



Opioid Use: Deconstructing Media Messages

To explore the topic of opioid use and the media, we suggest using two recent news reports about fentanyl overdoses in BC. Both reports follow first responders in situations where one or more people have overdosed on fentanyl. However, the differences between the two are interesting and may reflect different attitudes and beliefs about drug use, and the people who use opioids in particular.

The goal of this instructional outline is to increase awareness about the elements of a media story and their potential to influence our thoughts and behaviour and to develop critical skills in deconstructing the media messages about drug use.

Instructional strategies

1. Ask students to read the [CBC news report](#) and [National Post report](#) about fentanyl overdoses in Vancouver (included at the end of the lesson) and facilitate a discussion about how the language and images of these pieces of media impact the messages that reach the reader. You might use questions such as those below:
 - a. Compare and contrast the opening sentences of the two articles. What emotional response is encouraged by each? How does that play out in the rest of each article?
 - b. How are the people who use drugs described in each article? Think about the language used to talk about them (names, descriptors, labels, expressions) as well as the images used. Are they similar or different? How? Are the portrayals linked to the way the articles are introduced?
 - c. What impact do labels have on people (the people who are labelled, the people around them, the people who use the labels)? Have you ever been labelled? How did it make you feel? Why?
 - d. Compare and contrast these two reflections:

Vancouver firefighter: "You just walk by lines of different people shooting up and then you treat the third one on the left, and it's just a matter of time before the first two go down as well."

Delta police officer: "Once we were in our rhythm, I started to think, 'Who else?' ... 'How many more?'"

How are they similar? How are they different? What messages does each send?
 - e. What do you think accounts for the differences between these two reports of opioid overdoses?
 - f. How might each report influence readers to think about
 - drugs?
 - the people who use drugs?
 - the solutions to the current overdose problem?

2. Invite students to form small collaborative teams and challenge them to write a fictional report about a recent spike in the number of opioid-related deaths in their community.

After they have finished writing the report, have each team read their report to the class and facilitate a class discussion after each presentation with questions like:

- a. How are drug users portrayed in your report? What language or images did you use to talk about them?
- b. What message(s) does your report send about drug use? What about the people who use opioids?
- c. How is the report you wrote different from the National Post report you read earlier? How is it similar? How does it compare to the CBC report?
- d. Was it easy or difficult, as a group, to agree on the language you would use or the messages you would portray in your report? Explain.
- e. What, if anything, does your report indicate about you? Do you think it is possible for someone to write a report that indicates nothing about the author? Explain.
- f. Do you think that people who write news reports have a responsibility to be fair with respect to the people and issues they write about? Is fairness, in this context, the same as being unbiased? Why or why not?

Drug literacy

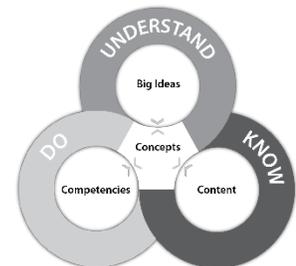
Big idea

- As humans, both individually and as communities, we need to learn how to manage the drugs in our lives

Competencies

- Assess the complex ways in which drugs impact the health and wellbeing of individuals, communities and societies
- Recognize binary constructs (e.g., good vs bad) and assess their limitation in addressing complex social issues like drug use
- Develop social and communication skills in addressing discourse and behaviour related to drugs

For a complete look at the drug literacy competencies, as defined by the Centre for Addictions Research of BC, see: www.uvic.ca/research/centres/cisur/assets/docs/iminds/hs-pp-drug-curriculum.pdf



Links to Curriculum

First Peoples' principles of learning

- Learning ultimately supports the well-being of the self, the family, the community, the land, the spirits, and the ancestors
- Learning is holistic, reflexive, reflective, experiential, and relational (focused on connectedness, on reciprocal relationships, and a sense of place)



English Language Arts 11 – New Media

Big ideas

- Texts are socially, culturally, geographically, and historically constructed
- Language shapes ideas and influences others.

