 that include in some cases,

398 00:21:37.470 --> 00:21:40.513 those driven by fentanyl adulterated stimulants,

399 00:21:42.530 --> 00:21:44.520 on through to, and I think one of the coauthors

400 00:21:44.520 --> 00:21:45.943 of this is on this call.

401 00:21:47.680 --> 00:21:51.020 On through to something that could play a critical role

402 00:21:51.020 --> 00:21:53.470 in responding to an escalation and overdoses

403 00:21:53.470 --> 00:21:56.810 that have happened under conditions imposed by COVID-19

404 00:21:56.810 --> 00:21:59.323 especially wherein people are injecting alone.

405 00:22:02.960 --> 00:22:05.140 And more recently on through to some,

406 00:22:05.140 --> 00:22:07.920 an approach that could, you know,

407 00:22:07.920 --> 00:22:12.530 rethink the ways in which Drug Policy operates globally

408 00:22:12.530 --> 00:22:16.740 and could effectively trace a pathway for redressing

409 00:22:16.740 --> 00:22:20.530 some of the harms caused by the war on drugs

410 00:22:20.530 --> 00:22:22.500 specifically by involving folks

411 00:22:22.500 --> 00:22:25.880 who have been disproportionately impacted

412 00:22:25.880 --> 00:22:30.670 by this in production and export to markets

413 00:22:30.670 --> 00:22:34.060 with a need for safer pharmaceutical,

414 00:22:34.060 --> 00:22:36.663 alternatives and legalize options.

415 00:22:38.750 --> 00:22:40.610 And so, you know, by and large,

416 00:22:40.610 --> 00:22:43.490 this was really just a concept circulating within circles

417 00:22:43.490 --> 00:22:45.230 as people were working behind the scenes

418 00:22:45.230 --> 00:22:46.893 as an effort to scale these up.

419 00:22:47.730 --> 00:22:51.180 But what they effectively did is extend a longstanding logic

420 00:22:51.180 --> 00:22:55.360 that, you know, opioids especially

421 00:22:55.360 --> 00:23:00.360 are part of the response to the harms of overdose.

422 00:23:01.470 --> 00:23:06.253 So certainly there's a Cochrane review.

423 00:23:07.210 --> 00:23:09.590 They really helps to establish the efficacy

424 00:23:09.590 --> 00:23:14.030 of heroin maintenance or heroin based treatment

425 00:23:14.030 --> 00:23:16.570 for folks who are heroin dependent,

426 00:23:16.570 --> 00:23:19.810 as something in this particular review

427 00:23:19.810 --> 00:23:23.690 as a kind of add on therapy to methadone,

428 00:23:23.690 --> 00:23:26.070 but that cannot reduce engagement

429 00:23:26.070 --> 00:23:29.290 with an illicit drug supply.

430 00:23:29.290 --> 00:23:32.360 On through to work that is further established

431 00:23:32.360 --> 00:23:37.360 its effectiveness in minimizing engagement

432 00:23:37.720 --> 00:23:40.360 in what often get characterized

433 00:23:40.360 --> 00:23:42.680 as social harms associated with drug use

434 00:23:45.860 --> 00:23:48.663 such as engagement in criminal activity, et cetera,

435 00:23:50.110 --> 00:23:53.520 and certainly further trial work that is even established it

436 00:23:53.520 --> 00:23:55.690 as potentially superior to methadone

437 00:23:55.690 --> 00:23:57.830 for the treatment of opioid use.

438 00:23:57.830 --> 00:24:00.030 This trial in the New England Journal

439 00:24:00.900 --> 00:24:05.500 finding it effectively to be superior for folks

440 00:24:06.620 --> 00:24:09.130 who had not previously benefited from methadone,

441 00:24:09.130 --> 00:24:12.210 on through to more recent work,

442 00:24:12.210 --> 00:24:14.250 through a trial where they compared heroin

443 00:24:14.250 --> 00:24:18.113 to hydromorphone further establishing that as an Option.

444 00:24:19.340 --> 00:24:22.810 And so effectively, you know, people are bringing up this

445 00:24:22.810 --> 00:24:25.780 and pushing for this, this need for a shift

446 00:24:25.780 --> 00:24:30.610 toward access to better regulated safer opioids.

447 00:24:30.610 --> 00:24:34.870 And so, you know, eventually we saw programs implemented

448 00:24:34.870 --> 00:24:36.603 on a pilot level,

449 00:24:38.320 --> 00:24:40.630 which is partly what I'll be focusing on

450 00:24:42.280 --> 00:24:43.790 based on work that we've been doing.

451 00:24:43.790 --> 00:24:47.520 So here you see a shot of an overdose prevention site,

452 00:24:47.520 --> 00:24:49.130 the Molson overdose prevention site

453 00:24:49.130 --> 00:24:51.383 in Vancouver's Downtown Eastside.

454 00:24:53.360 --> 00:24:55.470 And it implemented a program wherein

455 00:24:55.470 --> 00:24:57.180 people could be referred in through

456 00:24:57.180 --> 00:25:00.830 and were effectively followed through primary care,

457 00:25:00.830 --> 00:25:05.830 but could be effectively dispensed two mil, eight milligram

458 00:25:06.210 --> 00:25:10.220 tablets of hydromorphone to five times a day

459 00:25:10.220 --> 00:25:11.350 during the operating hours

460 00:25:11.350 --> 00:25:13.450 of the overdose prevention site,

461 00:25:13.450 --> 00:25:16.080 so as to limit their engagement

462 00:25:16.080 --> 00:25:18.060 with the illicit drug supply.

463 00:25:18.060 --> 00:25:19.940 And so you'll notice this,

464 00:25:19.940 --> 00:25:21.890 I don't know if you can see my pointer,

465 00:25:23.110 --> 00:25:27.550 but so folks would effectively come into the space

466 00:25:27.550 --> 00:25:31.090 through this door above the text box.

467 00:25:31.090 --> 00:25:33.680 And you know, this is an open overdose prevention site

468 00:25:33.680 --> 00:25:38.350 wherein folks are able to effectively ingest

469 00:25:38.350 --> 00:25:41.240 with the exception of by inhalation

470 00:25:42.360 --> 00:25:43.560 drugs that they bring in

471 00:25:43.560 --> 00:25:46.010 or if registered in this program

472 00:25:46.010 --> 00:25:48.480 associate with the Primary Care Clinic

473 00:25:48.480 --> 00:25:52.120 could effectively pick up hydromorphone dispense

474 00:25:52.120 --> 00:25:55.253 through this nursing window and use onsite.

475 00:25:59.720 --> 00:26:04.720 Now, still later further program was implemented

476 00:26:08.240 --> 00:26:10.130 really just prior to COVID hitting

477 00:26:12.620 --> 00:26:16.310 wherein people could similarly access effectively

478 00:26:16.310 --> 00:26:18.340 an equivalent amount of hydromorphone

479 00:26:19.290 --> 00:26:22.030 through a still lower threshold method

480 00:26:22.030 --> 00:26:24.590 which was effectively, I mean,

481 00:26:24.590 --> 00:26:26.670 it's basically a vending machine

482 00:26:26.670 --> 00:26:28.640 that takes a biometric reading

483 00:26:28.640 --> 00:26:31.690 wherein someone would effectively place their hand

484 00:26:31.690 --> 00:26:36.100 on the screen, and then they would be dispensed

485 00:26:37.080 --> 00:26:40.710 hydromorphone in accordance with their prescription

486 00:26:40.710 --> 00:26:42.103 and dosage schedule.

487 00:26:43.530 --> 00:26:46.520 And so this later within the context of COVID

488 00:26:46.520 --> 00:26:50.260 and the serious concerns of what, I mean,

489 00:26:50.260 --> 00:26:53.240 frankly ended up happening with an escalation of overdose

490 00:26:54.480 --> 00:26:57.940 into prescribing guidance documents

491 00:26:57.940 --> 00:27:00.410 for the Province of British Columbia

492 00:27:00.410 --> 00:27:03.190 to further allow providers

493 00:27:03.190 --> 00:27:06.940 to outright prescribe hydromorphone

494 00:27:06.940 --> 00:27:09.547 and then also Dexedrine and mesocolon

495 00:27:09.547 --> 00:27:13.340 to folks for the purposes of

496 00:27:13.340 --> 00:27:15.790 still further limiting potential engagement

497 00:27:15.790 --> 00:27:17.860 with a drug supply that, you know,

498 00:27:17.860 --> 00:27:21.113 certainly in the lead up to COVID had become even more,

499 00:27:23.720 --> 00:27:25.070 I mean, I wanna say erratic,

500 00:27:25.070 --> 00:27:26.890 but there's certainly much more direct language

501 00:27:26.890 --> 00:27:29.453 I could use to to characterize what was happening.

