

“They black out and they don’t remember anything”: Experiences of a rapidly shifting toxic drug supply in Vancouver, Canada

Background

- In North America, following the COVID-19 pandemic, there was an unprecedented rise in novel psychoactive substances in the illicit opioid supply, including fentanyl-related analogues, benzodiazepines, and xylazine.¹
- In Canada, drug market toxicity and volatility are compounding the existing overdose crisis associated with the rise of illicit fentanyl beginning in 2014.
- We sought to characterize how a rapidly shifting drug supply is impacting people who use drugs in Vancouver, Canada, with a specific focus on overdose experience.

Methods

- Between July and November 2024, we conducted 41 semi-structured qualitative interviews with people who use drugs in Vancouver’s Downtown Eastside, a global epicentre of drug supply toxicity.
- Interview topics included: housing and income generation; drug use patterns; changes to the drug supply; and overdose experiences.
- Data were analyzed thematically using inductive and deductive approaches, with themes interpreted using the intersectional risk environment framework.²
- Ethics approval was received by the UBC Research Ethics Board.

Sample Description

- Among participants, there was an average age of 44 (range 21–67), with 22 identifying as men, 18 as women, and two as another gender. A majority (n=27) identified as white, 21 as Indigenous, and three as other races/ethnicities. In both cases, participants could select more than one category.
- Participants’ drug of choice was fentanyl (n=12), followed by “Other” (n=8), with individuals specifying “benzo-dope” or unique mixtures of “down” or illicit opioids (e.g., fentanyl, manitol, caffeine). Other responses included crack cocaine (n=9), heroin (n=4), crystal meth (n=2), and benzos (n=1). Participants were not required to report a drug of choice.
- In the past year, 17 participants reported zero overdoses, nine reported one overdose, eight reported two overdoses, and seven reported three or more.

Results

- The adulteration of street opioids with illicit benzodiazepines and, to a lesser extent, tranquilizers, led to common experiences of memory loss, short-term blackouts, and prolonged loss of consciousness:

“I just sit there and I’ll black out, and I’ll lose track of time. And I’ll fall asleep for like 20 minutes and I wake up and I’m not even aware of time, how much time went by.” (Participant 29)

Interviewer: “Have you ever blacked out from using drugs?” Participant 32: “That’s kind of what I’m doing right now... I can’t even remember your question... I feel annoying cause I can’t remember what you just asked me from 6 minutes before.”

- Short- and long-term loss of consciousness compounded participants’ vulnerability to violence, with women and men associating these experiences with sexual assault and extreme physical violence, respectively:

“And it’s [illicit benzos] become a real fiasco and it has brought a lot of violence, it’s brought a lot of rape, women are getting taken advantage of in bars, put the shit in someone’s drinks and she’s totally comatose for fucking 3 hours, right?” (Participant 5)

“But I wouldn’t buy him tranq-dope... I’m not going to watch him die. He’s already got stabbed. His eye got stabbed out. What more do you want?” (Participant 36)

- Experiences of losing consciousness due to adulterants (benzodiazepines, tranquilizers) in street opioids were rarely characterized as ‘overdose’, which was reserved for events requiring medical intervention (e.g., naloxone, emergency medical personnel):

“I don’t believe, I don’t think I’ve ever overdosed... I just remember being on the block... then all of a sudden, I come to, I’m waking up in like the inside of my house or my home and I just don’t know what happened.” (Participant 37)

- Some participants developed a preference for “benzo-dope” over time. Subsequent benzodiazepine dependence deterred individuals from engaging with supportive treatment interventions:

“The benzo high is just awesome. It goes straight to the head. Straight to the head and everything’s just, like, gone. Right?” (Participant 6)

“And it’s hard, because I use benzo down, and the withdrawals are like really intense compared to just fentanyl... when I was using only fentanyl and not benzos, I barely even felt the withdrawal.” (Participant 16)

Conclusions

- Interventions and policies that address the increasing toxicity and volatility of the illicit drug market (e.g., a safe and regulated drug supply) are urgently required.
- Efforts to address emerging benzodiazepine use and dependence are also urgently needed, as are gender-responsive and targeted strategies to reduce the risk of violence occurring because of benzodiazepine/tranquilizer “blackouts.”

References. 1. Ali et al. (2021). <https://doi.org/10.1016/j.drugpo.2021.103237>. 2. Collins et al. (2019). <https://doi.org/10.1016/j.socscimed.2019.112384>.