

HANDCUFFED

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Resource PlayBook

IN AN ERA WHERE ADDICTION,
DEPRESSION, AND MENTAL ILLNESS
RUN RAMPANT - OVERDOSING IS AT AN
ALL TIME HIGH. IS THIS THE NEW
NORMAL IN OUR SOCIETY?

Thom finds himself quickly unravelling and can't seem to discern his next move. His final breath hangs in the **balance between two worlds, one of light and love wanting him to be free, and one of darkness and lies, seeking to destroy his life.**



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INTRODUCTION OF OUR MAIN CHARACTERS



Francis

Francis shows how easy it can be for individuals to relapse, even after being sober for years



Lacie

Born with Neonatal Abstinence Syndrome, Lacie shows the effects consuming drugs during pregnancy



Thom

Thom shows us how someone who isn't stereotypically considered to be "at risk" can so easily slip into substance abuse



Selah

The person closest to Thom, who shows how blinded we can be to our loved ones' abuse even if we have the best of intentions



Gloria

Easily distracted by, and attracted to, Lou's dark antics



Lou

An unassuming neighbor who brings in darkness, chaos and temptation to everyone around him



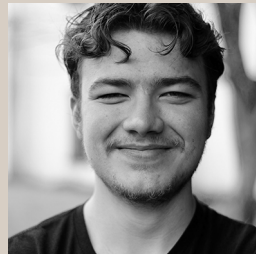
Rich

Rich embodies the typical family man with a corporate job, but in reality is living a hidden life and struggling with sexual addictions



Fred

Thom's friend who tries to be there for Thom, but doesn't know how to, especially when Thom starts to push him away



Steve

Thom's friend who becomes the enemy as Thom slips further and further into his addiction

DANGEROUS CROSSROADS: STUDENTS AT RISK WITH STREET DRUGS

Fentanyl

Fentanyl is a very potent synthetic opioid, estimated to be 20 to 40 times more potent than heroin and 100 times more potent than morphine and has been a key contributor to the opioid crisis in Canada.

Cocaine

An addictive drug derived from coca or prepared synthetically, used as an illegal stimulant and sometimes medicinally as a local anesthetic.

Ecstasy (Molly)

MDMA, a synthetic drug that produces both stimulant and psychedelic effects. It's commonly used recreationally for its euphoric and empathogenic effects.

Lysergic Acid Diethylamide (LSD)

A powerful hallucinogenic drug known for its psychedelic effects, including alterations in perception, mood, and thought processes.

Meth

Short for methamphetamine, a powerful stimulant drug that can be smoked, snorted, injected, or swallowed. It produces intense euphoria and increased energy.

Psilocybin

The active compound in certain species of hallucinogenic mushrooms (often called "magic mushrooms"), known for its psychedelic effects and risks.

Benzodiazepines

Often used as sedatives and tranquilizers, risk of overdose and substance use disorder.

Hash

A concentrated form of cannabis made by compressing the resin glands (trichomes) of the plant. It's often smoked or added to food.

Heroin (Jazz)

A highly addictive drug derived from morphine, which is obtained from the opium poppy. It is typically injected, smoked, or snorted for its euphoric effects.

Carfentanil

An extremely potent synthetic opioid similar to fentanyl but even more powerful. It's primarily used as a tranquilizer for large animals (e.g. elephants) and is not intended for human use.

Opium

A highly addictive narcotic drug derived from the latex sap of the opium poppy. It can be smoked, eaten, or processed into other forms like heroin.

WHAT IS THE OPIOID CRISIS?

The opioid crisis is the rapid increase in the overuse, and overdose deaths attributed to the class of drugs called opiates/opioid. Over time the problem has been aggravated by introduction of increasingly powerful drugs, contamination in the illegal drug supply, and mixed use of different opioids and other drugs such as stimulants. Fentanyl present in other drugs (sometimes without knowledge of the user, so referred to as a contaminant), has been a leading cause of overdose related deaths.

"**Fentanyl** is a very potent synthetic opioid, estimated to be 20 to 40 times more potent than heroin and 100 times more potent than morphine." [2021 IH MHO Report]

In just a few years, the number of overdose deaths has surpassed the combined total of suicides, homicides, and deaths due to motor vehicle collisions; they are now the leading cause of unnatural death in BC. For the first time in decades, life expectancy at birth in British Columbia declined due to the rise in overdose deaths. In 2023 the BC Coroners Services reported 2511 unregulated drug related deaths which equates to over 6 deaths per day.