Competencies

- Comprehend and connect (reading, listening, viewing)
 - Access information for diverse purposes and from a variety of sources and evaluate its relevance, accuracy, and reliability
 - Apply appropriate strategies in a variety of contexts to comprehend written, oral, visual, and multimodal texts; guide inquiry; and extend thinking
 - Recognize and appreciate how various forms, structures, and features of texts reflect a variety of purposes, audiences, and messages
 - Think critically, creatively, and reflectively to explore ideas within, between, and beyond texts
 - Recognize and identify the role of personal, social, and cultural contexts, values, and perspectives in texts, including gender, sexual orientation, and socio-economic factors
 - Recognize how language constructs personal, social, and cultural identities
 - Construct meaningful personal connections between self, text, and world
- Create and communicate (writing, speaking, representing)
 - Respectfully exchange ideas and viewpoints from diverse perspectives to build shared understanding and extend thinking
 - Reflect on, assess, and refine texts to improve their clarity, effectiveness, and impact according to purpose, audience, and message
 - Transform ideas and information to create original texts, using new or unfamiliar genres, forms, structures, and styles

[British Columbia](#) · CBC Investigates

'A small Band-Aid on a big cut': Vancouver firefighters race to revive fentanyl addicts

Scenes from a ride-along with Vancouver firefighters on the front lines of Canada's fentanyl crisis



[Natalie Clancy](#) · CBC News · Posted: Sep 13, 2016 2:00 AM PDT | Last Updated: September 13, 2016



Vancouver firefighters Jason Lynch and Jay Jakubec try to revive an addict who has already had two doses of opioid antidote Narcan in the city's Downtown Eastside. (CBC)

"This is our 10th time doing this today, daily routine for us," says Vancouver firefighter Jason Lynch.

He's not talking about knocking down a fire or even rescuing a cat stuck in a tree.

Instead, he's once again knelt down trying to revive a drug addict. This one isn't responding to two doses of [opioid antidote](#) naloxone, which goes by the trade name Narcan.



'Want us to bag him?' are the first words out of a firefighter's mouth as he and his colleagues approach an unresponsive man whom paramedics are already working on. (CBC)

Oxygen, pain stimulation (like a knuckle in the rib) and shots of Narcan are the first steps to try to revive a drug user, say the first responders who work out of Vancouver's fire hall No. 2, one of the busiest in Canada.

But none of those things are working on this man.



A paramedic decides to open the patient's airway through his nose after three doses of Narcan fail to revive him. (CBC)

"You guys are like the pros now," says a paramedic who arrives on the scene.

"We are," Lynch responds.

They rarely put out fires anymore, or even ride in the fire trucks.

They are usually first on the scene, in an SUV, responding to medical calls after someone passes out on the street in the city's Downtown Eastside.

"There it is. Nice work," says Lynch as the man comes back to life after repeated shots of Narcan. It blocks the effect of opioids [like fentanyl](#), the deadly drug that's caused a public health emergency in B.C. and [threatens to do the same](#) elsewhere across the country.



'You overdosed. You OD'd buddy,' says a paramedic who gently helps her patient sit up. (CBC)

This is an especially busy day, the firefighters explain, because it's when people line up to get their monthly welfare checks.

It's very difficult to see humans in that kind of trauma and situation.- Jason Lynch, Vancouver firefighter

"Welcome to Welfare Wednesday in Vancouver," says firefighter Ryan McConnell, who explains that with all that cash on the street, fentanyl dealers and first responders are both in very high demand.

Overdose deaths from a bootleg version of fentanyl smuggled from Asia are expected to skyrocket across Canada this year.

According to statistics from provincial coroners, opioid overdoses now [kill more Canadians than car crashes](#).

Approximately two people die every day in B.C. from accidental overdoses, and 62 per cent of those cases are [linked to fentanyl](#).

A task force is working on the problem, but it's the front-line paramedics and firefighters who see the devastation of bootleg fentanyl up close. The powerful painkiller is said to be up to [100 times more potent](#) than morphine or heroin.

"It's very difficult to see humans in that kind of trauma and situation. You're walking into an alley that's got a lot of different smells in it — needles, rats, garbage everywhere," says Lynch, who's been a firefighter for three years.

