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**THE HEROIN  
SOLUTION:**  
Giving Drugs  
to Addicts

Hosted by MICHAEL SERAPIO

**NEWS  
IN  
REVIEW**

## IN THIS ISSUE

### The Heroin Solution: Giving Drugs to Addicts (Duration 12:42)

Giving free drugs to addicts seems like an oxymoron but a controversial program in Vancouver is doing just that. The Crosstown Clinic allows addicts to get access to safe pharmaceutical-grade heroin and the tools to allow them to use without the risk of overdose, crime or infection. The program permits users to function in fairly normal lives, but it's not without its critics. The CBC's Nick Purdon went to investigate.

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# THE HEROIN SOLUTION: Giving Drugs to Addicts

## VIDEO REVIEW

### Before Viewing

1. What words and images do you associate with the term “heroin addict”?

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2. Why do you have these particular assumptions and beliefs about heroin addicts?

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3. What do you think are the human, economic and medical costs associated with heroin addiction?

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### Viewing

1. Where is Crosstown Clinic located?

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2. How did Lisa James become a heroin addict?

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3. How many people are dying each day of opioid overdoses in British Columbia?

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4. The British Columbia Supreme Court ruled in favour of keeping the Crosstown Clinic open.

True    False

5. Kurt Lock, the Research Coordinator for Health Evaluation and Outcomes Sciences, says, “We’ve been brought up to think of heroin as the killer drug, but heroin itself, if you take it in proper conditions, and you are eating food, and you are getting sleep, there’s no reason you couldn’t get to live to 100 years old on the drug.”    True    False

6. How much money does it cost the clinic to supply heroin to a single addict for a year?

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## After Viewing

1. Do you think that the government should provide heroin to addicts? Why or why not?

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2. What are the costs, both human and economic, if the government does not provide this service? Conduct further research to garner specific information if necessary.

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3. Kurt Lock made a controversial statement in the video. See question #5 above (by the way, the answer is “True” — he did say this). Conduct some research on credible medical sites that present information on the effects of heroin use that refutes his opinion.

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## THE STORY

### Minds On

The heroin trade was nearly wiped out at the turn of the century. In 2000, the ruling Taliban virtually eradicated Afghanistan’s opium crop (which accounted for over 80 per cent of the world’s opium at the time). An edict by Taliban leader Mullah Mohammad Omar stated that growing opium was “un-Islamic.” Taliban soldiers were sent to make thousands of farmers plough up their poppy fields and sow wheat instead. U.N. observers reported that Afghanistan’s opium crop had been completely wiped out in just one year. The Taliban’s edict caused deep resentment among the rural poor.

In a dramatic reversal of policy, the edict was lifted and the Taliban told farmers in 2001 that they were free again to plant poppy seeds “if the Americans decide to launch a military attack.” U.S. forces did mount an offensive against Afghanistan and the Taliban shortly after the terrorist attack of September 11, 2001. The opium poppy crop came back and heroin processing labs — having proliferated in the country since the late 1990s — were easily brought back on line.

What do you think? If Afghan efforts to eradicate opium production had succeeded, do you think heroin use would have decreased dramatically? Would there be fewer addicts in the world today or do you think drug users would have found substitute drugs to use?

### Reading Task

As you read the story make one text-to-text, one text-to-self, and one text-to-world connection.

- In text-to-self you connect the text to an experience you have had.



- In text-to-text you connect the text to another piece of writing or a movie or a conversation that you have had.
- In text-to-world you connect the text to an event or issue in your community, nation or world.

Be prepared to share your three text connections with a partner.

### A drug-abuse epidemic

According to researcher and activist Stephen A. Molling, the epidemic of cheap heroin abuse recently received widespread attention after the release of a video of a two-year old crying over the listless body of her mother in a Dollar Store in Massachusetts. The woman had overdosed on heroin and she was just plain lucky that first responders were able to revive her. Molling warns that the heroin problem goes beyond overdoses. He says, “Turf wars by drug dealers account for most of the murders in the United States. Drug-related shootings are at all-time highs. Crimes by drug addicts account for most of the prostitution, robberies and burglaries in America. Prisons are packed with heroin users along with psychiatric wards and graveyards.”