502 00:27:31.270 --> 00:27:33.500 And the deep concern about, you know,

503 00:27:33.500 --> 00:27:35.210 an escalation of overdose deaths

504 00:27:35.210 --> 00:27:37.843 that you know, frankly has subsequently born out.

505 00:27:39.290 --> 00:27:41.010 And so I'm gonna really talk about

506 00:27:41.010 --> 00:27:43.940 some of the work we've done, looking at the implementation

507 00:27:43.940 --> 00:27:47.770 and effectiveness of these programs for folks

508 00:27:47.770 --> 00:27:49.840 drawing on Ethnographic Fieldwork

509 00:27:49.840 --> 00:27:51.920 and qualitative interviews.

510 00:27:51.920 --> 00:27:54.710 And so that site, the most, an overdose prevention site,

511 00:27:54.710 --> 00:27:56.910 implementing the hydromorphone distribution program.

512 00:27:56.910 --> 00:28:00.620 So we've done extensive ethnographic fieldwork at that site,

513 00:28:00.620 --> 00:28:02.330 including with a specific focus

514 00:28:02.330 --> 00:28:04.503 on the hydromorphone distribution program.

515 00:28:05.650 --> 00:28:08.550 Observing its operation, spending time around it,

516 00:28:08.550 --> 00:28:11.590 interacting with folks, accessing or trying to access it

517 00:28:11.590 --> 00:28:13.430 to get a sense of how it both fits

518 00:28:13.430 --> 00:28:16.800 into people's daily routines and lives

519 00:28:16.800 --> 00:28:18.930 and its impacts on them.

520 00:28:18.930 --> 00:28:19.990 And then alongside that,

521 00:28:19.990 --> 00:28:22.540 we were effectively interviewing as many folks as we could

522 00:28:22.540 --> 00:28:24.350 enroll through that program

523 00:28:26.710 --> 00:28:28.780 to get a further sense of its impacts.

524 00:28:28.780 --> 00:28:32.390 Now we started these interviews and then COVID hit

525 00:28:32.390 --> 00:28:36.400 so our followup rate certainly dropped down.

526 00:28:36.400 --> 00:28:39.390 We interviewed 42 of the then 69 folks

527 00:28:39.390 --> 00:28:42.100 who had been enrolled in the program

528 00:28:42.100 --> 00:28:46.830 and I wanna say we got 16 for followup

529 00:28:48.720 --> 00:28:52.320 before suspending activities due to due to COVID.

530 00:28:52.320 --> 00:28:53.270 And then alongside that,

531 00:28:53.270 --> 00:28:56.420 we've more recently been doing interviews with folks

532 00:28:56.420 --> 00:29:01.420 we're at 22 right now, accessing safe supply

533 00:29:01.540 --> 00:29:03.870 through the risk mitigation guidelines,

534 00:29:03.870 --> 00:29:05.853 implemented post-COVID.

535 00:29:08.910 --> 00:29:11.410 And so what really concerned with

536 00:29:11.410 --> 00:29:15.010 in this work is how broader factors

537 00:29:15.010 --> 00:29:17.900 are impacting the implementation of the program.

538 00:29:17.900 --> 00:29:20.620 So how dynamics within the risk environments

539 00:29:20.620 --> 00:29:22.630 of folks who use drugs.

540 00:29:22.630 --> 00:29:27.400 So this complex assemblage of social, physical, economic

541 00:29:29.130 --> 00:29:32.210 and policy factors that shape the situations

542 00:29:32.210 --> 00:29:34.390 or settings in which people use drugs

543 00:29:34.390 --> 00:29:39.100 including their ability to access safe supply.

544 00:29:39.100 --> 00:29:42.720 And then further considering differential impacts

545 00:29:45.880 --> 00:29:47.200 on folks who use drugs

546 00:29:47.200 --> 00:29:49.620 on the basis of their social position.

547 00:29:49.620 --> 00:29:53.720 So how relational aspects of their identities,

548 00:29:53.720 --> 00:29:56.220 experiences and positions on the basis of things,

549 00:29:56.220 --> 00:30:00.680 like age, class, sexuality, gender, race, ability,

550 00:30:00.680 --> 00:30:04.280 citizenship status, kind of act in relation

551 00:30:04.280 --> 00:30:05.750 to these broader sets of factors

552 00:30:05.750 --> 00:30:06.760 within the risk environment

553 00:30:06.760 --> 00:30:09.343 to shape their specific sets of experiences.

554 00:30:19.130 --> 00:30:22.640 And so I'll be sharing some findings from the first round

555 00:30:22.640 --> 00:30:24.063 on the Molson risk prevention site,

556 00:30:24.063 --> 00:30:25.670 as well as emerging findings

557 00:30:25.670 --> 00:30:26.700 based on the work we've been doing

558 00:30:26.700 --> 00:30:28.453 on the Risk Mitigation Guidelines.

559 00:30:29.860 --> 00:30:30.693 And so the first thing

560 00:30:30.693 --> 00:30:33.100 and I can't emphasize emphasize this enough

561 00:30:33.100 --> 00:30:36.850 because it became certainly a thing

562 00:30:36.850 --> 00:30:39.740 that impacted how we thought about these programs early on.

563 00:30:39.740 --> 00:30:41.390 And that quite simply was the question

564 00:30:41.390 --> 00:30:42.630 of whether or not these programs

565 00:30:42.630 --> 00:30:46.083 can attract folks who use drugs.

566 00:30:47.040 --> 00:30:48.780 And what we effectively found

567 00:30:48.780 --> 00:30:51.170 is that people are highly motivated

568 00:30:51.170 --> 00:30:54.770 to access alternatives to the illicit drug supply.

569 00:30:54.770 --> 00:30:57.540 And low threshold access to pharmaceutical alternatives

570 00:30:57.540 --> 00:31:01.130 in particular, can reduce their potential exposure

571 00:31:01.130 --> 00:31:04.990 to fentanyl and other adulterants.

572 00:31:04.990 --> 00:31:08.730 So effectively, what we found is that people

573 00:31:08.730 --> 00:31:11.000 would often describe their motivation

574 00:31:11.000 --> 00:31:13.990 for accessing the program as being specifically driven

575 00:31:13.990 --> 00:31:17.770 by concerns with the illicit drug supply.

576 00:31:17.770 --> 00:31:20.120 So there have at times been narratives

577 00:31:20.120 --> 00:31:21.610 around fentanyl seeking

578 00:31:21.610 --> 00:31:24.693 within the context of the overdose crisis.

579 00:31:25.690 --> 00:31:27.300 And while people's use of fentanyl

580 00:31:27.300 --> 00:31:32.010 was exceedingly complex shaped by opioid tolerance,

581 00:31:32.010 --> 00:31:34.553 environmental conditions and exposure,

582 00:31:35.560 --> 00:31:38.070 we found that people had deep concerns

583 00:31:38.070 --> 00:31:42.090 about potentially being exposed to drugs

584 00:31:42.090 --> 00:31:44.040 that contained more fentanyl

585 00:31:44.040 --> 00:31:46.760 than they might expect an air ago,

586 00:31:46.760 --> 00:31:49.490 heightening their potential risk of overdose

587 00:31:51.450 --> 00:31:52.995 as well as other adulterants

588 00:31:52.995 --> 00:31:54.823 that were showing up in the supply.

589 00:31:57.520 --> 00:31:59.860 And People in turn reported that they

590 00:31:59.860 --> 00:32:01.540 in accessing this program,

591 00:32:01.540 --> 00:32:04.860 weren't as reliant on accessing the drug supply.

592 00:32:04.860 --> 00:32:08.810 Now one of our participants put it as such.

593 00:32:08.810 --> 00:32:12.200 Now I'm on this hydromorphone program.

594 00:32:12.200 --> 00:32:14.230 It's changing my drug use a lot actually.

595 00:32:14.230 --> 00:32:17.010 Like I went from using fentanyl five to 10 times a day

596 00:32:17.010 --> 00:32:18.550 to using once a day.

597 00:32:18.550 --> 00:32:21.490 So in the last month I've gone down to just once a day,

598 00:32:21.490 --> 00:32:23.990 twice a day, and that's good.

