

The Secret Opioid Project

(By Toshio U.-P.)

In the aftermath of the Covid-19 pandemic, news of mass Fentanyl deaths in what is currently termed 'the opioid epidemic' are now commonplace in local and international press. As an opioid consumer in mental health care, my nightly medication—taken as a compulsory neuroleptic—somehow ties me into to what I like to term 'the secret opioid project' which is responsible for crisis levels of heroin-related illness. Despite my medication having a relatively low clinical dose compared to hyper-concentrated heroin (also known as Fentanyl), daily consumption in the long-term can lead to several health complications such as agranulocytosis, diabetes and even a compromised immune system.

So what is 'the secret opioid project'? Well, for me it started back in 2010-2011 when my psychiatrist at the time refused to let me discontinue taking a common type of anti-psychotic medication that I was receiving by needle. Instead of the desired detox option of overcoming neuroleptic withdrawal by gradually lowering the dose of medication until it is eliminated completely in blood and urine by excretion, I had to switch to a different neuroleptic with a whole new set of side-effects and symptomatic complications. After showing me a graph representing a medication switch with the changing levels of each neuroleptic in my bloodstream, the stern and unwavering physician explained that the previous medication would gradually be tapered down with the new one increased gradually until the levels were respectively 'nil' and 'optimal'. After showing me the correlated and fluctuating two line chart, I was asked to sign medical documents next to his doctor's signature with a health practitioner witness present, to indicate my 'compliance' to making the switch to the particular opioid neuroleptic. Looking back at this moment when I was coerced into a 'legal agreement' to let doctors in the hospital order opioids on my behalf on a monthly basis from a major North American pharmaceutical goliath, I eventually understood how opioids turn up in the bloodstreams of so many vulnerable patients in Canada involved in similar covert exchanges with health care staff. Once the concealed opioid dealing is established through a health care system like the one in my Ontario psychiatric clinic, the financial markets are then activated with 'expert' doctors ordering the drugs to be dispensed as medication through a public or private pharmacy, to patients like myself for daily or nightly use in the long term.

While Fentanyl is currently making major headlines in the news, one must not underestimate another problem with heroin and 'the secret opioid project'. While the HIV/AIDS epidemic dates back to the beginning of the 1980s, heroin needles laced with the virus continue to be one of the main causes of infection globally. In addition to this, once a person is flagged as HIV-positive, they must comply with taking anti-retroviral medication in a government clinic, which to a deviant profit-minded person presents a unique economic opportunity: more infections means more medication dispensed means more money extracted through the illness. While anti-retrovirals are credited

with saving or prolonging the lives of many, the possibility that HIV/AIDS is also tied into 'the secret opioid project' through a clinic and a government health program cannot be overlooked in a global context where profit and sales value overwhelmingly takes priority over true health solutions.

One main facet of the multi-faceted opioid problem is their underlying economic impact. While some can now buy and sell opioids as pharmaceutical shares on a massive scale, the grim reality are the numbers of those dispossessed by the chemical epidemic, who find themselves dying of overdoses or even of heroin-exacerbated hypothermia in a desolate park encampment. While wealth from 'the secret opioid project' in the main selfish driving force in a booming pharmaceutical-centered market, homelessness and housing problems are a key indicator that energy and investments have taken a backward and counter-productive turn toward radical capitalism. While somehow avoiding the worst of the current housing crisis, I will end this short essay with a short anecdote. After clearing my name following a case of wrongful dismissal in a provincial government position, I found myself going into Police Headquarters to get a clearance letter approved by municipal law enforcement. As I entered the largest police division in the city, I was asked to open my knapsack and remove my keys and wallet from my pockets. After passing through the metal detector, I was told that something I still had on me had to be removed since I had set off the alarm. This led me to go through my coat pocket and soon realized that the bag of Clozapine which I had picked up at the outpatient pharmacy earlier in the day was somehow triggering the alarm. After explaining that it was my medication in a small paper bag, the police personnel at the checkpoint gave me a nod and told me to gather my things and proceed into the headquarters. Thinking back at this instance, I eventually suspected that Clozapine was an opioid containing an obscure metal called Rubidium, which is studied chemically for its toxicity and traceability. While patients like myself know the daily toil of consuming heroin as medication, 'the secret opioid project' continues to evolve and proliferate by extracting crude heroin from distant parts of the globe, secretly shipping it predominantly by boat, and converting it in a pharmaceutical factory to its more refined and better concealed forms known as Fentanyl, Clozapine and even anti-retroviral "X".