WHO IS AFFECTED?

Problems in Vancouver's Downtown Eastside are often reported; this is BC's addiction iceberg; the number of addicted people in the rest of the province is significantly larger and largely unknown. The overdose emergency continues to have a staggering impact on individuals, families, and communities across the province. While marginalized people living in poverty are overrepresented in this crisis, it has impacted people from all walks of life, **nearly all ages**, education levels, professions, and incomes, from every region in BC.

In 2018 the BC Coroners Service reported that of the victims of overdose deaths; **77% were regular users of drugs, 69% used drugs alone, 13% lived in social or supportive housing, 9% were unsheltered (experiencing homelessness).**

WHAT IS THE BC HEALTH EMERGENCY?

In 2016, prompted by the rising number of overdoses and related deaths, the BC government health officer declared a public health emergency. This was the first time that this type of action was taken in BC (it was done again in 2022 in response to COVID-19), and the first such action in Canada related to the opioid crisis. The declaration gives the provincial health officer the power to issue verbal orders that are immediately enforceable. The action was intended to allow medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs. In 2017 the BC government escalated response, allocating more resources.

WHAT ARE THE GOALS OF BC'S ESCALATED RESPONSE?

1. **Save lives:** Take urgent steps to stop overdoses from happening, and reverse more of those that do.
2. **End stigma:** Encourage more British Columbians to recognize substance use disorders as a legitimate health issue, not a failure of character. Stigma discourages people from accessing health and social services, and can result in people using drugs alone or not contacting help when an overdose occurs, two of the greatest risk factors for fatal overdose.
3. **Build an evidence-based network of treatment and recovery services:** Ensure everyone can get the integrated services they need as soon as they need them.
4. **Create a supportive environment:** Provide the social and economic support that can help reduce problematic substance use and maintain recovery.
5. **Advance prevention:** Deliver the early intervention and education that can help keep childhood trauma and other mental health issues from driving substance use disorders.
6. **Improve public safety:** Disrupt drug trafficking and the crime and violence that accompany it.

WHAT ARE OPIOIDS?

Opioids are a class of drugs that derive from natural substances found in the opium poppy plant. Medically they are primarily used for pain relief, including anesthesia. Opioids are also frequently used recreationally for their euphoric effects or to prevent withdrawal.

Opioids include:

- **Opium** (derived from the opium poppy plant),
- **Morphine** (derived from opium),
- **Codeine** (derived from opium or morphine),
- **Oxycodone** (derived from opium),
- **Hydromorphone** (derived from opium),
- **Heroin** (semisynthetic, derived from morphine, approximately twice as potent),
- **Fentanyl** (synthetic, approximately 50 times more potent than heroin),
- **Carfentanil** (synthetic opioid, approximately 100 times more potent than fentanyl). An overdose commonly results in death from respiratory depression.

WHAT IS DECRIMINALIZATION?

BC announced an experimental initiative spanning 2023–2026 which will exempt adults from criminal arrest, charges or confiscation of up to 2.5 g of illicit substances; instead, police are guided to provide health and social referrals. This measure is controversial and its effectiveness is not yet known.

WHAT IS OPIOID AGONIST TREATMENT?

Opioid agonist treatment addresses addiction by replacing drugs such as heroin with controlled medications such as methadone or diacetylmorphine. This has proven beneficial for some users, but ineffective or impractical for others.

WHAT IS SUPERVISED CONSUMPTION?

Some government and/or independent organizations are providing supervised consumption services to reduce overdose deaths and other health risks such as needle infections. Standards and details differ by location and organization, the key aspect is a safer environment where help is quickly available when needed, reducing the risk of using the drugs while alone. Services may include medical personnel on site, clean needle supply (and disposal), and capability to test drugs before use. Insite operates in the Vancouver Downtown East Side in partnership with Vancouver Coastal Health, and was North America's first sanctioned supervised drug consumption site. It provides sterile injection equipment, testing of substances, immediate response in the event of an overdose, clinical care, access to safe supply, and connections to care, treatment and social services. In addition to the direct benefits to the service users, these sites reduce strain on emergency medical services, public drug use, discarded drug equipment and spread of infectious diseases.