599 00:32:23.990 --> 00:32:27.700 So certainly, and I'll touch on this in a bit

600 00:32:27.700 --> 00:32:29.590 within the context of, you know,

601 00:32:29.590 --> 00:32:32.140 programs operating within a limited time-frame

602 00:32:32.140 --> 00:32:33.360 around the operating hours

603 00:32:33.360 --> 00:32:35.650 of the overdose prevention site,

604 00:32:35.650 --> 00:32:37.630 and certainly people's lives were complex

605 00:32:37.630 --> 00:32:39.810 and would sometimes place them

606 00:32:39.810 --> 00:32:41.440 in places where they couldn't access it

607 00:32:41.440 --> 00:32:42.410 when needing to use.

608 00:32:42.410 --> 00:32:45.390 People nonetheless reported that they were using

609 00:32:48.100 --> 00:32:52.160 illicit drugs less often because they had an alternative

610 00:32:52.160 --> 00:32:56.040 and that they saw this as a chief benefit of the program.

611 00:32:56.040 --> 00:32:59.660 Now, alongside this motivation that people had

612 00:32:59.660 --> 00:33:03.970 to access the program, certainly we observed demand

613 00:33:03.970 --> 00:33:07.630 far exceeding the ability of the site

614 00:33:07.630 --> 00:33:09.410 and the attached Primary Care Group

615 00:33:09.410 --> 00:33:13.040 to effectively enroll people quickly enough to,

616 00:33:13.040 --> 00:33:15.070 and, you know, with sufficient capacity

617 00:33:15.070 --> 00:33:20.070 to provide support in this program.

618 00:33:20.950 --> 00:33:24.240 It wasn't unusual to be doing field work at the site

619 00:33:24.240 --> 00:33:25.650 and have someone show up

620 00:33:26.740 --> 00:33:28.590 wanting to get on the program immediately

621 00:33:28.590 --> 00:33:31.730 because they needed, you know,

622 00:33:31.730 --> 00:33:35.240 something to mitigate withdrawal experiences

623 00:33:35.240 --> 00:33:38.533 which can cause severe pain and discomfort.

624 00:33:41.069 --> 00:33:44.520 And you know, who yet weren't able to enroll at that time.

625 00:33:44.520 --> 00:33:48.260 So certainly, you know, people want it on this.

626 00:33:48.260 --> 00:33:50.840 They wanted to reduce their exposure to fentanyl

627 00:33:50.840 --> 00:33:53.303 and the program couldn't keep up with demand.

628 00:33:56.410 --> 00:34:01.410 Now certainly we found that access to a reliable supply

629 00:34:02.080 --> 00:34:05.370 of pharmaceutical alternatives to the illicit drug supply,

630 00:34:05.370 --> 00:34:07.300 enabled people to minimize their engagement

631 00:34:07.300 --> 00:34:08.793 in drug scene activities.

632 00:34:10.440 --> 00:34:12.960 It also helped them establish drug use routines

633 00:34:12.960 --> 00:34:16.590 that help them to maintain their health and well-being.

634 00:34:16.590 --> 00:34:19.743 And so specifically, you know,

635 00:34:21.410 --> 00:34:24.580 people didn't have to generate the income or funds

636 00:34:24.580 --> 00:34:26.150 that they often would have to

637 00:34:26.150 --> 00:34:29.490 through informal or illegal income generation

638 00:34:29.490 --> 00:34:32.600 so as to purchase illicit opioids

639 00:34:32.600 --> 00:34:34.700 within the local drugs scene.

640 00:34:34.700 --> 00:34:36.660 And so people really emphasize

641 00:34:36.660 --> 00:34:39.950 the positive impact on their lives, both in terms of

642 00:34:39.950 --> 00:34:44.093 and especially for folks who are racialized or minoritized,

643 00:34:46.250 --> 00:34:48.660 how this limited their potential exposure

644 00:34:48.660 --> 00:34:50.910 or engagement with police

645 00:34:50.910 --> 00:34:55.910 and further engagement in carceral systems.

646 00:34:57.870 --> 00:35:01.210 Especially for women who are accessing the program

647 00:35:01.210 --> 00:35:03.570 they really emphasized in many cases

648 00:35:03.570 --> 00:35:07.760 that they were able to reduce or, you know,

649 00:35:07.760 --> 00:35:11.320 effectively stop engagement with sex work

650 00:35:14.020 --> 00:35:16.010 which for many was driven by their need

651 00:35:16.010 --> 00:35:21.010 to generate money to maintain their opioid use

652 00:35:22.770 --> 00:35:25.303 within the context of drug prohibition.

653 00:35:28.400 --> 00:35:31.130 One of our participants put it quite directly, you know,

654 00:35:31.130 --> 00:35:34.030 when I used to run out of money, I would do crime, right?

655 00:35:34.030 --> 00:35:34.863 So that stopped.

656 00:35:34.863 --> 00:35:36.150 I'm not running out of money

657 00:35:36.150 --> 00:35:38.300 because this hydromorphone is free, right?

658 00:35:38.300 --> 00:35:39.780 That's a big bonus for me.

659 00:35:39.780 --> 00:35:43.200 I don't have to decide between eating and doing dope, right?

660 00:35:43.200 --> 00:35:46.263 I can do my dope here and then go eat, it's working fine.

661 00:35:47.390 --> 00:35:50.670 And you know, this further really hits on the point

662 00:35:50.670 --> 00:35:52.550 that, you know, people talked about, you know,

663 00:35:52.550 --> 00:35:55.440 the extreme time and energy

664 00:35:55.440 --> 00:35:58.590 and work that goes into managing opioid use

665 00:35:58.590 --> 00:36:00.980 within the context of severe poverty

666 00:36:00.980 --> 00:36:03.630 and the war on drugs, you know,

667 00:36:03.630 --> 00:36:06.310 effectively meant that people had to make these trade offs.

668 00:36:06.310 --> 00:36:08.610 And so people were better able to attend to things

669 00:36:08.610 --> 00:36:10.160 that were critical to their health and well-being

670 00:36:10.160 --> 00:36:11.783 like quite simply eating.

671 00:36:13.980 --> 00:36:16.180 You know, and benefit for many people,

672 00:36:16.180 --> 00:36:18.710 so a number of people were what we might consider

673 00:36:18.710 --> 00:36:20.650 orphan pain patients who had previously

674 00:36:20.650 --> 00:36:24.240 been on long-term opioid therapies before being cut off.

675 00:36:24.240 --> 00:36:26.310 And a lot of these folks would specifically

676 00:36:26.310 --> 00:36:29.270 emphasize the positive impacts on pain management

677 00:36:29.270 --> 00:36:32.683 to have routine access to opioids.

678 00:36:34.723 --> 00:36:37.340 So this one person started accessing the program

679 00:36:37.340 --> 00:36:42.340 and injecting before moving to oral ingestion.

680 00:36:42.780 --> 00:36:43.890 So I was doing the injections,

681 00:36:43.890 --> 00:36:44.950 but now I'm doing the oral

682 00:36:44.950 --> 00:36:47.400 which is two pills I get of Dilaudid

683 00:36:47.400 --> 00:36:48.620 and it helps me with pain.

684 00:36:48.620 --> 00:36:51.794 The last time I was in hospital, I got some oral Dilaudid

685 00:36:51.794 --> 00:36:53.000 and I liked it, it helped me a lot.

686 00:36:53.000 --> 00:36:54.680 So I was looking forward to it.

687 00:36:54.680 --> 00:36:55.940 I thought I'd like the injections,

688 00:36:55.940 --> 00:36:58.120 but it turns out I liked the oral better.

689 00:36:58.120 --> 00:37:01.580 And so this was a common sentiment in that, you know,

690 00:37:01.580 --> 00:37:03.970 people reported severe chronic,

691 00:37:03.970 --> 00:37:06.990 and in some cases acute pain that they further felt

692 00:37:06.990 --> 00:37:10.273 that this program was critical in helping them manage.

693 00:37:12.360 --> 00:37:15.100 Now certainly the one thing that we found,

694 00:37:15.100 --> 00:37:20.100 so, you know, if we think back to that Canadian Association

695 00:37:20.330 --> 00:37:23.030 of People who Use Drugs, framing, you know,

696 00:37:23.030 --> 00:37:25.970 what we're effectively talking about as a regulated

697 00:37:25.970 --> 00:37:29.480 or legal market for drugs as an alternative,

698 00:37:29.480 --> 00:37:31.320 and yet both in terms of this

699 00:37:31.320 --> 00:37:33.290 hydromorphone distribution program

700 00:37:33.290 --> 00:37:36.653 and still later the risk mitigation guidelines,

701 00:37:38.170 --> 00:37:41.800 you know, these are being delivered through Primary Care.