It is estimated that the **annual economic toll** related to alcohol abuse is \$249 billion and that the cost associated with drug abuse is \$193 billion.

## Public health crisis

Molling's perspective is finding tragic resonance north of the border. Canada too is facing a mounting public health crisis over the use of prescription opioids and illegal opioids like heroin. Unlike the United States, there is no national system tracking fatal opioid overdoses in Canada. Recently, Canadian news programs have been reporting stories of fentanyl overdoses. Fentanyl is an opioid, manufactured in China, that produces heroin like bliss in users. The street version of the drug involves modifying a prescription version of the drug from patch form into an injectable or smoke-able form.

According to a recent U.N. report, no other country in the world consumes more prescription opioids on a **per-capita basis** than Canada.

## What is heroin?

So why do people risk their lives taking opioids like heroin? Heroin is a highly addictive drug that gives its user an extreme feeling of euphoria. Heroin is most often injected into a vein with a syringe, however, it can also be smoked or inhaled as a powder. The exhilarating effects of the drug happens quickly and lasts for a few hours. Over time, heroin users become tolerant of the drug and increased doses are needed in order to achieve the high that the user craves.

## How is heroin made?

Heroin is made from opium pods extracted from poppy flowers. Poppies are grown all over the world. Heroin powder can be made by employing a basic chemical process using simple equipment. It takes approximately 17 kilograms of opium to produce 1 kilogram of heroin. A kilogram of opium fetches about \$100 on the illegal drug market, compared to a \$3,500 street value for heroin. There is only one chemical that is difficult to procure in the process and that is acetic anhydride. Without

this compound, you could not make heroin. The U.S. military unsuccessfully attempted to ban the import of this chemical to Afghanistan. This would have prevented Afghan drug lords from processing the drug.

## Where does heroin come from?

Afghanistan produces 85 per cent of the world's heroin while Myanmar, Laos and Vietnam produce 13 per cent. Mexico and Columbia produce the remaining two per cent of the world's heroin. Farmers are used to harvest the pods from the poppies. These farmers tend to be poor men, women and children from struggling nations. Opium has flourished in Afghanistan since the time of Alexander the Great.

## Why do farmers produce opium poppies?

The main question is: why do farmers feel compelled to farm opium producing poppies instead of other crops? The simple answer is: the money. The Afghan economy is highly dependent on opium production and sales. While less than four percent of arable land in Afghanistan was used for opium poppy cultivation in 2006, the harvest brought in over \$3 billion. That is the equivalent of 35 per cent of the country's gross national product. Ten percent of the total population is involved in the growth, processing and transport of opium to legal and illegal markets. Although Afghanistan's overall economy is boosted by opium profits, less than 20 percent of the profits go to farmers, while more than 80 percent goes to traffickers, kingpins and corrupt politicians. Even higher degrees of profits are generated outside of the country by international drug traffickers and dealers.

Learn about how the heroin trade has impacted young Afghanistan children by watching the documentary *Afghanistan's Child Drug Addicts* at: [youtube.com/watch?v=L1ofEFo4oyo](https://www.youtube.com/watch?v=L1ofEFo4oyo)

## Canada's heroin problem

Drugs make their way onto Canadian streets in two ways: via the complex international illegal drug network that sees raw opium or processed heroin smuggled into the country or by the manipulation of prescription drugs to produce potent agents like “china white” (heroin mixed with fentanyl) or apache (modified fentanyl). How these drugs get onto the streets is of little importance when considered in light of the growing problem of opioid addiction. These highlight potent substances, besides being incredibly addictive, bring with them a myriad of health problems. Canadian authorities continue to struggle to stem the tide of overdoses brought on by opioid use and abuse.

Medical-grade **diamorphine**, the drug given out as a substitute for heroin, is the same drug given to women while in labour.

### Sources:

Edstom, William. (October 20, 2016) US Congress's Take on the Heroin Epidemic. Global Research.