WHAT IS SAFE SUPPLY?

More accurately termed safer supply, this is a regulated supply of drugs that are otherwise accessible only through the illicit drug market. Provision may include requirements for supervised doses. This is not limited to opioids, but has been implemented and studied more for this class of drugs. Safer supply is not intended to be a treatment; it is a harm reduction concept to address the risk surrounding the toxic illicit drug supply. Effectiveness is still being assessed; criticisms include that it enables drug use, and that participants may trade the supplied drugs on the street for more powerful and dangerous substances.

LOOK FOR THE SYMPTOMS

Symptoms of an overdose can include

1. Difficulty walking, talking, or staying awake
2. Blue or grey lips or nails
3. Very small pupils
4. Cold and clammy skin
5. Dizziness and confusion
6. Extreme drowsiness
7. Choking, gurgling, or snoring sounds
8. Slow, weak, or no breathing
9. Inability to wake up, even when shaken or shouted at

If you think someone is overdosing, call 911 or your local help line. If available, give the person NALOXONE.

What is Naloxone?

Naloxone (also known under the trade name Narcan) is a medication used to temporarily reverse or reduce the effects of opioids, including to restore breathing after an overdose. It can be administered intravenously (most rapid effect, within 2 minutes), by injection, or as a nasal spray (effective within 10 minutes). This effect may be lifesaving and provide time for medical help to arrive.

PLACES WHERE PEOPLE CAN GET HELP AND ASSISTANCE

Overdose Prevention Sites (<https://www.vch.ca/en>)

1. Drug testing sites
2. Safe injection sites
3. Needle distribution sites

Naloxone Distribution and Education

(<https://www2.gov.bc.ca/gov/content/overdose/naloxone-kit>)

1. Get educated on what Naloxone is
2. Get your own kit
3. Understand when and how to use it
4. General overdose education

Consider getting trained

Look for a local first aid course, or simply a facility to teach you how to deliver Naloxone

SAVE A LIFE

If you encounter someone experiencing an overdose, it's crucial to act quickly to help save their life. Here are the steps you should take:

1. Check for Symptoms of Overdose
2. Call 911: If it appears the person is experiencing an overdose, immediately dial emergency services. Provide your location and details about the situation, including that the person may be experiencing a drug overdose.
3. Administer Naloxone (if available): If you have access to naloxone, an opioid overdose reversal medication, administer it as soon as possible. Naloxone can temporarily reverse the effects of opioid overdose, buying time until emergency medical help arrives. Follow the instructions provided with the naloxone kit for administration.
4. Perform Rescue Breathing: If the person is not breathing or their breathing is shallow, perform rescue breathing. Tilt their head back, lift their chin, and pinch their nose closed. Give two slow breaths into their mouth, ensuring their chest rises with each breath. A barrier device may be provided in a Naloxone kit if you have one available.
5. Monitor Vital Signs: Keep monitoring the person's vital signs, including their breathing and pulse. Stay with them until emergency services arrive.
6. Follow Instructions from Emergency Services: Emergency services will provide further instructions when they arrive. Cooperate with paramedics and provide any information they request about the person's condition and the substances involved.
7. Provide Support and Reassurance: Remain calm and provide reassurance to the person experiencing the overdose. Let them know that help is on the way and that they are not alone.
8. Remember, the priority in an overdose situation is to seek emergency medical assistance immediately. Don't hesitate to call for help, as quick intervention can save lives.

COUNSELLING RESOURCES

- **Cocaine Anonymous** (<https://ca-bc.org/>)
- **Vancouver Area Network of Drug Users** (<https://vandu.org>)
- **A Comprehensive List of Recovery Services and Treatment Support** (<https://www2.gov.bc.ca/gov/content/overdose/what-you-need-to-know/recovery-services-treatment-support>)

STATISTICS ON OVERDOSE: UNDERSTANDING THE NUMBERS

22

DEATHS

by overdose per day, in Canada.

7

DEATHS

by overdose per day, in BC.

100+

DEATHS

children ages 10-15

69%

of those deaths were single
males alone in their room

430000+

deaths by overdose since 2017
(65% were accidental poisonings)