702 00:37:41.800 --> 00:37:45.660 And what we've effectively found is that the medicalization

703 00:37:45.660 --> 00:37:47.200 of approaches to safe supply

704 00:37:47.200 --> 00:37:50.690 has actually constrained the effectiveness of this approach.

705 00:37:50.690 --> 00:37:52.580 And it's done this in a number of ways

706 00:37:52.580 --> 00:37:56.460 both through misaligning the intervention design

707 00:37:56.460 --> 00:37:58.393 and the underpinning philosophy.

708 00:38:00.130 --> 00:38:02.410 And, you know, subsequent to that,

709 00:38:02.410 --> 00:38:04.363 not fully meeting people's needs.

710 00:38:06.030 --> 00:38:08.030 And so there's really kind of three points here

711 00:38:08.030 --> 00:38:09.510 that I like to emphasize.

712 00:38:09.510 --> 00:38:13.250 So first is that, you know, primarily

713 00:38:13.250 --> 00:38:15.070 and especially opioid prescribing

714 00:38:15.070 --> 00:38:16.720 within the context of these programs

715 00:38:16.720 --> 00:38:19.390 has had an emphasis on withdrawal management.

716 00:38:19.390 --> 00:38:21.580 That is effectively prescribing people

717 00:38:21.580 --> 00:38:25.090 on amount that isn't necessarily aligned

718 00:38:25.090 --> 00:38:30.090 or kind of a match for the level of illicit opioids

719 00:38:30.180 --> 00:38:33.760 that they're using especially within the context of fentanyl

720 00:38:33.760 --> 00:38:35.960 and fentanyl injecting.

721 00:38:35.960 --> 00:38:39.730 And people often, you know, reported that

722 00:38:39.730 --> 00:38:42.120 what they'd received was effectively enough to

723 00:38:42.120 --> 00:38:44.240 you know, in some cases, you know,

724 00:38:44.240 --> 00:38:46.860 mostly if not totally allow them

725 00:38:46.860 --> 00:38:50.163 to not experience dope sickness.

726 00:38:51.130 --> 00:38:53.160 But not necessarily get the high

727 00:38:53.160 --> 00:38:54.960 that they may be looking for.

728 00:38:54.960 --> 00:38:57.240 And certainly there's deep questions

729 00:38:57.240 --> 00:39:00.840 of agency and choice in the context of substance use

730 00:39:00.840 --> 00:39:05.600 that this raises in so far as, and especially

731 00:39:05.600 --> 00:39:09.300 within the context of severe social suffering, you know,

732 00:39:09.300 --> 00:39:11.970 the pleasure associated with drugs is something

733 00:39:11.970 --> 00:39:15.170 that warrants attention and, you know,

734 00:39:15.170 --> 00:39:18.040 maybe should prompt us to rethink our approach

735 00:39:18.040 --> 00:39:20.070 to prescribing, so as to allow people

736 00:39:20.070 --> 00:39:22.273 to have experiences that they may wish for.

737 00:39:24.330 --> 00:39:27.763 Second enrollment is not meeting demands.

738 00:39:29.160 --> 00:39:30.750 We saw this both in the context

739 00:39:30.750 --> 00:39:33.430 of the hydromorphone distribution program

740 00:39:33.430 --> 00:39:36.070 wherein people were routinely showing up

741 00:39:36.070 --> 00:39:39.830 hoping to get on the program, you know,

742 00:39:39.830 --> 00:39:42.430 being in withdraw and subsequent to that

743 00:39:42.430 --> 00:39:45.610 at an extreme risk of purchasing illicit opioids

744 00:39:45.610 --> 00:39:49.460 and using within context that may heighten

745 00:39:49.460 --> 00:39:53.150 their potential risk of overdose,

746 00:39:53.150 --> 00:39:56.283 having to rush injecting or not do a test for a shot.

747 00:39:59.660 --> 00:40:03.650 And effectively the program needed scale up

748 00:40:05.140 --> 00:40:08.440 to meet the severe demand for the program.

749 00:40:08.440 --> 00:40:10.910 And then second, you know, within the context

750 00:40:10.910 --> 00:40:13.770 of the implementation of risk mitigation guidelines,

751 00:40:13.770 --> 00:40:16.410 you know, what we've effectively see is

752 00:40:17.370 --> 00:40:20.630 you know, the number of people on the program

753 00:40:20.630 --> 00:40:22.710 is only a small fraction of the number of folks

754 00:40:22.710 --> 00:40:24.550 who may be eligible.

755 00:40:24.550 --> 00:40:27.380 And so within the context of a drug supply

756 00:40:27.380 --> 00:40:30.480 that's gone further sideways, especially with the estazolam,

757 00:40:30.480 --> 00:40:34.180 which is a benzo showing up in addition to fentanyl

758 00:40:34.180 --> 00:40:36.240 within the illicit opioids supply,

759 00:40:36.240 --> 00:40:38.853 a rapid escalation of overdose deaths.

760 00:40:39.830 --> 00:40:42.850 And so enrollment, I believe is hovering around

761 00:40:42.850 --> 00:40:46.210 three and a half to 4,000 right now,

762 00:40:46.210 --> 00:40:49.190 where there's a potentially up to 70,000 people

763 00:40:49.190 --> 00:40:52.460 in the Province who may be eligible for the program.

764 00:40:52.460 --> 00:40:55.110 And so certainly in the interviews

765 00:40:55.110 --> 00:40:56.330 that we've been doing with people

766 00:40:56.330 --> 00:40:57.900 about their experiences of getting on

767 00:40:57.900 --> 00:41:00.780 or trying to get on this program, we're finding that people

768 00:41:00.780 --> 00:41:03.490 are encountering Primary Care Providers

769 00:41:05.640 --> 00:41:08.790 unwilling to pick up these guidance documents

770 00:41:08.790 --> 00:41:13.540 and provide them with alternatives to a toxic drug supply.

771 00:41:13.540 --> 00:41:18.540 And while certainly it is important that, you know,

772 00:41:18.800 --> 00:41:21.490 treatment options be made available, you know,

773 00:41:21.490 --> 00:41:25.560 for those not wanting to go on those, you know,

774 00:41:25.560 --> 00:41:29.713 they're really being put in a horrible risk.

775 00:41:30.840 --> 00:41:32.750 Finally, you know, the majority of folks

776 00:41:32.750 --> 00:41:37.510 who've been accessing through the Risk Mitigation Guidelines

777 00:41:37.510 --> 00:41:40.100 have, you know, effectively been required

778 00:41:40.100 --> 00:41:43.703 to pick up their drugs in the pharmacy every day.

779 00:41:44.790 --> 00:41:47.640 And so this has raised concerns for people

780 00:41:47.640 --> 00:41:48.770 both within the context

781 00:41:48.770 --> 00:41:51.660 of managing potential exposure to COVID.

782 00:41:51.660 --> 00:41:55.670 As you know, I think we collectively know, you know,

783 00:41:55.670 --> 00:41:59.470 COVID has disproportionately impacted vulnerable communities

784 00:41:59.470 --> 00:42:01.120 and especially folks who use drugs,

785 00:42:01.120 --> 00:42:03.430 grappling with multiple other structural vulnerabilities,

786 00:42:03.430 --> 00:42:08.330 including, you know, housing vulnerability and poverty

787 00:42:08.330 --> 00:42:11.140 as well as, you know, racial discrimination

788 00:42:11.140 --> 00:42:13.700 within a variety of systems.

789 00:42:13.700 --> 00:42:17.470 And so these placed a burden on people that, you know,

790 00:42:17.470 --> 00:42:19.560 what's concerning within the context of COVID

791 00:42:19.560 --> 00:42:22.943 but was also difficult to meet at times, given, you know,

792 00:42:23.970 --> 00:42:26.943 just all of the other things happening in people's lives.

793 00:42:28.190 --> 00:42:31.370 And so certainly, you know, we've gone

794 00:42:31.370 --> 00:42:35.920 from a model originally envisioned it is quite flexible

795 00:42:35.920 --> 00:42:38.170 and low threshold to one that, you know,

796 00:42:38.170 --> 00:42:40.350 still while representing an advance

797 00:42:40.350 --> 00:42:44.090 in available interventions for

798 00:42:44.090 --> 00:42:46.210 in the context of the overdose crisis

799 00:42:46.210 --> 00:42:49.010 this still might have thresholds that exceed that

800 00:42:49.010 --> 00:42:50.560 which people were able to meet.

