Episode 9: Change Intolerance Part 2

Garth's collection of "old school" methadone bottles. Photo by Garth Mullins

https://crackdownpod.com/podcast/episode-9-change-intolerance-part-2/

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Narrated by Garth Mullins

SAM: Is there anything that's a mystery to you still--about what happened--that you'd want to know the answer to?

LAURA: When they knew scientifically that this was not working for people, and we had to go through it anyways… why are you torturing us? Why?

SAM: So you want to know why they made the switch?

LAURA: Yes. And why have they not made it available to those who want it back? Especially when there's a crisis-- an opiate crisis going on that's killing four people a day. Why not? What the fuck is wrong with you people?

♫ Garth Mullins and Sam Fenn – "Crackdown Theme" ♫

I'm Garth Mullins. This is Crackdown. Episode 9: Change Intolerance Part 2

[CRACKDOWN THEME FADES]

On today's show, I want to take you behind-the-scenes. I want to give you a sense of what it's been like to make *Crackdown* so far.

The story starts around nine months ago. In January. Back then were gearing up to release *Crackdown*'s first episode. We were doing things like writing the theme song you just heard. And getting our editorial board together.

I was really excited, but my expectations weren't all that high. I thought, "Who's going to listen to this anyway?" Ultimately, I was okay with that. I've played in local bands where sometimes only a dozen people show up to the gig. And I've learned that it's better to do something, even if it's something small, than not to do anything at all.

But then something weird happened. People actually liked it.

JESSE BROWN: The best new podcast in Canada is about a war: The War on drugs and the war on drug users. The podcast is called *Crackdown*.

ANNA MARIA TREMONTI: It's called *Crackdown*. We hear a lot of talk about Canada's opioid crisis-- how often do you hear it up close and personal like you just heard?

BRETT PAYNE: What is it? What do they say? War journalists on there? Right?

BRYAN QUINBY: Yeah. "Nothing about us without us" is my favourite thing that they say on there. They can't make laws about us without us… but it's about the drug war from people who have used drugs.

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GARTH: Alright Let's see if we can find a quiet place.

LAURA: Okay.

GARTH: Kitchen seems to work out. Tell me about your dog and I'll set the levels here.
LAURA: Okay… oh my dog. So yeah, I am showing you my little puppy pee patch on my pants, I mean on my shirt.

GARTH: Well, you don't smell like pee.

LAURA: Not yet anyways!

GARTH: Give it an hour or two?

This is my friend Laura Shaver. She's been in the leadership of the B.C. Association of People on Methadone for years. And she's on the *Crackdown* editorial board. Just like me, Laura's pretty used to working her ass off only to be ignored and treated like shit. And the success of the podcast has been a bit of a departure from that story.

GARTH: It's been really well received. I wanted to tell you how big a deal it is.

LAURA: Yeah, I didn't really realize how big of an audience it's hit. Garth, everywhere I go, I keep hearing about, you know, "Oh the podcast. We heard you on the podcast." And you know that type of stuff. I got a couple emails from people saying like, "what can we... like... Are you serious? What can we do to help?" Like, this is silly.

♫MUSIC♫

And this got us thinking. What if *Crackdown* was more than just a radio show? What if we could actually change things? And the first thing we thought of was methadone.

♫MUSIC♫

GARTH: So are we going to take the risk of having coffee and gear in the same location?
[chatting, laughter]

This was one of *Crackdown*'s first editorial board meetings. Laura was there. And she was sitting right next to her best friend, Chereece Keewatin. Short, Cree, and tough as hell, Chereece wasn't expected to be at this meeting. Last I heard, she was in the hospital.

GARTH: Chereece, can I just say, we jumped into the agenda, but how glad I am that you're here today.

CHEREECE KEEWATIN: Me too.

AL FOWLER: Yeah we're happy.
SAMONA MARSH: You look much better than the last time I saw you.

CHEREECE: Yeah I know. Laura showed me the pictures. I said, "you guys were taking pictures of

me?" [laughter] I said, "You guys are harsh man." [laugher] I said, "only you and Samona would do that to me." [more laughs] I was in a big bubble, and then they took one of me with a tube down my throat. [laughter]

Chereece had spent over a decade on methadone. It offered her a break from dopesickness and constant grinding to get the money to buy heroin. She was becoming one of the province's most outspoken drug user activists.

But in 2014, things took a turn.

One day when Chereece went to her pharmacy, she was given a *new* kind of methadone. Something called Metha*dose*. This stuff didn't hold her as long. It didn't have legs, and pretty soon she was waking up dopesick. Chereece started topping up with heroin, which then became contaminated with fentanyl. She knew it was dangerous, and she was trying to find anything that could work-- slow release oral morphine, Suboxone-- but nothing stuck.