"You just walk by lines of different people shooting up and then you treat the third one on the left, and it's just a matter of time before the first two go down as well.

"We are putting a small Band-Aid on a big cut."

By the time they reach their next patient, in a tent city, another addict has already revived her with Narcan.

Free Narcan kits are distributed to any addict who wants one.

"You gave her four shots of Narcan?" Lynch asks.

"Yes," a man in a neighbouring tent responds.



'Narcan is going to wear off, and you are just going to OD again,' Lynch tells a woman who was just revived after an overdose in a tent city in Vancouver's Downtown Eastside. (CBC)

The young woman is oblivious to her soiled shorts and the thick smell of human waste.

They convince her to go to hospital before the Narcan wears off and she passes out again.

"We need to walk you out to the ambulance," Lynch tells her. "You don't have a choice. You are just going to OD as soon as it wears off."

Lynch tells CBC how he had to revive a 24-year-old girl twice in the same month.

"It wears on you, on your soul."

Their next patient is a clean-cut, middle-aged man lying on the floor at a homeless shelter.

A staffer has already given him one shot of Narcan, but it didn't work.



Lt. Doug Conacher of the Vancouver Fire Service looks on as Lynch gets to work on a man who has overdosed and isn't responding to Narcan. (CBC)

"He had taken fentanyl and was told it was really strong fentanyl and a lot of people were overdosing," says Lynch, who believes the man was wise to get himself to a Lookout Society shelter before he passed out alone on the street.

Lookout Society, which operates several shelters in Greater Vancouver, decided two years ago to train its staff to handle overdose cases and to keep a supply of Narcan.

Lynch and his team also try to wake him up with pain stimulation — a sternum rub, a knuckle in the rib cage, a trap-squeeze rub of a fingernail.

Still nothing.

Lynch is very concerned a potent batch of fentanyl has hit the streets.

Finally, after 10 minutes and four rounds of Narcan, the man grunts back to life.

"You overdosed ... you got to stay up, stay awake man, keep those eyes open," Lynch tells the patient as he's loaded into an ambulance.

"I'm not joking, you took a tonne of Narcan," a nurse says.



'Narcan warriors' is what Shane Williams, executive director of the Lookout Society, calls the community workers who routinely administer Narcan to overdose patients and then call 911. (CBC)

Staff at shelters and clinics are the unsung heroes in the fight against fentanyl deaths.

Lookout Society shelter staff have had to administer Narcan 240 times so far this year.

"Each one of those are life-saving interactions that our staff have quite bravely been a part of," executive director Shane Williams tells CBC.

Narcan is [available without a prescription](#). Community workers, and even drug users themselves, have helped save lives by giving that crucial first dose quickly after an overdose.

"Those are the Narcan warriors, that have just continued to keep people alive long enough in the hopes that they are going to make better choices in the future," says Williams.



Firefighters Lt. Doug Conacher, Ryan McConnell, Jay Jakubec and Jason Lynch allowed reporter Natalie Clancy and videographer Fred Gagnon to follow them for two shifts in late August. (CBC)

CBC NEWS INVESTIGATES

**If you have information on this or any other story we should investigate,
email us: Investigate@cbc.ca**

Edited and packaged by Dave Pizer

Eight overdoses in 20 minutes: The night fentanyl-tainted cocaine almost devastated a B.C. town

'Don't assume your kids are angels,' one of the victim's parents said. 'Twenty minutes in a small town on a weeknight ... a crisis was averted. It could've been a tragedy'

Author of the article: [Douglas Quan](#)

Published Sep 15, 2016 • Last updated Sep 16, 2016 • 13 minute read



Pins at a police presentation on fentanyl at Delta Secondary School in B.C. on Sept. 14. Naloxone is an opioid antidote.

DELTA, B.C. — Days before he was scheduled to return to military school on the East Coast, 19-year-old Cody wanted one last summer hurrah with his buddies.

To keep the carousing in check, parents Jim and Sheila told their son he could invite his friends over to their Ladner, B.C., home.