801 00:42:51.820 --> 00:42:53.830 And so if folks are interested in learning more,

802 00:42:53.830 --> 00:42:55.710 we published a couple of papers already

803 00:42:55.710 --> 00:42:57.210 based on the work

804 00:42:58.340 --> 00:43:00.760 around the hydromorphone distribution program

805 00:43:00.760 --> 00:43:05.760 at the Molson overdose prevention site, you know.

806 00:43:06.100 --> 00:43:08.020 And just to cycle back.

807 00:43:08.020 --> 00:43:12.980 So, you know, we're effectively in an era

808 00:43:12.980 --> 00:43:17.980 characterized by severe overdose related mortality,

809 00:43:18.130 --> 00:43:22.190 driven by a toxic drug supply associated with fentanyl

810 00:43:22.190 --> 00:43:23.510 and other adulterants.

811 00:43:23.510 --> 00:43:26.050 You know Connecticut is an example, you know,

812 00:43:26.050 --> 00:43:31.050 13% of overdose deaths involved Xylazine in 2020.

813 00:43:31.660 --> 00:43:33.860 And certainly this raises concerns

814 00:43:33.860 --> 00:43:36.870 about how can we effectively intervene.

815 00:43:36.870 --> 00:43:39.320 Now, certainly the further scale up

816 00:43:39.320 --> 00:43:41.240 of evidence-based treatment options

817 00:43:41.240 --> 00:43:43.370 and medications for opioid use disorder

818 00:43:43.370 --> 00:43:46.180 like buprenorphine and methadone,

819 00:43:46.180 --> 00:43:48.710 represent aN important priority.

820 00:43:48.710 --> 00:43:51.970 I think we also need to start asking ourselves, you know,

821 00:43:51.970 --> 00:43:55.770 what are we doing for folks who aren't able to access these

822 00:43:55.770 --> 00:43:59.260 or don't have interest in accessing these treatment options?

823 00:43:59.260 --> 00:44:04.260 And effectively safe supply, you know, could be that thing.

824 00:44:04.690 --> 00:44:06.010 And very much 'cause I think

825 00:44:06.010 --> 00:44:08.320 the Vancouver experience points to

826 00:44:08.320 --> 00:44:12.460 is something that can work for people and is feasible.

827 00:44:12.460 --> 00:44:17.110 And certainly, you know, rather than asking ourselves

828 00:44:17.110 --> 00:44:19.570 whether we should prioritize one thing over the other,

829 00:44:19.570 --> 00:44:23.300 you know, we're losing tens of thousands of people a year.

830 00:44:23.300 --> 00:44:26.450 And I think what we effectively need to reflect back on

831 00:44:26.450 --> 00:44:29.880 is within the context of such severe suffering

832 00:44:32.200 --> 00:44:34.900 and loss, you know.

833 00:44:34.900 --> 00:44:38.200 We need to be doing everything that we can, and, you know,

834 00:44:38.200 --> 00:44:42.350 this represents one potential pathway forward

835 00:44:42.350 --> 00:44:47.350 specifically important for folks whom if not on methadone

836 00:44:47.810 --> 00:44:50.410 or not on buprenorphine, you know,

837 00:44:50.410 --> 00:44:53.830 right now in the U.S have no other options

838 00:44:53.830 --> 00:44:57.760 than to to roll the dice each time they purchase and use

839 00:44:57.760 --> 00:44:59.123 and hope that, you know,

840 00:45:00.320 --> 00:45:02.220 this isn't the time that they go down.

841 00:45:03.320 --> 00:45:06.480 So with that, I'm happy to answer any questions

842 00:45:06.480 --> 00:45:10.340 and thank you for joining and especially sitting

843 00:45:11.278 --> 00:45:14.830 through this with me on a zoom presentation

844 00:45:14.830 --> 00:45:16.923 which I know can be brutal.

845 00:45:20.660 --> 00:45:21.853 <v ->Any questions.</v>

846 00:45:42.730 --> 00:45:45.463 <v Lauretta>I'll ask a couple of questions then.</v>

847 00:45:46.610 --> 00:45:48.930 So thank you very much,

848 00:45:48.930 --> 00:45:53.093 it was a very interesting presentation

849 00:45:54.040 --> 00:45:56.433 and an exciting place to be.

850 00:45:57.460 --> 00:45:59.480 I was wondering a couple of things

851 00:45:59.480 --> 00:46:04.480 with the kind of routinizing of the user's day

852 00:46:04.680 --> 00:46:09.040 in having to go and get their hydromorphone, you know,

853 00:46:09.040 --> 00:46:14.040 on a regular basis, the increased womanizing of their day

854 00:46:16.050 --> 00:46:21.050 might empower them to perhaps aspire

855 00:46:21.240 --> 00:46:25.560 to entering some kind of methadone

856 00:46:25.560 --> 00:46:28.270 or buprenorphine treatment.

857 00:46:28.270 --> 00:46:31.230 So I was wondering, are you tracking entry

858 00:46:31.230 --> 00:46:34.410 into some sort of M.A.T program

859 00:46:34.410 --> 00:46:38.680 and kind of a sub-question to that is

860 00:46:38.680 --> 00:46:42.110 do they have expedited access

861 00:46:42.110 --> 00:46:46.870 for being, you know, in this hydromorphone program?

862 00:46:46.870 --> 00:46:49.440 Do they have an expedited access

863 00:46:49.440 --> 00:46:54.133 into M.H.E if they choose to enter?

864 00:46:56.240 --> 00:46:58.600 <v ->Yeah, so I'll answer the second part first,</v>

865 00:46:58.600 --> 00:47:00.530 and then jump to the first.

866 00:47:00.530 --> 00:47:04.540 So, you know, one of the great things about Vancouver

867 00:47:04.540 --> 00:47:08.090 is the settings effectively, you know,

868 00:47:08.090 --> 00:47:11.620 if you wanna be on methadone or Suboxone

869 00:47:11.620 --> 00:47:13.530 like it's gonna happen on the spot.

870 00:47:13.530 --> 00:47:16.050 There's a number of low threshold clinics

871 00:47:16.050 --> 00:47:18.640 that effectively someone shows up

872 00:47:18.640 --> 00:47:20.583 they'll work to get them inducted.

873 00:47:22.930 --> 00:47:27.390 So, you know, while folks could wanna do that

874 00:47:27.390 --> 00:47:31.490 that wasn't necessarily a pathway that we see

875 00:47:31.490 --> 00:47:33.323 now with that.

876 00:47:33.323 --> 00:47:36.090 You know, one of the exciting things about Canada

877 00:47:36.090 --> 00:47:39.310 is there's just a greater range of treatments available

878 00:47:39.310 --> 00:47:41.080 for opioid use disorder.

879 00:47:41.080 --> 00:47:42.820 So there's national guidelines

880 00:47:42.820 --> 00:47:44.920 for the treatment of opioid use disorder

881 00:47:44.920 --> 00:47:49.820 that include, you know, Suboxone as a first-line treatment,

882 00:47:49.820 --> 00:47:53.980 then, you know, methadone, then slow-release oral morphine,

883 00:47:53.980 --> 00:47:56.630 then, you know, injectable hydromorphone

884 00:47:56.630 --> 00:47:59.240 as part of a structured treatment program.

885 00:47:59.240 --> 00:48:03.870 And what we would often see is less someone transitioning

886 00:48:03.870 --> 00:48:08.180 from a safe supply program onto Suboxone or methadone

887 00:48:08.180 --> 00:48:12.700 and more see them transitioning onto a slow release

888 00:48:12.700 --> 00:48:17.080 or morphine or moving into or quite often just between,

889 00:48:17.080 --> 00:48:19.410 depending on what worked for them at the time,

890 00:48:19.410 --> 00:48:21.490 the more structured injectable

891 00:48:21.490 --> 00:48:23.620 hydromorphone treatment program.

892 00:48:23.620 --> 00:48:26.870 And so, you know, frankly, I think it really also flips

893 00:48:26.870 --> 00:48:29.010 how we might think about the continuum

894 00:48:29.010 --> 00:48:31.840 of treatment options available to people.

895 00:48:31.840 --> 00:48:35.000 And so we've run a series of kind of interlocking

896 00:48:35.000 --> 00:48:37.340 a longitudinal ethnographic projects,

897 00:48:37.340 --> 00:48:41.870 looking at these broader treatments available

898 00:48:41.870 --> 00:48:45.200 within the local context in Vancouver.