After five years of waking up dopesick everyday, the grind had really worn her down. So at this early *Crackdown* meeting, you can hear us laughing and joking. But the truth was we were worried.

CHEREECE: Yeah, this whole lifestyle is not what I signed up for. That's about all I have to say, for now. Go ahead, Laura?

LAURA SHAVER: No, I pass. [deep breath] We can laugh about it now, but Chereece was almost dead and it was nobody's fault but her doctor. She sees a doctor once a week and they let us die in front of us.

♫MUSIC♫

The story of the switch should have been front page news. It was monumental. But most people have never heard about it.

What happened to Chereece, happened to a lot of people. Back in 2014, B.C. had about 15,000 methadone patients. And most of us were on stuff called *compounded* methadone. It's basically just methadone that pharmacists stirred into big batch of orange Tang. That process of mixing up the powder into tang is called "compounding."

The government told us they didn't like compounded drugs. They'd rather us take a commercial, pre-mixed product. Like Methadose™.

We spent years telling the story of what happened next. But it never broke through. Now, for the first time,

we had our own radio show. And so we thought--let's try again.

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The first step was interviews. So I talked with Laura and my friend we called Ray.

LAURA: You know, I was on methadone constantly since... so to this year, I've been like 23 years or something.

RAY: I had no advance warning whatsoever.

GARTH: What did the pharmacist say?

RAY: He just simply said, this is the new deal. It's the same thing. Trust us. Trust us.

LAURA: The first thing that bothered me is the taste and the consistency. It was like, exactly like drinking cherry cough syrup.

RAY: A sickly thick cough syrup thing. There was something amiss.

LAURA SHAVER: It was the middle of the night, I woke up feeling like my legs were moving. I couldn't sleep and I felt like twitches. I'm thinking, "what the fuck?" Like, excuse my language, but how what what, woah, what's going on?

RAY: It's not even holding me. The 24 hours that it promises it's not even holding me 12. Not even holding me 10!

LAURA: I am… I am dope sick. Like I'm, I'm dope sick. This medication's not the same. There's something different.

RAY: Like we just were never feeling good. And that's when we started re-chipping.

LAURA: [tearfully] I was trying so hard to keep my life together. And then somebody else decided for my... for me, what medication they were going to give me and it was insufficient.

♫MUSIC♫

We cut up my interviews with Laura and Ray. We wrote some music and we mixed it all together. I was pretty happy with how it sounded. Laura and Ray just laid it all out there. And I figured people were going to really connect with their stores. But then, just a few days before the episode dropped, I got a phone call.

Chereece Keewatin had died.

[MUSIC STOPS ABRUPTLY]

The news just knocked the wind out of me. I called Laura, and she had no words. She sounded like a wounded animal. I hurried off to meet her. Heavy, wet gobs of snow were piling up fast, playing havoc with the busses.

GARTH: And I don't know if you remember-- we were at the SkyTrain It was snowing and--

LAURA: I so remember it. I so remember it. In snow. Just talking and I remember your big warm green coat. You know, just remember, I just remember having that hug that I needed so bad.

We stood there crying for about an hour. We were a mess. I told Laura, "I don't know what to do about the podcast." On the one hand, I couldn't think of anything more trivial than making a radio show at this time. But on the other hand, telling this story was more important than ever. And Laura said, "just put it out".

♫MUSIC♫

And so I went back and finished the episode. We dedicated it to Chereece, and closed it with a list of demands:

We demanded that the government figure out what went wrong, and that they apologize to us. And most importantly, we wanted them to give us the old methadone back.

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GARTH: And, so, I know that at the time, neither one of us could talk very much about Chereece. But now that it's been six months, or seven months, what difference do you think having the old methadone... Say, say we won it, say we got it a couple years ago or something? Do you think that would have made a difference for her?

LAURA: Oh, hell yeah, Chereece would still be alive. If the old methadone formulation would have been available, Chereece would still be alive. In actual fact, if they wouldn't have in the last couple months, messed around with her suboxone, methadose, morphine, her body wouldn't have been so broken. And I--
GARTH: You know, I believe that, like I believe that you can get so dope sick for so long that it can kill you.

LAURA: Hell yes. Yes! She was never better. Methadone or opiate addiction is not just mental it is fucking physical. It is physical.

GARTH: So physical.

LAURA: And that's the thing is that it is deadly. It's deadly. Dopesick means death. I don't care what anybody says. Dope sick means death.

We released *Crackdown*'s second episode, "Change Intolerance", at the end of February. And pretty much immediately we started to hear from listeners.

