


Love 
in the
Time **+**
of
Fentanyl

TABLE OF CONTENTS

LETTER FROM THE FILMMAKER	<u>3</u>
ABOUT THE FILM	<u>4</u>
Film Synopsis	<u>4</u>
Places in the Film	<u>4</u>
People in the Film	<u>5</u>
How to Watch the Film	<u>6</u>
Screening Objectives	<u>6</u>
DISCUSSING THE FILM	<u>7</u>
Framing the Conversation	<u>7</u>
Community Readiness	<u>7</u>
Be Mindful of Language	<u>8</u>
Glossary of Terms	<u>8</u>
TOPICS AND THEMES	<u>9</u>
Misconceptions about People Who Use Drugs	<u>10</u>
Understanding the Overdose Crisis	<u>12</u>
Defining Harm Reduction Practices	<u>14</u>
Cultivating Community Compassion, Community Activism	<u>16</u>
A Creative Response: Art as Activism to Educate, Honor, and Heal	<u>17</u>
CREDITS	<u>18</u>



LETTER FROM THE FILMMAKER

I have had the honor of being a part of Vancouver's Downtown Eastside (DTES) community for many years, and it has played a significant role in shaping who I am today. There is no way for me to describe the amount of grief, loss, and trauma that the overdose crisis has inflicted on the neighborhood. In 2018, I began to document various stories and responses to the crisis, including the Overdose Prevention Society (the O.P.S.), a grassroots safe drug consumption space that emerged as a radical antidote to government inaction.

Similar to the DTES as a whole, the O.P.S. is a place filled with outcasts fighting every day to improve and save the lives of their neighbors in the face of multiple challenges and systemic oppression. The O.P.S. is one of the many unique and courageous responses to this crisis in the DTES. We have a lot to learn from this community, not only in terms of reforming nonsensical drug policies, but also in terms of working toward a more just and compassionate society.

My primary motivation in making *Love in the Time of Fentanyl* was to upend deeply entrenched beliefs about addiction, counter the often dehumanizing stereotypes and misconceptions about drug users, and create an empathetic portrait of an unconventional community of frontline workers who display incredible heroism and ingenuity in confronting this crisis.

— Colin Askey, Director, Editor, Producer, *Love in the Time of Fentanyl*

ABOUT THE FILM

Film Synopsis

As deaths in Vancouver, Canada, reach an all-time high, the Overdose Prevention Society—a renegade supervised drug consumption site that employs active and former drug users—opens its doors. This intimate documentary looks beyond the stigma of drug use to show how the organization’s staff and volunteers do whatever it takes to save lives while giving hope to a marginalized community.

Places in the Film

Vancouver’s DTES has often been referred to as Canada’s poorest postal code and a problem area. The community is home to many individuals who face numerous challenges—substance use disorder, mental illness, extreme poverty, homelessness. Despite all of this, the DTES has always been a proud, resilient, and compassionate community that has consistently faced challenges with strong grassroots activism and innovative responses.

In the 1990s, the DTES experienced a record number of overdose deaths and the highest HIV infection rates outside sub-Saharan Africa.¹ During this time, the Vancouver Area Network of Drug Users (VANDU) was founded. One of the first drug user groups in the world, VANDU, along with the Portland Hotel Society (PHS), a pioneering harm reduction and housing organization, fought to expand evidence-based harm reduction services.² And eventually, in 2003, Insite, North America’s first supervised injection site, opened. The benefits of Insite’s work, including a reduction in the spread of HIV, hepatitis C, public drug use, syringe litter, and overdose deaths and an increase in treatment referrals, were published in peer-reviewed journals such as *The Lancet* and *British Medical Journal*.³

Despite the evidence of its success, in 2006 the Conservative Party of Canada, in power at the time, moved to close down Insite. The two groups were locked in a legal battle for five years until the Supreme Court unanimously ruled, on September 30, 2011, in favor of Insite. The Conservative Party responded to that decision by introducing a bill, which passed in 2015, that made it nearly impossible for more sites to open.⁴

By 2016, as fentanyl was taking over the drug supply, Insite was overwhelmed. The community wanted to open more sites, but the 2015 bill made it illegal. That’s when Sarah Blyth and other community activists started the **Overdose Prevention Society**. They began in a tent in a parking lot, with nothing but a few tables and chairs, allowing people to use drugs where they could be monitored. They trained and hired their fellow community members to respond to overdoses and save lives. With overdose deaths in British Columbia rapidly increasing, the provincial government quickly got on board to support the model.⁵

The O.P.S. was soon sanctioned, funded, and given a brick and mortar space seen in the film. Today, this model is replicated across the city and country.⁶ In August 2020, the provincial government promised funding to open more overdose prevention sites (OPSs).⁷