899 00:48:45.200 --> 00:48:47.200 And, you know, we effectively find

900 00:48:47.200 --> 00:48:49.360 that people move between them

901 00:48:49.360 --> 00:48:51.390 and not with the directionality

902 00:48:51.390 --> 00:48:53.580 assumed by the treatment guidelines

903 00:48:53.580 --> 00:48:57.330 wherein someone, you know, try Suboxone moves to methadone

904 00:48:57.330 --> 00:48:59.880 maybe tries kadian or an injectable,

905 00:48:59.880 --> 00:49:03.510 but more so they'll maybe start on a safe supply,

906 00:49:03.510 --> 00:49:08.090 move to injectable hydromorphone, then onto Kadian,

907 00:49:08.090 --> 00:49:11.280 and then, you know, maybe onto methadone at that point.

908 00:49:11.280 --> 00:49:13.590 But all of this is to say the people's trajectories

909 00:49:13.590 --> 00:49:17.810 are just really, really diverse and shaped often

910 00:49:17.810 --> 00:49:21.970 by what they both hope to get out of treatment

911 00:49:21.970 --> 00:49:25.453 and what their preferences are around drug use itself.

912 00:49:28.390 --> 00:49:30.830 The key thing that tended to more drive it for people

913 00:49:30.830 --> 00:49:34.840 is if folks just didn't want to be injecting anymore.

914 00:49:34.840 --> 00:49:38.930 And certainly the oral therapies that weren't just Suboxone

915 00:49:38.930 --> 00:49:40.870 or methadone were incredibly helpful

916 00:49:40.870 --> 00:49:42.587 to people in that context.

917 00:49:53.207 --> 00:49:55.060 <v Ashley>Hi, Ryan, it's Ashley.</v>

918 00:49:55.060 --> 00:49:58.723 I have two questions and they're very different.

919 00:50:00.080 --> 00:50:01.660 So the first is you said a lot

920 00:50:01.660 --> 00:50:06.660 of really evocative statements about social suffering

921 00:50:06.710 --> 00:50:10.310 and pointing to some solutions that might allow

922 00:50:10.310 --> 00:50:13.563 for individuals to access euphoric experiences.

923 00:50:15.318 --> 00:50:17.920 I'm very curious to learn more about that.

924 00:50:17.920 --> 00:50:19.550 Can you talk a little more about

925 00:50:19.550 --> 00:50:21.053 some of those recommendations?

926 00:50:21.980 --> 00:50:26.980 And then the second question is I'm curious to learn more

927 00:50:27.380 --> 00:50:31.410 about how this really powerful ethnographic

928 00:50:31.410 --> 00:50:34.310 and qualitative work is informing

929 00:50:34.310 --> 00:50:36.990 some of the more epidemiologic

930 00:50:36.990 --> 00:50:39.700 or more quantitative work that you've been doing.

931 00:50:39.700 --> 00:50:40.940 So if you could talk a little bit

932 00:50:40.940 --> 00:50:43.430 about some of the mixed methods that you're using as well,

933 00:50:43.430 --> 00:50:45.063 I'd love to hear that.

934 00:50:47.610 --> 00:50:50.170 <v ->So I think first, I mean</v>

935 00:50:50.170 --> 00:50:52.590 we probably collectively just need to reckon

936 00:50:52.590 --> 00:50:56.960 with the fact that, you know, people have been getting high

937 00:50:56.960 --> 00:51:01.680 or intoxicated in some form or another for,

938 00:51:01.680 --> 00:51:06.140 I mean perhaps like almost the whole of human existence

939 00:51:06.140 --> 00:51:08.110 or at least thousands of years.

940 00:51:08.110 --> 00:51:13.110 And, you know, this has been a longstanding current

941 00:51:14.410 --> 00:51:18.540 across so much of the work that I've done wherein, you know

942 00:51:18.540 --> 00:51:20.900 we think about people's drug use primary lead

943 00:51:20.900 --> 00:51:25.900 through a lens of harm without looking at, you know,

944 00:51:25.910 --> 00:51:29.940 the ways in which it can even be a positive thing for people

945 00:51:29.940 --> 00:51:32.020 or allow them certain experiences

946 00:51:32.020 --> 00:51:33.710 that are especially attractive

947 00:51:33.710 --> 00:51:36.240 within the context of social suffering.

948 00:51:36.240 --> 00:51:41.240 And so, you know, people often spoke of in this work,

949 00:51:42.560 --> 00:51:45.390 you know, I want to be safer

950 00:51:45.390 --> 00:51:47.543 but I still want to be able to get high.

951 00:51:49.953 --> 00:51:53.060 And they were motivated to be engaged with programs

952 00:51:53.060 --> 00:51:54.670 that allowed them to be safer.

953 00:51:54.670 --> 00:51:56.040 And certainly this is consistent

954 00:51:56.040 --> 00:51:59.293 with work we've done on supervised consumption sites.

955 00:52:00.860 --> 00:52:03.700 But they still effectively wanted to have choice

956 00:52:03.700 --> 00:52:07.080 in terms of what they choose to do with their body,

957 00:52:07.080 --> 00:52:10.940 how they choose to live and so forth.

958 00:52:10.940 --> 00:52:14.470 And, you know, I don't think we can separate this

959 00:52:14.470 --> 00:52:17.823 from the backdrop for so many folks.

960 00:52:19.160 --> 00:52:21.650 It was one of the few pleasurable experiences

961 00:52:21.650 --> 00:52:24.860 that they often had open to them within the context to,

962 00:52:24.860 --> 00:52:27.693 you know, perhaps managing severe chronic pain,

963 00:52:29.230 --> 00:52:33.920 living in conditions that Canada should be embarrassed of

964 00:52:35.545 --> 00:52:39.690 and you know, effectively urban slums.

965 00:52:39.690 --> 00:52:43.900 Of, you know dealing with severe hardship

966 00:52:43.900 --> 00:52:46.810 and the people characterized

967 00:52:46.810 --> 00:52:49.100 as a positive part of their lives

968 00:52:49.100 --> 00:52:51.330 and that many sought to continue

969 00:52:51.330 --> 00:52:52.930 even when engaged with treatment

970 00:52:54.430 --> 00:52:56.517 if that was something that they were interested in.

971 00:52:56.517 --> 00:53:00.060 And so, you know, there's probably just a much broader need

972 00:53:00.060 --> 00:53:01.523 to interrogate that,

973 00:53:03.400 --> 00:53:06.400 as we think through how we intervene in people's lives

974 00:53:06.400 --> 00:53:08.360 and do so in a way that's, you know,

975 00:53:08.360 --> 00:53:11.010 aligned with and sensitive to what they need or want.

976 00:53:13.090 --> 00:53:15.320 You know, more directly, so all of this work

977 00:53:15.320 --> 00:53:19.660 is operated alongside a series of other kind

978 00:53:19.660 --> 00:53:24.180 of more clinically or epidemiologically oriented evaluations

979 00:53:25.230 --> 00:53:28.380 of these interventions, which, you know,

980 00:53:28.380 --> 00:53:31.903 honestly things have been just really messed up by COVID,

981 00:53:33.290 --> 00:53:38.290 and COVID related restrictions on research activities

982 00:53:38.900 --> 00:53:41.233 which is really frankly unfortunate.

983 00:53:42.850 --> 00:53:45.380 But effectively what it's really allowed us to do

984 00:53:45.380 --> 00:53:49.090 is interrogate findings out of that have emerged

985 00:53:49.090 --> 00:53:53.250 at a preliminary epidemiological analysis, as well as,

986 00:53:53.250 --> 00:53:56.560 you know, effectively flag things that have been emergent

987 00:53:56.560 --> 00:53:59.790 within the qualitative work to help better understand

988 00:53:59.790 --> 00:54:01.080 what's happening.

989 00:54:01.080 --> 00:54:02.440 And so, you know, to go back

990 00:54:02.440 --> 00:54:07.440 to Lauretta's question about movement between programs

991 00:54:07.660 --> 00:54:10.360 certainly one of the things observed early on

992 00:54:10.360 --> 00:54:14.170 in our ethnographic qualitative work is that, you know,

993 00:54:14.170 --> 00:54:17.170 people had different trajectories within these programs

994 00:54:17.170 --> 00:54:19.397 than you might've anticipated, you know.

995 00:54:21.220 --> 00:54:25.890 And that's something that's been further built

996 00:54:25.890 --> 00:54:30.890 into the evaluation activities associated with the work.