“You think if you’re home and watching, nothing’s going to happen,” Sheila says from the family kitchen.

But shortly after 1 a.m. on Sept. 1, Jim and Sheila were roused from their sleep by two of Cody’s friends.

Something was wrong with Cody, they said. Come quick.

Upstairs in the den, Cody was slumped over in a chair. He was unconscious and blue in the face.



Ben Nelms for National Post

Sheila screamed.

They carried his limp body onto the floor and checked for a pulse or a breath. They detected neither.

With the guidance of a 911 dispatcher, Sheila began pumping her son's chest.

"I was concerned his brain was getting no oxygen," she said. "And his eyes had completely rolled back in his head.

"I just felt the life go right out of his body."

Cody was the first of eight overdoses in a frenzied 20 minutes that night across three separate locations in the municipality of Delta.

A ninth victim would be discovered about two hours later at a fourth address.

They had taken cocaine tainted with fentanyl purchased earlier that evening, likely from the same dealer, police said.

"At some point I wondered how many people would live and how many people would die," said Delta Police Staff Sgt. Ryan Hall, the watch commander that night. "How am I going to conduct up to nine next-of-kin notifications?"

Not far away, one of Cody's friends was sprawled on a wooden bench on the front stoop with his head tilted back and gasping for air.

Jim had spent the past year sending articles to his son warning of the dangers of fentanyl.

"I've always said smoke weed if you want, or drink. But no pills and powders," he said.

Still, Cody and his buddies called a local dealer that night — someone they considered a friend — and he delivered straight to their home.

"I got it for free actually because I hadn't seen my friends in a long time," Cody later recalled.

The fentanyl risk had crossed his mind and on more than one occasion he says he spoke to his friends about it.

But after watching his buddies snort lines without any problems, he decided to join in.

"I was thinking about (the risks). I just wasn't smart enough to not do it."

Smoke weed if you want, or drink. But no pills and powders

He inhaled his lines off the surface of a cellphone.

"I'd done about a half gram. And then we ran out ... and then got some more."

Cody knew something wasn't right when he did his next line.

"I looked at my buddy and I said, 'That felt different. That didn't feel right.' ... He agreed.

"It was a gut feeling. It was a sharp feeling to your nose."

It is the last thing he remembers before passing out.

Delta Fire Capt. James Bercic and his crew were first on the scene.

Cody's panicked father met them on the street outside the house.

"My son, my son ... follow me, follow me," he remembered James pleading.

Firefighters entered the den and took over CPR from Sheila.

The mother slipped away to her bedroom to pray.

Bercic called an on-call physician to get authorization to inject Cody with naloxone, an opioid antidote, often referred to as a "miracle drug."

Opioid drugs, like heroin and fentanyl, latch on to receptors in the brain that control breathing. As a result, breathing can slow down or come to a stop, which can then lead to cardiac arrest.



Handout

Naloxone works by kicking the opioids off the receptor sites. Depending on the strength or amount of opioids in the system, more than one dose of naloxone may be needed.

Since the start of the year, B.C. fire crews have been getting training to administer the drug. Delta firefighters had just completed theirs but they still needed a doctor's approval to use the antidote.

Just as the doctor approved the injection, paramedics arrived and took over, Bercic said.

The effects of the naloxone were almost immediate.

"You could see it was starting to take effect and he was coming back. There were waves of relief across everybody," Jim said.

Cody regained consciousness and was able to sit up.

"Here was this kid who a minute ago was pulseless and now he's sitting up and talking to us and wondering what's going on," Bercic said.

It was a stunning turnaround, Sheila said.

"One minute I'm pumping his chest and he's dead, and in 15 minutes, he's sitting on the couch awake. ... It really did feel like a miracle."

Cody burst into tears.

Hall, the police watch commander, pulled up to the house and was shocked to see Cody walk out the front door to the ambulance.

"I had expected to go to a deceased 19-year-old male," he said.

Cody's friend also recovered after being treated with naloxone.

But for first responders, the night was far from over.

1:38 a.m.