1 Travis Lupick, *Fighting for Space* (Vancouver: Arsenal Pulp Press, 2017).

2 Travis Lupick, *Fighting for Space* (Vancouver: Arsenal Pulp Press, 2017).

3 [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60054-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60054-3/fulltext);
www.ncbi.nlm.nih.gov/pmc/articles/PMC1352057

4 Travis Lupick, *Fighting for Space* (Vancouver: Arsenal Pulp Press, 2017).

5 thecanadaguide.com/government/political-parties/

6 harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1

7 theyee.ca/News/2020/12/23/First-OPS-Vancouver-Moves-Across-Street/



CONTENT ADVISORY:
VIEWER DISCRETION IS ADVISED.
THIS PROGRAM CONTAINS CON-
TENT THAT MAY BE UPSETTING
FOR VIEWERS, INCLUDING SCENES
OF OVERDOSE AND STORIES OF
TRAUMATIC DEATH AND LOSS.
THIS DISCUSSION GUIDE IS NOT
MEANT TO PROMOTE, OPPOSE,
OR JUDGE THE USE OF DRUGS;
RATHER IT IS MEANT TO OFFER
A BROADER UNDERSTANDING OF
THE ISSUE.

People in the Film

Love in the Time of Fentanyl focuses on a small group of people. It's important to note, however, that the O.P.S. is up and running thanks to the dedication of many people in the community, employees as well as volunteers.

- **Sarah** is executive director and co-founder of the O.P.S. She, along with other community members and activists, started the organization in 2016 as a direct response to the record-breaking number of overdose deaths and the government's inaction.
- **Norma** is a former volunteer and now supervisor at the O.P.S. She is the "den mother" of the O.P.S. because of her constant smile and kind words for people. She often cooks meals for the volunteers and employees as a way of expressing appreciation for all that they do.
- **Trey** is an artist and supervisor (now general manager) at the O.P.S. He helps oversee the staff at the O.P.S. and works with other DTES artists creating murals to memorialize community members who have died from overdoses.
- **Dana** is a supervisor at the O.P.S. He is the resident jack-of-all-trades. If not stocking the supply room or cleaning the floors, he is making impassioned pleas to Vancouver's city council about the need to fund 24-hour overdose prevention sites.
- **Ronnie** is a manager at the O.P.S. He is affectionately known as Narcan Jesus because of the countless overdoses he's reversed. Ronnie's been doing frontline harm reduction work for many years in the DTES, and it has taken a toll.

How to Watch the Film

INDEPENDENT LENS PREMIERE ([CHECK LOCAL LISTINGS](#)):

February 13, 2023

STREAM ONLINE AT [VIDEO.PBS.ORG](https://www.pbs.org/video):

February 13–May 13, 2023

INDIE LENS POP-UP SCREENINGS:

January 14–February 27, 2023

Screening Objectives

Over the past seven years or so, overdose deaths in Canada and the United States have been breaking records and show no signs of slowing down. In 2021 alone, nearly 108,000 people died from overdoses in the United States.⁸ To date, death due to the toxic drug supply is the leading cause of unnatural death in the Canadian province of British Columbia, where the film is set.⁹ Since the province's April 2016 declaration of a public health emergency for substance-related harms, more than 10,000 people who live there have died due to the toxic drug supply (see page 8).¹⁰

Love in the Time of Fentanyl provides a window into one community's response to this crisis. The film is the story of a group of dedicated individuals who live in Vancouver's DTES neighborhood and are tired of watching their friends die on the streets. They work and volunteer at the O.P.S., an overdose prevention site for people who use drugs. The facility offers a supervised, nonjudgmental space to use drugs, sterile supplies, drug checking (see page 7), and staff trained in overdose intervention. Throughout the film, audiences are exposed to a community's direct response to this crisis, one that challenges many assumptions and deeply entrenched beliefs about addiction and people who use drugs.

The goals of the film are to:

- shine a light on communities that are perceived as insignificant or peripheral and whose dedicated work is rarely seen, acknowledged, or understood;
- inform and educate the public about misconceptions and preconceived notions of people who use drugs and addiction;
- bring about awareness and a deeper understanding of the overdose crisis by showing another perspective and approach; and
- inspire action in audience members to get involved in their community and learn about evidence-based services for people who use drugs.

8 www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

9 news.gov.bc.ca/releases/2022PSSG0060-001453#:text=illicit%20drug%20toxicity%20is%20the%20first%20declared%20in%20April%202016

10 www.cbc.ca/news/canada/british-columbia/bc-overdose-deaths-june-2022-fatalities-decreasing-coroner-says-1.6552558#



Tips to share with the group to facilitate active listening and differences of opinions

- Share the glossary of terms.
- Remind participants that people will have different opinions, but everyone should be respectful.
- When someone is speaking, make sure they have the floor.
- Use “I” statements when speaking.