997 00:54:31.150 --> 00:54:34.120 You know, another example would be

998 00:54:34.120 --> 00:54:35.760 just understanding the points

999 00:54:35.760 --> 00:54:37.650 at which people might have interruptions

1000 00:54:37.650 --> 00:54:40.730 in their access to these programs, which were, you know,

1001 00:54:40.730 --> 00:54:45.550 frankly found that were often much better able to track

1002 00:54:45.550 --> 00:54:47.900 through our ethnographic and qualitative work,

1003 00:54:47.900 --> 00:54:51.123 because we're just a little bit more engaged with folks.

1004 00:54:53.150 --> 00:54:55.390 So all of this is to say that running these things

1005 00:54:55.390 --> 00:54:57.300 in tandem has really helped us understand

1006 00:54:57.300 --> 00:55:00.160 the richness of these programs in people's lives

1007 00:55:00.160 --> 00:55:02.710 and interrogate emergent findings coming out

1008 00:55:02.710 --> 00:55:06.663 of the kind of more numbers based quantitative analysis.

1009 00:55:11.400 --> 00:55:12.253 Ali.

1010 00:55:14.320 --> 00:55:16.160 <v ->Hi, thank you so much.</v>

1011 00:55:16.160 --> 00:55:18.710 This has been a wonderful experience to listen

1012 00:55:18.710 --> 00:55:22.260 to your work and your expertise.

1013 00:55:22.260 --> 00:55:24.880 I was wondering, it kind of sounds like

1014 00:55:24.880 --> 00:55:28.830 where you're coming from in the experiences that you've had

1015 00:55:28.830 --> 00:55:30.690 and from Canada specifically,

1016 00:55:30.690 --> 00:55:32.620 there's a completely different mindset

1017 00:55:32.620 --> 00:55:37.250 behind the idea of harm reduction and treatment

1018 00:55:37.250 --> 00:55:40.020 or non-treatment and like what someone's trajectory

1019 00:55:40.020 --> 00:55:42.180 actually looks like from the onset

1020 00:55:42.180 --> 00:55:44.000 of interaction with harm reduction.

1021 00:55:44.000 --> 00:55:45.200 And I was just wondering,

1022 00:55:45.200 --> 00:55:47.180 did Canada always start out that way

1023 00:55:47.180 --> 00:55:50.390 or was there a big shift and how did that shift happen

1024 00:55:50.390 --> 00:55:52.650 and how can you see that shift happening here in the U.S

1025 00:55:52.650 --> 00:55:55.230 because, I mean, I've just been sitting here thinking,

1026 00:55:55.230 --> 00:55:56.461 wow, we are trash.

1027 00:55:56.461 --> 00:55:58.544 (laughs)

1028 00:56:05.590 --> 00:56:07.030 <v ->I mean, so I don't want you to come away</v>

1029 00:56:07.030 --> 00:56:09.230 from this feeling like that.

1030 00:56:09.230 --> 00:56:11.280 That's like my worst outcome for the day.

1031 00:56:12.490 --> 00:56:15.110 <v ->In a good way, like inspired we're trash,</v>

1032 00:56:15.110 --> 00:56:16.023 we need to fix it.

1033 00:56:17.300 --> 00:56:19.913 <v ->So, you know, there's been a couple of things</v>

1034 00:56:19.913 --> 00:56:22.360 that have really helped in the Canadian context.

1035 00:56:22.360 --> 00:56:25.470 One and I can't understate this enough,

1036 00:56:25.470 --> 00:56:27.863 Drug User Organizing and Activists.

1037 00:56:29.426 --> 00:56:31.600 And certainly the war on drugs in the U.S

1038 00:56:31.600 --> 00:56:34.230 and mass incarceration, I would argue

1039 00:56:34.230 --> 00:56:37.210 have really impeded Drug User Organizing

1040 00:56:37.210 --> 00:56:39.080 by frankly destroying communities

1041 00:56:39.080 --> 00:56:41.080 and especially communities of color

1042 00:56:41.080 --> 00:56:45.450 that should be central to organizing in this context.

1043 00:56:45.450 --> 00:56:48.200 Alongside that, you know, frankly,

1044 00:56:48.200 --> 00:56:50.680 a lot of other people have really stuck their neck out

1045 00:56:50.680 --> 00:56:54.700 around this and committed to working in allyship

1046 00:56:54.700 --> 00:56:58.730 with people who use drugs to advance intervention

1047 00:56:58.730 --> 00:57:01.860 in a way that meets their needs

1048 00:57:03.600 --> 00:57:06.150 to the extent that it is,

1049 00:57:06.150 --> 00:57:10.740 you know, I've been in kind of Drug Policy forums

1050 00:57:10.740 --> 00:57:12.310 and events in the U.S

1051 00:57:12.310 --> 00:57:15.230 that haven't included folks who use drugs.

1052 00:57:15.230 --> 00:57:17.370 I don't think you could do that in Canada

1053 00:57:17.370 --> 00:57:20.270 without probably having someone throw a shoe at you

1054 00:57:20.270 --> 00:57:21.293 at this point.

1055 00:57:22.210 --> 00:57:23.930 And all of this is to say as a challenge

1056 00:57:23.930 --> 00:57:27.200 to every single person here and as collectively.

1057 00:57:27.200 --> 00:57:32.200 If we're not working to center folks who use drugs

1058 00:57:32.530 --> 00:57:36.763 in policymaking processes and interventions in this area,

1059 00:57:37.957 --> 00:57:40.020 what the fuck are we doing?

1060 00:57:40.020 --> 00:57:42.123 And we have to commit to doing that.

1061 00:57:45.181 --> 00:57:47.790 It's not easy, it can be hard.

1062 00:57:49.720 --> 00:57:51.410 We're more accountable in it

1063 00:57:51.410 --> 00:57:53.870 in ways that can be really difficult to grapple with

1064 00:57:53.870 --> 00:57:55.630 but you have to commit to doing it

1065 00:57:55.630 --> 00:58:00.630 if you wanna meaningfully intervene to address the crisis

1066 00:58:02.000 --> 00:58:03.890 and have policy that actually matches up

1067 00:58:03.890 --> 00:58:05.140 with people's experiences

1068 00:58:05.140 --> 00:58:07.230 and avoid some of the unintended consequences

1069 00:58:07.230 --> 00:58:09.130 that we've seen a policy for too long.

1070 00:58:11.900 --> 00:58:15.250 So I think those things really need to happen together

1071 00:58:15.250 --> 00:58:18.660 and, you know, people working as allies

1072 00:58:18.660 --> 00:58:20.350 need to just as much work

1073 00:58:20.350 --> 00:58:23.063 to hold other people accountable, you know,

1074 00:58:26.613 --> 00:58:29.370 who were the people you're meeting with,

1075 00:58:29.370 --> 00:58:31.090 who isn't getting in those doors

1076 00:58:31.090 --> 00:58:33.030 and what can you do to get them there?

1077 00:58:33.030 --> 00:58:38.030 And especially, you know, doing so has to center folks

1078 00:58:39.990 --> 00:58:42.790 who are disproportionately impacted by the war on drugs.

1079 00:58:43.710 --> 00:58:46.273 Otherwise again, am like what are we doing?

1080 00:58:49.385 --> 00:58:51.960 <v ->All right, so it is actually one o'clock.</v>

1081 00:58:51.960 --> 00:58:53.740 So we are out of time.

1082 00:58:53.740 --> 00:58:55.730 I see Mariah, you have your hand raised.

1083 00:58:55.730 --> 00:58:58.030 Do you want to ask your question very quickly?

1084 00:58:59.080 --> 00:59:00.330 <v ->Yeah, I can ask you to complete</v>

1085 00:59:00.330 --> 00:59:03.790 I suppose I could also ask Ryan in class tomorrow.

1086 00:59:03.790 --> 00:59:08.280 But so I just sort of say shamelessly follow

1087 00:59:08.280 --> 00:59:10.480 a lot of like Canadian harm reduction groups

1088 00:59:10.480 --> 00:59:14.260 on social media and I've been seeing a lot of posting

1089 00:59:14.260 --> 00:59:17.040 about the Drug Users Liberation Front

1090 00:59:17.040 --> 00:59:22.040 giving out a safe supply of meth and heroin and cocaine

1091 00:59:22.170 --> 00:59:26.430 that's been tested by spectometry and immunoassay.

1092 00:59:26.430 --> 00:59:28.255 And I just didn't know if

1093 00:59:28.255 --> 00:59:29.460 (inaudible)

1094 00:59:29.460 --> 00:59:32.220 into what response around that has looked like in Canada

1095 00:59:32.220 --> 00:59:36.290 and potential also like scale up of those tech knowledges

1096 00:59:36.290 --> 00:59:37.853 for drug testing.

