

January 14, 2025

Dear Ministers Rustad, Sturko, Kindy, Rattee, Block, Valeriote, Botterell and Ms Furstenau,

In January 2024, our daughter Sidney died of fentanyl poisoning at the University of Victoria. It was a preventable death -- she died from a lack of basic first aid. In May we sent an open letter to the provincial government asking them to institute some very basic safety measures that have been available in other provinces for years. We have received promises, but these measures are still not in place in B.C. When the legislature resumes, we are asking for your help to pressure the NDP to institute these basic measures to protect British Columbians, particularly our teenagers and young adults.

B.C. has the highest death rate from opioids in the country. Toxic drugs are the leading cause of death in people between the ages of 10 and 60, accounting for more deaths than accidents, suicides, homicides and natural diseases combined. Despite that shocking statistic, the BC government has refused to make nasal naloxone free and widely available in the province. It has been free and widely available in Ontario, Quebec and the NWT since 2018, and in the Yukon since 2022.

As you likely know, naloxone can reverse the effects of an opioid but it must be given quickly, or brain damage and death will ensue. Injectable naloxone is prohibitive for most people to use and carry. Nasal naloxone is preloaded, ready to use, and can be carried in a pocket or purse. It is much easier and quicker to use in an emergency, -it literally takes seconds to administer. It would be far easier to convince a young person to put a small cartridge of a nasal spray in their pocket when going out, compared with asking them to carry a kit with syringes, needles and glass vials.

Having naloxone readily available and quickly administered is not just about saving lives. It is about reducing the likelihood of brain injuries in people who are treated for an overdose. When a person collapses from drug toxicity, brain damage can ensue in minutes, and the extent of that injury is related to the time it takes to treat them. The emotional, societal, medical and economic cost from these brain injuries is impossible to calculate, but we would wager it is far more than the differential cost of nasal naloxone compared to injectable naloxone. Similarly, the social, emotional and economic cost of losing young lives is staggering.

The pilot project recently started in BC with nasal naloxone targeted exclusively to high risk individuals is completely inadequate. Nobody would have considered Sidney high risk and none of the bystanders on scene would have been considered high risk. None would have qualified for nasal naloxone under the current pilot program. Statistics are not available in BC to know how many deaths occur in the first time user, or occasional drug user who experiments with a drug not knowing it is contaminated with fentanyl. But that number is likely substantial given ninety percent of drugs in B.C. are contaminated with fentanyl. That is a population that must also be targeted with simple safety measures. Every person in British Columbia should have free and easy access to nasal naloxone like they have in Ontario and Quebec.

We strongly urge you to go to a pharmacy and pick up one of BC's archaic needled kits and see for yourselves just how difficult these would be for most people to carry and use, compared to the simple cartridges of nasal naloxone. We would be happy to meet with any of you to demonstrate the difference between the injectable kits that we offer in BC and nasal naloxone.

BC must also urgently mandate a comprehensive education campaign in high schools that includes toxic drug awareness, CPR training, and naloxone training. Our students deserve to learn basic life-saving skills to help protect themselves and those around them during a medical emergency. This is not just important during an overdose. The cost of CPR training is prohibitive for most families. It can easily be incorporated into the school curriculum so that every student in BC graduates with this life saving skill.

The ACT foundation will do this in BC for free. They use a 'teach the teacher model' that is self perpetuating. If CPR is not mandated in the curriculum, a teacher or school district can decide not to teach it. Five sober young people had to watch Sidney turn blue and die without understanding that basic rescue breathing would have saved her. They were not taught CPR in high school. The level of trauma associated with witnessing her death cannot be understated. They deserved a public education system that taught them CPR, taught them about naloxone and taught them about the opioid crisis and how it is impacting people their age.

CPR is mandated in the high school curriculum in Ontario, Quebec, Manitoba and Alberta. B.C. must also mandate CPR training and naloxone training in the high school curriculum. If a gym class can find time to teach square dancing, it can find time to teach CPR.

We are hopeful that combined pressure from the Green Party, the BC Conservatives and the public will convince the NDP that they must finally act on these issues. These measures are not controversial. They should not be partisan. With the death rate in BC, these simple measures should have been in place years ago, as they have been in provinces with much lower death rates. Continuing to deny them to British Columbians during this crisis that is killing our teenagers and young adults, is negligent.

If you have any questions please contact us. Please feel free to share this email. Details of Sidney's death and the simple measures that we have been advocating for are at sidneyshouldbehere.ca

Sincerely,

Caroline McIntyre MD and Ken Starko
sidneyshouldbehere.ca