DISCUSSING THE FILM

Framing the Conversation

Despite the film being set in what is often referred to as ground zero of the overdose crisis, *Love in the Time of Fentanyl* is not so much a meditation on addiction, as it is a story about the people who work or volunteer their time at the O.P.S. and how, despite various challenges, they fight to save and improve the lives of their community. From training sessions that begin with honoring those they've lost to overdose and a land acknowledgment, to painting murals dedicated to community members who have died, to spending an evening at karaoke after a protest march about much-needed changes in drug policy, the audience begins to appreciate the fellowship this group has created, despite devastating losses.

Community Readiness

Any discussion about harm reduction practices and overdose prevention sites will likely be both emotional and politically charged. People attending screenings will bring their own personal experiences and biases.

It's important to acknowledge that everyone comes from a different place and to ask that people be open to exploring and questioning their assumptions.

To date, the United States has only two *public* overdose prevention sites. Located in New York City, both sites opened under former Mayor Bill de Blasio, and although they have the support of New York City leadership, some say that they are in contravention of federal law.

The concept of harm reduction practices, including overdose prevention sites, is gaining support in the United States. The American Academy of Family Physicians¹¹ and the American Medical Association¹² have published opinions in recent years that are in favor of overdose prevention sites.

Despite this growing support, some communities in which screenings of the film take place may have laws prohibiting basic harm reduction programs, so the entry point for discussion will depend on the community. Make every effort to understand your audience's perspective on these topics and the political reality in your community before you begin the discussion.^{13 14}

11 www.aafp.org/pubs/afp/issues/2022/0500/p454.html

12 www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs

13 news.harvard.edu/gazette/story/2017/08/revising-the-language-of-addiction/

14 towardtheheart.com/reducing-stigma

Be Mindful of Language

Before any conversations begin, take a moment to establish a list of terms and agreements that the community will use. Having panel and audience members begin from the same place will help facilitate a smoother discussion.

GLOSSARY OF TERMS

Drug checking—Using testing strips to test drugs for the presence of fentanyl or other contaminants; also, using a machine, known as a spectrometer, to test samples for drug contents, contaminants, and fentanyl amounts.¹⁵

Fentanyl—A synthetic opioid that is up to 50 times more potent than heroin. Legally prescribed fentanyl is used to control pain. *Illicitly manufactured fentanyl* (see below) is often mixed into street drugs.

Harm reduction—A public health strategy and a movement for social justice to reduce harm associated with criminalized activities, such as using drugs or engaging in sex work, by providing education, safe supplies, and nonjudgmental environments. The strategy focuses on the prevention of drug-related harm rather than the prevention of drug use. Using evidence-based strategies, harm reduction practices are proven to reduce the number of overdose deaths, the spread of HIV and hepatitis C, public drug use, disorder, and discarded paraphernalia. The strategy also boosts referrals to housing, healthcare, treatment, and legal services.

Illicitly manufactured fentanyl—A highly potent synthetic opioid or an analog developed in clandestine laboratories.

Naloxone—A medication, which works to reverse the effects of an opioid overdose while it's occurring. It's available as an intramuscular injection as well as a nasal spray.

Narcan—Brand name of one form of nasal naloxone.

Opioids—A category of drugs that can include plant-derived opiates; semi-synthetic opioids such as oxycodone, which have compounds from plant sources;

and those that are made in laboratories. Hydromorphone (Dilaudid), hydrocodone (Vicodin), oxycodone (Oxycontin, Percocet), and fentanyl are all opioids.

Opiates—Although in present day, the term refers to both plant-derived and synthetic opioids, in classical pharmacology, opiates are specifically substances made from several species of the opium poppy plant that help relieve pain. These plants have been cultivated and used by humans for medicinal and recreational purposes over thousands of years. Opium, morphine, codeine, and heroin are examples of opiates.

Overdose prevention sites—Also known as overdose prevention centers (OPCs) in the United States, and globally as safe consumption sites (SCSs), drug consumption rooms (DCRs), and safe injection facilities (SIFs). Some are run by community members, including active and former drug users, and some are staffed with medical professionals. Most are for injection drug users, but some offer safe rooms for smoking crack and/or meth, as fentanyl is making its way into all street drugs.

Opiate-assisted treatment—Evidence-based treatment that provides free pharmaceutical heroin or opioids for chronic injection drug users to reduce the risk of overdose and risky behaviors to obtain drugs.

Person who uses drugs (PWUD)—We encourage people to use person-first language when discussing the film.¹⁶

Safer supply—Refers to providing regulated, tested, and/or prescribed medications as a safer alternative to the unregulated toxic drug supply for people who are at high risk of overdose.¹⁷

Toxic drug supply—Unregulated drug supply with unknown contaminants and/or amounts.