Firefighters John Turner and Todd Shiyuk had just wrapped up a routine medical call when they and their crew were sent to a report of an overdose outside a dollar store at the Tsawwassen Town Centre Mall.

They found a petite woman, 24, lying on a bench outside the store. She was barely breathing and her pupils had shrunk to the size of a needlepoint — “telltale” signs of an opioid overdose.

Two men, ages 27 and 28, were nearby — one of them was on a bench around the corner. He was “out of it” but breathing.

The other man was the one who called for help. He told firefighters that cocaine may have been used.

After the fire captain got approval from an on-call doctor, Shiyuk injected the woman in the upper shoulder with a single dose of naloxone.

But she didn’t seem to be responding.

“The whole point of the Narcan is to get the patient breathing again,” Shiyuk said. “We did one dose and I don’t believe it really improved her status at all.”

After five minutes, he gave her a second dose. But she was still slow to respond.

“We were still breathing for her,” Turner said.



Ben Nelms for National Post

She came to just as an ambulance pulled up.

“I’ve never been so happy to see an ambulance,” Shiyuk said.

“Out here in Tsawwassen, you’re kind of on the peninsula. It can take awhile to get an ambulance. I’ve never seen so many come flying through town.”

The woman took in a huge gulp of air and sat straight up in the ambulance. Bewilderment flashed across her face.

“She looked terrible, but it put a smile on our faces,” Shiyuk said.

Meanwhile, the young man on the bench was also “going downhill.”

But a paramedic supervisor, despite working alone in complete darkness and amid blaring radio dispatch chatter, was able to revive him using naloxone.

1:40 a.m.

About four blocks away from the mall, first responders raced to a Tsawwassen home with reports of multiple overdoses.

Inside a blue house with white trim, they found two men and a woman lying unconscious on the floor in a bedroom.

They had a pulse but were struggling to breathe, said Delta Fire Acting Lt. Darren Grant. Another man in the foyer also showed signs of overdose.

They ranged in age from 24 to 28.

Robert, the home’s owner, says he awoke to the flash of emergency vehicle lights outside. When he stepped into the foyer, his son was sitting on the floor, semi-lucid, complaining that he was cold and thirsty.



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While Robert had read about the warnings about fentanyl over the past year, he said he had no grasp that a tiny amount — equivalent to the size of a grain of salt — could do so much damage.

“It didn’t seem to matter if you were young and healthy,” he said.

First responders did quick tests to see if any of the overdose victims in the bedroom responded to pain — typically rubbing knuckles against the sternum or pinching the neck.

Their response was weak.

A bed was pushed against a wall to give first responders more room to work. Paramedics administered naloxone to all of them.

“It was stifling hot, the tension was absolutely palpable, yet there was a calm professionalism between us,” said Delta Police Const. John Smith, who is also a licensed paramedic.

“Once we were in our rhythm, I started to think, ‘Who else?’ ... ‘How many more?’”

3 a.m.

The scene in the emergency ward of the Delta Hospital where all eight overdose victims were taken resembled a “war movie,” Sheila said.

“We were close to the admin desk and you could literally hear the nurses saying, ‘Oh my God, here comes another one.’”

Catherine Truong, the emergency physician on that night, said the atmosphere was tense. It is rare to see that many overdose patients at one time. Extra nurses and a respiratory therapist were called in, she said.

“We did not fully know what conditions the patients would be in and had to prepare for worst-case scenarios.”

Meanwhile, police conducted brief interviews to make sure everyone who might have taken cocaine that night was accounted for.

Const. Smith learned from a patient that his friend had bought drugs earlier that night from the same dealer and had gone straight home after the purchase.

“I got his name, rough age and an area in Delta where he lives,” Smith said. “I then called dispatch and confirmed a name with an address in the area.”



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Smith headed over to the Tsawwassen home and had fire crews on standby. As he approached the house, dispatchers reported a 911 call had just come from the house.

Aaron and his brother Andrew had watched a Jason Bourne flick earlier that night at home.

Aaron fell asleep during the film and when he woke, the lights were off; he assumed Andrew had gone to bed.

In fact, Andrew had joined some friends at the neighbourhood pub.