Harding, Luke. (September 25, 2001). Taliban to lift ban on growing opium if US attacks. The Guardian.

Howlett, Karen et al. (August 24, 2016). A Killer High: How Canada got addicted to fentanyl. The Globe and Mail.

Glaze, John A. (October 2007). Opium and Afghanistan. Strategic Studies Institute, U.S. Army War College.

Molling, Stephen A. (September 30, 2016). The Social Impacts of Drug Trafficking and Heroin in America. Global Research.

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## Follow-up

Share your text connections from the Reading Task with a partner. How were your connections similar? How were they different? What did you learn from this exercise?

## HOW SHOULD WE ADDRESS DRUG ABUSE?

### Minds On

Respond to the following statements on your own and then with a partner. Discuss your answers.

1. People who take drugs don't necessarily become addicts.  
 Agree     Disagree     Not Sure
2. People with addictions make their own bad choices. They are morally weak.  
 Agree     Disagree     Not Sure
3. Laws, including steep punishments, are the best way to reduce drug use and addiction.  
 Agree     Disagree     Not Sure
4. Giving drugs to drug addicts is a bad idea.  
 Agree     Disagree     Not Sure
5. The “war on drugs” is not working.  
 Agree     Disagree     Not Sure
6. “Soft” drug use (like smoking marijuana) leads to “hard” drug use (like injecting heroin).  
 Agree     Disagree     Not Sure

What further questions arise after completing this introductory exercise?

In 1977, Iggy Pop and David Bowie released the hit song “A Lust for Life” used as a soundtrack in many movies, TV shows and even a bank ad. Many people don't realize that the song is about alcohol and heroin use. What songs and singers today glorify drug use? What songs and singers today warn about drug use?

### What should the government do regarding illegal drug use?

There are two viewpoints concerning the government's role in dealing with the problem of illegal drug use. One is to attack the drug trade through laws and punishments. This viewpoint is the basis of the “War on Drug” policies of the United States and other jurisdictions. On the other hand, harm reduction simply aims to reduce the negative consequences of drug use. Which of these viewpoints will help solve this complex human problem is a matter for debate.

Both approaches are described on the following page.

### Task #1: The “War on Drugs” vs. Harm Reduction

<p><b>War on Drugs</b></p> <p>"The War on Drugs" is a term that emerged in the U.S. It is commonly used to describe a campaign of drug prohibition and law enforcement with the stated aim being to reduce and, in time, destroy the illegal drug trade. This initiative includes a set of drug policies that are intended to discourage the production, distribution, and consumption of illegal drugs.</p> <p>Source: Wikipedia</p>	<p><b>Harm Reduction</b></p> <p>Harm reduction involves a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. In a harm reduction approach, people may still use drugs but focus on being more conscious of things like safety. Harm reduction is also considered a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.</p> <p>Source: Harm Reduction Coalition</p>
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1. Why do you think some people believe a “war on drugs” approach is the best government response to illegal drug use?
2. Why do you think some people believe a harm reduction approach is the best government response to illegal drug use?
3. Which approach do you think would be most effective and why?

 **Try This!**

1. Conduct an internet image search using the key words: “War on Drugs” and “infographic.” Choose one infographic to analyze. Answer the following questions:
  - a) Is the war on drugs working?
  - b) Who are the casualties of the war on drugs?
2. Conduct a similar internet search using the key words: “Harm reduction” and “infographic.” Choose one infographic to analyze. Answer the following questions:
  - a) How does harm reduction work?
  - b) What do you think are the challenges and weaknesses of harm reduction?

## Task #2: The Principles of Harm Reduction

Analyse the “Principles of Harm Reduction” from the Harm Reduction Coalition and discuss with a partner to what extent you agree or disagree with each of the eight principals.

### Principles of Harm Reduction

A person who believes in harm reduction:

1. Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
3. Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.
4. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
5. Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
6. Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
7. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
8. Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Source: Harm Reduction Coalition, [harmreduction.org](http://harmreduction.org)