U.S. war on drugs—A government-led initiative whose purported purpose was to stop illegal drug use, distribution, and trade by increasing prison sentences for drug dealers and users. The war on drugs began in 1971 and is still going on today, however with many critics calling out its racist and discriminatory objectives.¹⁸

15 harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00590-z

16 news.harvard.edu/gazette/story/2017/08/revising-the-language-of-addiction/

17 www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html

18 lawrepository.ualr.edu/cgi/viewcontent.cgi?article=2106&context=lawreview



TOPICS AND THEMES

Love in the Time of Fentanyl is a celebration of community and of a small band of people who live in the DTES and work or volunteer at the O.P.S. each and every day, with the intention of keeping their neighbors and loved ones safe by offering a supervised, nonjudgmental space for people to use drugs—without fear of dying. As the film unfolds, themes of compassion, care, courage, resilience, humanity, kindness, and, ultimately, community resonate throughout.

The film touches on many issues, so to help you, this discussion guide offers detailed guidance on facilitating discussions on these five topics:

- **Eliminating common misconceptions about people who use drugs**
- **Understanding the overdose crisis**
- **Understanding harm reduction practices and why they are important**
- **Organizing and driving activism within the community**
- **Using art as activism and expression to educate, honor, and heal**

For each topic, you will find the following:

- **Overview and background info:** Framing language and helpful insights about the topic.
- **Discussion questions:** Guided prompts to help get the conversation started.
- **Resources:** Organizations to reach out to and sources to research to help you prepare for your event.
- **Potential partners:** Community groups and partners that can contribute additional knowledge during moderated conversations.
- **Engagement activities:** Ideas to promote active participation in the film topics and discussion questions that support in-depth conversations and personal reflection.

Misconceptions about People Who Use Drugs

“So often, drug users are outcasts and not given credit for being able to be, like, use their mind, to have solutions to major problems ... so many people in drug use, they’re shunned from community engagement and shunned from being recognized as significant, and yet, here we are, right?”

–Ronnie

The United States and Canada have a long history of demonizing people who use drugs. Prohibition laws in the early 1900s were driven largely by xenophobia, racism, and a perceived threat to white middle-class purity. Over the years, such laws became a weapon to target and criminalize specific groups, most often people of color. In 1971, President Richard Nixon declared his “war on drugs.” Many years later, in 1994, author Dan Baum interviewed top Nixon aide John Ehrlichman for a book Baum was writing about the politics of drug prohibition, and Ehrlichman admitted that the prohibitive policies of the war on drugs were intentionally designed to target the antiwar left and Black people: “We knew we couldn’t make it illegal to be either against the war or Black, but by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”¹⁹

In Canada, criminal law continues to disproportionately harm Black and Indigenous communities at similar rates as the U.S. Drug offenses are the leading cause of arrest in the United States,²⁰ and the vast majority are for personal possession alone. Black people comprise 24 to 30 percent of those arrested, despite making up just 13 percent of the U.S. population and despite Black people and white people using and selling drugs at similar rates.²¹

Drug overdose data also show disparities between different population groups. In just one year, from 2019 to 2020, overdose death rates increased 44 percent among Black people and 39 percent among American Indian and Alaska Native people. The rates are also linked with income inequality—the bigger the income gap in a given community, the higher the rate of overdose deaths.²²

Over the last 50 years, not only have the anti-drug campaigns and the war on drugs failed to reduce drug use, drug sales, the number of deaths due to overdose, or crime, but also, they have caused widespread harm. Common narratives and social attitudes tend to characterize drug use as being a “moral failing” or a “weakness.” One of the most prevailing myths is that people who use drugs aren’t capable of living productive lives. There is a stereotype that they don’t contribute to society and aren’t worthy of having a seat at the table when decisions are being made about their community.²³ From stigma and social exclusion to barriers to healthcare and housing, people who use drugs, specifically crack, methamphetamine, and illicit opioids, such as heroin or fentanyl, have become some of the most marginalized in our society. And the shame, stigma, and criminalization of drug use has forced people to use alone, which puts them at the highest risk of overdose.

In *Love in the Time of Fentanyl*, which takes place in Vancouver’s DTES neighborhood, we see firsthand that people who use drugs are capable and that they are vital to the work and success of the O.P.S. It is the staff’s lived experience and membership of the community they serve that allows the participants at the O.P.S., who face stigma and exclusion from other services, to feel safe and understood. As Ronnie mentions in the film, the O.P.S. benefits not only the people using the site, but also the staff because they, too, have found a place in society where they can contribute and are recognized as having value.

19 harpers.org/archive/2016/04/legalize-it-all/

20 www.drugpolicyfacts.org/chapter/crime_arrests#

21 drugpolicy.org/issues/drug-war-statistics

22 www.cdc.gov/vitalsigns/overdose-death-disparities/index.html

23 harmreduction.org/



DISCUSSION QUESTIONS

- What biases about people who use drugs did you have coming into the screening?
- Which scenes or people made you rethink your beliefs?
- What surprised you the most about the people highlighted in the film?
- How important is it that people who use drugs be at the table when decisions are made that affect them?
- In what ways did the people who use drugs in the film make positive changes for themselves and their communities?