Around 3 a.m., Aaron got a call asking whether he'd heard the news of the overdoses at the other Tsawwassen house. The caller said he was waiting for a friend who worked at the pub to come home as she had a better handle on what was going on.

Ten minutes later, the pair called Aaron and asked if he knew where Andrew was. She had seen Andrew earlier that night and was concerned he might have picked up the same drugs.

Aaron found his brother in the backyard sitting motionless in a patio chair with his feet resting on the table. His head had rolled back.

His face and lips were the same pale hue and his skin glistened with sweat.

He was barely breathing.

“My first instinct was to give him mouth to mouth right there,” Aaron recalled. “He kind of exhaled, but then his breathing went back down low.”

He called 911 and was instructed to lay his brother on the ground and begin CPR.

3:23 a.m.

Smith and the same firefighter crew that responded to the dollar store incident showed up a few minutes later.

As Aaron stepped aside, his hands were trembling.

Andrew, 28, a construction worker who is into sports, had a pulse but wasn't breathing, firefighters said.

Once again, Shiyuk began preparing a dose of naloxone. (The firefighters had made sure to restock their emergency kits after the last call.)

Paramedics arrived and took over the injection. The colour returned to Andrew's face and he eventually came to – yanking out the intubation tube, which had been placed down his windpipe.

“No, no,” he insisted when told he had overdosed.

Andrew had to be taken to Surrey Memorial Hospital. The Delta Hospital was full.

Back in the Ladner kitchen, Jim says the message is clear: “Don't assume your kids are angels and this isn't going to affect them. It can affect anybody. It's a health crisis.

“Twenty minutes in a small town on a weeknight ... a crisis was averted. It could've been a tragedy.”

Cody, who is now back at school on the East Coast, says he's learned his lesson.

“It's like Russian roulette,” he said. “It's just way too dangerous, not worth it, you know? It may seem fun when you're with other friends. But the second you're in that hospital bed, you realize how close ... “

The father of a young man suspected in the distribution of tainted cocaine that led to a string of overdoses earlier this month in Delta, B.C., says his son “had no idea” what was in the drugs.

In fact, when he learned there might be a problem, he tried to be “pro-active” and immediately got in his car to go warn others.

“As soon as he found out something bad was happening, he went straight to the people. He did what he could,” the father told the National Post.

“Unfortunately the situation was already out of control.”

The National Post agreed not to identify the 20-year-old suspected dealer, who lives with his parents in the community of Ladner, because he has not been charged with a crime.

Aaron, whose brother's recollection of that night is still foggy, said it's best to avoid recreational drugs altogether.

“It's literally like putting a gun against your head every time you do it. It's nowhere near worth the risk.”

There is some debate among public safety experts about whether this batch of cocaine was intentionally cut with fentanyl or whether the tainted drugs may have been the result of just sloppy production.

Whatever the case, the stuff being sold on the market is just too unpredictable, they say. Doesn't matter if the dealer is someone you know and trust.

Experts like to use the example of baking chocolate chip cookies; inevitably there isn't an even distribution of chips across all cookies.

Same goes with mixing drugs. Most producers are not working in laboratories with the best quality control, so mistakes are going to happen, said Tim Lehman, a duty supervisor at BC Emergency Health Services and member of a newly formed provincial fentanyl task force.

"When you're dealing in something so powerful (as fentanyl), decimal points matter," he said.

Bercic, the fire captain, said he wished he had a camera on his helmet that night as he arrived at the scene of the first overdose in Ladner.

You need to level with kids and say: "Look, this is real. This is what happens. These are your parents screaming and yelling thinking you just died."

An acquaintance of some of the people who overdosed that night, however, remains doubtful any of them have been scared into sobriety. At least one of the victims overdosed before, he said.

"I honestly don't have the sense that anybody learned from this ... or that they're scared by it," said the acquaintance, who asked to remain anonymous.

"I have a general vibe and feeling that they're still into partying that way. Maybe perhaps they feel they got saved and the resources are there to save them again. Maybe the fear factor isn't really there for them even though they could've died."

National Post