1097 00:59:39.090 --> 00:59:40.360 <v ->Sorry, you kinda cut out on me</v>

1098 00:59:40.360 --> 00:59:42.243 on the last part of your question.

1099 00:59:43.090 --> 00:59:45.710 <v ->Sure, so I was just talking about like</v>

1100 00:59:48.282 --> 00:59:49.370 spectrometry and immunoassay.

1101 00:59:49.370 --> 00:59:52.560 I was just wondering what response in Canada has been like

1102 00:59:52.560 --> 00:59:56.780 for like guard to groups, giving out safe supply

1103 00:59:56.780 --> 01:00:00.173 and also what scale up of that tech might look like.

1104 01:00:01.470 --> 01:00:03.750 <v ->Yeah, I mean, so, you know</v>

1105 01:00:03.750 --> 01:00:07.130 it's primarily been something that's just happened

1106 01:00:07.130 --> 01:00:09.190 across a series of kind of events

1107 01:00:09.190 --> 01:00:10.910 done for the purposes of drawing attention

1108 01:00:10.910 --> 01:00:14.020 to the need for more options for people

1109 01:00:14.020 --> 01:00:15.833 and more generally illegal market.

1110 01:00:18.080 --> 01:00:20.450 And I would say part of it is

1111 01:00:20.450 --> 01:00:24.440 it occupies a bit of a policy curiosity for folks

1112 01:00:24.440 --> 01:00:29.440 more than anything at this point.

1113 01:00:29.460 --> 01:00:32.720 And yet kind of symbolically is

1114 01:00:32.720 --> 01:00:36.120 I think really interesting in, you know,

1115 01:00:36.120 --> 01:00:38.993 demonstrating the further alternatives are available.

1116 01:00:40.640 --> 01:00:42.350 You know, it certainly dovetails

1117 01:00:42.350 --> 01:00:44.030 with the advocacy and activism

1118 01:00:44.030 --> 01:00:47.820 being led by so many people around this.

1119 01:00:47.820 --> 01:00:51.890 Now with that said, you know, I think part of your question

1120 01:00:51.890 --> 01:00:54.100 was about drug checking and you and I need to,

1121 01:00:54.100 --> 01:00:56.703 I think separately connect about this.

1122 01:00:57.840 --> 01:00:59.960 I mean, we're not gonna end the overdose crisis

1123 01:00:59.960 --> 01:01:02.740 with fentanyl test strips as an example.

1124 01:01:02.740 --> 01:01:05.950 I just wanna say that I feel like I say this all the time.

1125 01:01:05.950 --> 01:01:08.380 But if fentanyl is the dominant opioid in a setting

1126 01:01:08.380 --> 01:01:09.620 and you have something that just tells you

1127 01:01:09.620 --> 01:01:10.950 whether or not it has fentanyl in it,

1128 01:01:10.950 --> 01:01:13.260 like, honestly it's not really helpful

1129 01:01:13.260 --> 01:01:15.350 except for people who use stimulants

1130 01:01:15.350 --> 01:01:17.750 who are maybe worried about cross-contamination.

1131 01:01:18.980 --> 01:01:21.720 And stimulants, like not weed.

1132 01:01:21.720 --> 01:01:23.560 I don't think anyone has ever found weed

1133 01:01:23.560 --> 01:01:25.470 contaminated with fentanyl,

1134 01:01:25.470 --> 01:01:28.383 so disclaimer, like that's not a thing.

1135 01:01:30.260 --> 01:01:33.660 Now with like the more advanced drug checking technologies

1136 01:01:33.660 --> 01:01:36.800 like they can prove helpful for folks

1137 01:01:36.800 --> 01:01:39.600 but I think we need to better locate

1138 01:01:39.600 --> 01:01:41.470 how we understand these interventions

1139 01:01:41.470 --> 01:01:43.020 alongside an interrogation

1140 01:01:43.020 --> 01:01:44.740 of how people's structural vulnerabilities

1141 01:01:44.740 --> 01:01:48.360 and especially poverty fit into this complex calculation

1142 01:01:48.360 --> 01:01:50.910 of how people engage with drugs in the drug supply.

1143 01:01:52.620 --> 01:01:56.330 So sort like I'm coauthored a bunch

1144 01:01:56.330 --> 01:01:57.700 of the drug checking studies.

1145 01:01:57.700 --> 01:01:59.760 And like one of the early ones that gets picked up

1146 01:01:59.760 --> 01:02:00.890 is when we did it inside

1147 01:02:00.890 --> 01:02:03.150 that looked at people's use of strips.

1148 01:02:03.150 --> 01:02:04.450 You know, that found that, you know,

1149 01:02:04.450 --> 01:02:06.770 some folks were finding positive with fentanyl

1150 01:02:06.770 --> 01:02:09.330 and maybe a few of them were pitching their drugs,

1151 01:02:09.330 --> 01:02:10.820 but like let's take a step back.

1152 01:02:10.820 --> 01:02:13.830 That was like 1% of folks who are going into insight

1153 01:02:13.830 --> 01:02:16.340 were using these strips to begin with.

1154 01:02:16.340 --> 01:02:19.230 A smaller percentage still of those folks

1155 01:02:19.230 --> 01:02:20.610 were disposing of their drugs

1156 01:02:20.610 --> 01:02:23.493 if they had something they didn't expect to find in them.

1157 01:02:25.470 --> 01:02:27.050 And we were doing field work and interviews

1158 01:02:27.050 --> 01:02:28.580 with people at that time, and a lot of those folks

1159 01:02:28.580 --> 01:02:29.910 were people who were selling drugs,

1160 01:02:29.910 --> 01:02:32.210 who just wanted to figure out what was in their supply

1161 01:02:32.210 --> 01:02:33.900 and didn't necessarily have an intention

1162 01:02:33.900 --> 01:02:35.343 to be using that anyways.

1163 01:02:38.460 --> 01:02:41.423 So drug checking is not gonna save us.

1164 01:02:43.050 --> 01:02:47.510 Even if available, like it's never gonna meet the demand

1165 01:02:47.510 --> 01:02:50.000 for how often people are using,

1166 01:02:50.000 --> 01:02:52.520 the supplies really erratic.

1167 01:02:52.520 --> 01:02:54.150 We have all of these new adulterants

1168 01:02:54.150 --> 01:02:57.411 and centering the supply from Xylazine, to estazolam,

1169 01:02:57.411 --> 01:02:58.970 to synthetic cannabinoids to,

1170 01:02:58.970 --> 01:03:00.840 and we could just keep on going through them

1171 01:03:00.840 --> 01:03:02.713 and there will still be further ones.

1172 01:03:04.590 --> 01:03:06.700 So the nimbleness of this as an approach

1173 01:03:06.700 --> 01:03:10.660 is probably never gonna match on to what people need.

1174 01:03:10.660 --> 01:03:15.660 Now incredibly useful for drug surveillance, right?

1175 01:03:16.260 --> 01:03:19.590 Like the one place we found it helpful is like, you know

1176 01:03:19.590 --> 01:03:23.470 a bad package of benzo dope starts going around

1177 01:03:23.470 --> 01:03:25.173 and you can let people know.

1178 01:03:26.010 --> 01:03:30.230 But beyond that, like I think drugs,

1179 01:03:30.230 --> 01:03:32.070 every bit of energy spent on drug checking

1180 01:03:32.070 --> 01:03:34.933 should just be redirected toward thinking about safe supply.

1181 01:03:40.030 --> 01:03:41.520 And if that doesn't answer your question,

1182 01:03:41.520 --> 01:03:42.770 I'll try better tomorrow.

1183 01:03:47.350 --> 01:03:50.370 <v ->All right, thank you so much, Ryan, for joining us today.</v>

1184 01:03:50.370 --> 01:03:52.910 I think this was a very self provoking

1185 01:03:52.910 --> 01:03:54.080 and interesting presentation.

1186 01:03:54.080 --> 01:03:56.180 And I hope there will be many opportunities

1187 01:03:56.180 --> 01:03:59.700 for us to continue this conversations in the future.

1188 01:03:59.700 --> 01:04:03.150 And thanks very much to everyone who joined us today

1189 01:04:03.150 --> 01:04:06.070 and for asking all this very interesting questions.

1190 01:04:06.070 --> 01:04:08.003 So thanks everyone, thanks Ryan.

1191 01:04:10.770 --> 01:04:11.970 <v ->Cool, thanks everyone.</v>