RESOURCES

- [Crackdown](#), a podcast about drug use that is run, managed, and produced by people who use drugs
- [Urban Survivors Union](#), a group of people who use drugs advocating for their rights and health
- [Changing the Narrative](#), a group of reporters, researchers, academics, and advocates concerned about the way the media represents drug use and addiction
- [In the Realm of Hungry Ghosts](#), a book about people who live in the DTES
- drugpolicy.org/issues/brief-history-drug-war, a history of the United States' war on drugs
- drugpolicy.ca/about/history/, a history of Canada's drug policies

POTENTIAL PARTNERS / SPEAKERS

- [Local harm reduction organizations](#)
- Healthcare professionals educated in harm reduction practices
- Representative from the [Urban Survivors Union](#)

ENGAGEMENT ACTIVITIES BEYOND A PANEL

- Host a resource fair that spotlights local harm reduction organizations.

Understanding the Overdose Crisis

“You can make so much money from such a small amount because (of) the labor cost involved in making heroin, compared to the chemicals used to make fentanyl. It’s a no-brainer. You’re gonna go with fentanyl.”

—Dana

There are multiple, interrelated, and deeply rooted social and economic determinants of the overdose crisis in the United States, none of which are likely to provide a sufficient explanation for the crisis when considered in isolation. In the context of the current crisis, it’s essential to unpack the three key periods of the last 30 years that brought us here.^{24 25}

The first period came in the mid-1990s when pharmaceutical companies began pushing the use of opioid prescriptions for pain management, claiming little risk for addiction. This caused an explosion of prescriptions issued by medical professionals. And although it’s true that most people who were prescribed pain medications did not become addicted to the drugs, it did mean that more painkillers were floating around, and they were commonly diverted or shared.^{26 27} It’s important to note that this happened against a backdrop of economic and social upheaval, particularly de-industrialization, cuts to social safety nets, and ever-increasing economic inequality, a combination that created fertile ground for pharmaceutical salespeople.

The second period began in 2010. Addiction was on the rise, and nationwide attempts to decrease the issuance of opioid prescriptions began.²⁸ But, of course, drug use did not disappear as doctors curtailed prescribing. Instead, many people turned to cheaper, more potent, readily available street drugs, including heroin. During this second phase, overdoses related to heroin increased by nearly 500 percent.²⁹

By 2018, the beginning of the third period, the synthetic opioid fentanyl was finding its way into the heroin supply. Experts say the introduction of manufactured fentanyl changed everything and point to the so-called **Iron Law of Prohibition** as the reason behind the surge. Essentially, the Iron Law of Prohibition theorizes that legal barriers imposed on the supply chain of an illicit drug cause the potency of said drug to increase because of the limitations.^{30 31}

Although it is important to explore the many factors that have led us here, it is also vital to consider how current policies and structural stigma hinder any meaningful response to this crisis. In the United States, evidence-based harm reduction programs such as overdose prevention sites have little support and are often viewed as “enabling” or as opposed to treatment. This is despite research that shows these services do increase referrals to treatment.

Similarly, evidence-based treatments often receive little support because of the stigma associated with programs that don’t take an abstinence-only stance. For example, in the use of methadone and buprenorphine to treat heroin addiction, more than half of all drug courts in the United States require participants to discontinue methadone or buprenorphine within 30 days,³² even as experts stress that these medications should be continued as long as clinically indicated, which often means lifelong treatment.

Structural barriers to treatment are pervasive. Medicaid programs usually cover drug treatment, but can get bogged down by prior authorization requirements and lifetime treatment limits.³³ Even when treatment is covered, availability is commonly undermined because local zoning laws limit where facilities such as methadone clinics can be situated and how many can actually open and operate. This lack of easily accessible services makes it difficult for someone who desires that type of treatment to actually get it.

24 www.ncbi.nlm.nih.gov/pmc/articles/PMC6637277/

25 www.hhs.gov/opioids/about-the-epidemic/index.html

26 www.vice.com/en/article/a3z98b/big-pharma-didnt-cause-the-opioid-crisis-most-pain-patients-dont-get-addicted

27 ajph.aphapublications.org/doi/10.2105/AJPH.2017.304187

28 www.cdc.gov/opioids/basics/epidemic.html

29 nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

30 www.cdc.gov/drugoverdose/deaths/synthetic/index.html

31 pubmed.ncbi.nlm.nih.gov/28735773/

32 store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf

33 www.ncbi.nlm.nih.gov/pmc/articles/PMC6957118/

And finally, some people who work in the healthcare industry also hold stigmatizing beliefs against people who use drugs, which can lead to suboptimal care. This can look like not providing adequate pain management for people who use drugs or addressing withdrawal symptoms, at all.^{34 35 36 37}

In ***Love in the Time of Fentanyl***, we see the effects of black-market fentanyl contaminating the drug supply in Vancouver's DTES community. All of the people we see who use drugs in the film are injection fentanyl users. They say they had no choice because fentanyl took over the supply and heroin became difficult to find. And, as they point out, the withdrawal symptoms from fentanyl are much worse than heroin withdrawal symptoms.

We hear stories about people's pain and personal trauma, such as Chris and Smoky D losing their wives and Jamie losing a friend standing right next to him in the war in Afghanistan. We see Dana's struggle with treatment and the reality of relapse.

This rare glimpse into the lives of those most impacted by this crisis demonstrates that while restrictions on opioid prescriptions may arguably be a useful tool for addiction prevention, it is hard to see how restrictions make a difference to those who are currently faced with using a toxic drug supply.

DISCUSSION QUESTIONS

- How has your perspective of the overdose crisis changed after watching this film?
- How has the overdose crisis impacted your community or family?
- What might be better responses to the overdose crisis in your community and why?
- What might be some of the root causes for such a strong market for prescription painkillers? Do you think those drivers are still present today?
- Where do you stand on the idea of a regulated safe supply of drugs?
- How has stigma played a role in the overdose crisis and in the response?

RESOURCES

- [Understanding the Opioid Overdose Epidemic](#)
- [Recent Surge in U.S. Drug Overdose Deaths Has Hit Black Men the Hardest](#)
- [Drug Policy Alliance](#)

POTENTIAL PARTNERS / SPEAKERS

- Local chapter of [Students for Sensible Drug Policy](#)
- Local organizations pushing for criminal justice reform
- Professor Carl Hart of Columbia University
- Cassandra Frederique of the Drug Policy Alliance

ENGAGEMENT ACTIVITIES BEYOND A PANEL

- Host a candidate forum at which you ask candidates to provide their thoughts about the war on drugs.

34 harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00399-8

35 www.bu.edu/sph/news/articles/2019/stigma-is-barrier-to-health-care-for-people-who-inject-drugs/

36 jamanetwork.com/journals/jamanetworkopen/fullarticle/2788647

37 pubmed.ncbi.nlm.nih.gov/33621804/

Defining Harm Reduction Practices

“The community has really come together in a way to help each other, you know, when others weren’t there to help them. They stepped up, and it’s just very heroic. But in another sense, what’s the relief? You know, when does it get better?”

—Sarah

In the most basic sense, “harm reduction” is a concept that emphasizes engagement with people who use drugs in order to prevent overdose and other health and social harms. The philosophy isn’t about discouraging drug use or treating drug addiction, it’s about helping people to achieve positive change as they define it for themselves.

The harm reduction movement has gone through many iterations and comprises multiple options. The first syringe exchange program, Junkiebond, was founded in 1981 by a group of heroin users in Rotterdam, Netherlands, as a way to avoid a local hepatitis B outbreak.³⁸ Led by Nico Adiraans, Junkiebond engaged in demonstrations to demand basic rights. At one point, there were 40 Junkiebond chapters in the Netherlands and West Germany.

In Liverpool, England, efforts began in the 1980s to provide methadone, heroin, and cocaine to people dependent on them. This was not the first time that opioids had been provided in medical settings to people with dependence—indeed, this practice had existed since the early 20th century—but doctors in the Liverpool area continued to do it even as national leadership turned against the practice. Further, inspired by the Netherlands, locals opened up a syringe exchange program, which helped the area avoid the HIV outbreaks that were arising in neighboring areas. This garnered more widespread support for their practice. Today, Liverpool is widely seen as the birthplace of the international harm reduction movement.³⁹

The first overdose prevention site was opened in Bern, Switzerland, in 1986 in response to the city’s open drug scene.⁴⁰ Other cities in Europe followed suit. And in 2003, Canada opened North America’s first overdose prevention site thanks to advocacy by the Portland Hotel Society and Vancouver Area Network of Drug Users.⁴¹

Today, harm reduction organizations provide a variety of services, including: sterile syringes and supplies to prevent bloodborne infections; education about how to use drugs in the safest possible way; naloxone (the overdose antidote); technology to help people who use drugs understand the contents of their drugs and the risks associated with various adulterants; low-barrier addiction treatment; wound care; reproductive health care; legal aid services; primary health care; connections to housing and other social services; and much more. But when it comes to actually using drugs, most people in the United States do not have the benefit of an overdose prevention site. This means that they are often using drugs in more risky ways—alone, where no one can find them if they overdose, or in a public place, where rushed injection can increase the risk of overdose.

In *Love in the Time of Fentanyl*, we not only see the provision of many of these services, but we see the philosophy at work. We see how a community-led, nonjudgmental environment allows trusting and supportive relationships to form. In the film, Ronnie talks about the O.P.S. becoming the family for many of the people who work and use at the site. In a world that doesn’t allow space for this group of people to be safe, to be treated with dignity, to be loved as they are, they built it for themselves.

38 harmreduction.org/

39 maiasz.com/books/undoing-drugs/

40 www.opensocietyfoundations.org/publications/mountaintops;
[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31469-7](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31469-7)

41 harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0154-1



DISCUSSION QUESTIONS

- After watching the film, how did your stance on harm reduction change?
- Why do you think it's difficult for some people to let go of abstinence-only approaches?
- In what ways do you think harm reduction responses are helpful?
- What is considered successful treatment and why? Do you think there are other goals, beyond total abstinence, that are worthwhile?
- Why are these overdose prevention sites illegal in the United States?

RESOURCES

- [Supervised Injection Facilities in Canada: Past, Present, and Future](#)
- [National Harm Reduction Coalition](#)
- [Undoing Drugs](#), a harm reduction history by Maia Szalavitz
- [Opioid and Harm Reduction through the Lens of Faith](#)

POTENTIAL PARTNERS / SPEAKERS

- Representative from your local harm reduction organization
- [Author Maia Szalavitz](#)
- Representative from [Faith in Harm Reduction](#)

ENGAGEMENT ACTIVITIES BEYOND A PANEL

- Conduct [training sessions for administering injectable naloxone](#)
- Organize a supply drive for your local syringe exchange program

Cultivating Community Compassion, Community Activism

“It’s awesome that we can save people down here. You know, that’s my passion because I lost so many friends down here. And I overdosed myself when ... when naloxone just came out as a drug. I was lucky, I was with a roommate too, or I wouldn’t be here right now.”

—Norma

In the opening credits of *Love in the Time of Fentanyl*, we see Ronnie and Dana come to the aid of a man who is overdosing on the streets. We know they’ve given him naloxone to stop it. We hear them as they monitor his oxygen level. The man finally comes around and sits up, and the ambulance arrives.

Throughout the film, we see the O.P.S. staff conduct countless acts of compassion. Not all are as dramatic as reversing an overdose. Many of the tasks are much more mundane, like sweeping up the alley and mopping the floors, and show they take ownership of their space and want to make it nice for people. Trey makes a cross-town trek to return a wheelchair to an elderly man named Ron who is in the hospital. Dana and Sarah attend a city council meeting to make an impassioned plea to fund extended hours for the overdose prevention sites so more people don’t die when the site is closed. We see Ronnie ask a woman who is struggling if he can put his hand on her shoulder; we see Trey bringing a smile to the face of a woman who recently overdosed by showing her security camera footage of their Halloween costume party. Individually or together, these moments are the embodiment of community compassion and activism.

There is no wrong or right way to organize a community. Some groups conduct months of research and planning, whereas others dive in and set up shop. The most important component that drives community activism is the desire to make a change or improve a given situation. The actions that took place in order to get the O.P.S. up and running represent the core elements of community activism—seeing a problem in your community, bringing together people who feel the same way, taking action, and finding ways to keep the cause afloat.⁴²

Creating change in a community doesn’t require people who have lofty degrees or accolades for civic-minded actions. The O.P.S. is the perfect example. The people who work and volunteer at the center live in the neighborhood; many of them have been in the shoes of those they are helping. They are everyday people who understand and believe in the cause of the O.P.S. and know that an organized community can bring about change.

DISCUSSION QUESTIONS

- What are some examples of community activism in your community that you admire?
- How can you contribute to collective caring in your neighborhood, family, or community?
- What actions did people in the film take to try to change their city’s overdose response policy? What actions might resonate in your community?
- In what instances do you think community activism is justified in breaking the law, particularly if it means bringing attention and resources to a desperate situation?

RESOURCES

- [Why Social Capital Could be the Key to Solving America’s Opioid Epidemic](#)
- [Greatnonprofits.org](#) — a database of nonprofits around the country
- [50 Creative Community Service Ideas](#)
- [Community Change](#)

POTENTIAL PARTNERS / SPEAKERS

- Community leaders who work for marginalized communities
- Local scholar or professor who specializes in nonprofit work/culture
- Representative from the [Urban Survivors Union](#)

ENGAGEMENT ACTIVITIES BEYOND A PANEL

- Host a coalition-building workshop
- Host a potluck
- Start a community garden

⁴² ginsberg.umich.edu/content/community-organizing-activism

A Creative Response: Art as Activism to Educate, Honor, and Heal

“This wall means a lot to people in the community, and it’s kind of always been a memorial wall. Like, so many people have passed in this alleyway ... we’re just trying to do the best we can and commemorate those from the Downtown Eastside.”

—Trey

When a person who lives in the DTES dies from an overdose, the community has few options to honor them. Expensive funerals are not an option, so friends and loved ones turn to placing flowers or cigarettes or leaving messages in the alleys where the overdose occurred. However, these memorials don’t last long because they are swept up every few days by city workers in the DTES. This is what led Trey and Shawn to create the mural behind the O.P.S—it provides a place where people can gather, add their loved ones’ names, and grieve and also know they weren’t alone.

In the film, we also see many other murals depicting people lost to overdoses and the dangers of the toxic drug supply in the neighborhood. Most of the murals are done with graffiti art, an art form often referred to as the language of the oppressed or the voice of the voiceless. Many of the murals were created by a DTES artist named Smokey D, who lost his wife to a fentanyl overdose early in the crisis. As he lost more friends, he started dedicating his time to creating murals depicting the harsh realities of the crisis throughout the alleys of the DTES.

In addition to their artistic beauty, the murals are also a form of education and call for action. It’s how people in the DTES first learned of the toxic drug supply, the record numbers of overdoses, naloxone training locations, and the need for precautions while using.^{43 44} The murals quickly attracted the attention of local and international media and gave the larger city of Vancouver an opportunity to understand that these deaths are not just numbers to the people living in the DTES.

In turn, the stories in the media helped reduce stigma toward the neighborhood and allowed for more public education and support for the expansion of harm reduction services in the community. It’s a powerful example of how art can be used for social justice—as a voice for the voiceless and a tool to bring necessary awareness and change.

It’s no surprise that art plays a prominent role in **Love in the Time of Fentanyl**. Art is a form of creative expression that helps people make sense of the conditions around them. When a person makes, creates, or experiences art, the physical manifestation taps into the part of their brain that governs process and enables them to release the trauma represented in the art.

DISCUSSION QUESTIONS

- Think about the mural behind the O.P.S. for a moment—what was Trey trying to convey by keeping it “alive”?
- Many social justice movements have used art. What examples can you think of?
- What did the karaoke scene convey to you about this group of people?
- Why do we need creative approaches to solving problems?
- Making a documentary is also a form of artistic expression. What message do you think the filmmaker wants to convey through this documentary?

RESOURCES

- [Center for Artistic Activism](#)
- [Musicians for Overdose Prevention](#)

POTENTIAL PARTNERS / SPEAKERS

- Local artists, performers, musicians, and other creatives who support harm reduction practices

ENGAGEMENT ACTIVITIES BEYOND A PANEL

- Create a mural
- Host a musical performance
- Host a spoken-word performance
- Host an art exhibit

⁴³ www.vancouverisawesome.com/courier-archive/news/dtes-graffiti-artist-smokey-d-earns-permission-to-paint-opioid-crisis-memorial-3057593

⁴⁴ theyyee.ca/Culture/2021/02/09/Family-Artists-Vancouver-Downtown-Eastside/

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INDIE LENS POP-UP

Indie Lens Pop-Up is a neighborhood series that brings people together—virtually and in-person—for film screenings and community-driven conversations. Featuring documentaries seen on PBS's *Independent Lens*, Indie Lens Pop-Up draws local residents, leaders, and organizations to discuss what matters most, from newsworthy topics and social issues to family and community relationships. Since its inception in 2005, more than 6,700 Indie Lens Pop-Up events have brought an estimated 400,000 participants together to discuss issues that impact local communities. For more information visit pbs.org/indielenspopup.

INDEPENDENT LENS

Independent Lens is an Emmy® Award-winning weekly series airing on PBS Monday nights at 10:00 p.m. ET. The acclaimed series, with Lois Vossen as executive producer, features documentaries united by the creative freedom, artistic achievement, and unflinching visions of independent filmmakers. Presented by ITVS, the series is funded by the Corporation for Public Broadcasting, a private corporation funded by the American people, with additional funding from PBS, Acton Family Giving, the John D. and Catherine T. MacArthur Foundation, Wyncote Foundation, and the National Endowment for the Arts. For more visit pbs.org/independentlens.

Join the conversation with #FentanylFilmPBS on Twitter, Facebook, and Instagram at @IndependentLens.

ITVS

ITVS is a San Francisco-based nonprofit organization that has, for over 25 years, funded and partnered with a diverse range of documentary filmmakers to produce and distribute untold stories. ITVS incubates and co-produces these award-winning films and then airs them for free on PBS via our weekly series, *Independent Lens*, as well as on other PBS series, and through our digital platform, OVEE. ITVS is funded by the Corporation for Public Broadcasting, the National Endowment for the Humanities: American Rescue Plan, Acton Family Giving, the John D. and Catherine T. MacArthur Foundation, the Ford Foundation, and Wyncote Foundation. For more information, visit itvs.org.

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