A doctor in Alberta told us he was seeing the same sort of thing. His patients had trouble with Methadose™ after they switched.

And then there were people on methadone. Many had gone back to heroin after the switch. They never thought to question whether the medication itself had anything to do with it.

And, most surprisingly, there were the politicians. I heard B.C. cabinet members had listened. The former Minister of Health, Terry Lake, even got into the mix. He was one of the people who presided over the switch in the first place.

TERRY LAKE: I can remember, you know I was running along the Rideau Canal in Ottawa when I heard the podcast. And, you know, I was struck by...that this was still an issue. That in fact, you know, it hadn't really kind of resolved itself with time. And, you know, it's one of those things where, you know, you can always look back in hindsight and say, we could have done that differently, or we could have taken another look at that.

Lake didn't exactly take personal responsibility for the switch. But he expressed some regrets. And he called Judy Darcy, B.C.'s Minister of Mental Health and Addictions, to recommend that she look into it.

Laura and I weren't exactly sure what to make of all this. But it definitely *felt* like progress. And we couldn't help but think, "If Chereece was here, she'd be proud."

LAURA: I know she'd be so happy. Just because, you know, because of the fact that you know, we're helping. We are helping people Garth! We are! And there are changes coming! Her dream and her goal was to have the old methadone formulation back, and I won't stop until it is here, and I don't think Garth will either.
GARTH: You think if we, if we win this, if we get the old methadone back should we do something

for Chereece? Should we do... have some kind of like, moment where it... because you were saying how important was to her like maybe we could --

LAURA: Yes it's all about her! It should be like they should--I don't know--I don't know what it should be like the fucking Chereece drink or something. Yeah, it should be. [laughs] It should seriously. Oh, no, no, this it's all about her. It is all about her, Garth. We've pushed really hard, and you've worked your ass off, but it's all-- I want it to be all about her.

[SOUND OF DIALING INTO TELECONFERENCE CALL]

There's a part of this story we didn't tell you in the last episode. Because it was way too boring. For five years I've been going to meetings with government and pharmacy bureaucrats. Recently they've all been teleconferences.

TELECONFERENCE AUTOMATED VOICE: Welcome to the government of British Columbia teleconferencing services.

GARTH: Jesus

Now I don't record these meetings. But sometimes they sound like this.

TELECONFERENCE AUTOMATED MESSAGE: The conference has not been initiated. You will be placed on hold until a moderator joins.

♫HOLD MUSIC♫

At one point there was a group of us from BCAPOM [B.C. Association of People on Methadone] attending these meetings, including Chereese. But after a while we decided it was a waste of our time for everyone to be there. So I volunteered to go it alone.

Not that I really wanted to. These things were deeply technical. Like, glacial. I would get this dull headache, like, right in the temples, and I never got it at any other time. But I'd call into it almost no matter what. It was like I was doing penance or something.

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Over five years of meetings, we pushed for one thing: bring the old methadone back. And for five years, that went nowhere.

But after our episode dropped, it felt like maybe something was changing. Like maybe the bureaucrats on the call had been told to finally just make this problem go away.

One of my ideas in particular seemed like it was finally getting some traction: a press conference. I had been arguing for a long time that the government had to get out there and make a really strong, loud statement about the problems that we'd been experiencing with Methadose™. So that *all* methadone patients and doctors would know: if this isn't working, there *is* another option.

Laura and I are on this stuff called Metadol-D™. For us, it doesn't have a dose-holding problem. But hardly anyone else in the province is on it. This is one of the small concessions we won from government.

Now it looked like the press conference was finally going to happen. The group even started to talk about when would be the best time to hold it. I argued the sooner, the better. Especially because of what was happening with Ray.

RAY: You don't have a smoke on you, do you?

GARTH: Yeah, yeah. Let me see.

RAY: Yeah my vaporizer broke and wouldn't you know it, boom, within two weeks.

GARTH: So are you on Methadose still right now?

RAY: Still on Methadose. Still not having a good go.

GARTH: So that means you… So, how's your day going then?

RAY: Well, I think I sent you a video of myself. And I think it was pretty evident in the video.

RAY [IN VIDEO, sounding hoarse]: Right now it's just after 1:30 p.m. Last night I drank [Methadose™] at 8:30pm. I've already had one violent sneezing attack. I'm not talking allergies I'm talking [mimics sounds of violent sneeze] trying to catch a breath. Just dopesickness, basically, and I haven't missed a dose or anything.

RAY: The state that I looked, I was sneezing, runny eyes. Basically just a feeling of despair. And just wanting to give up.
RAY [IN VIDEO]: I don't get it. How do you go forward? How do you get anything done when you're like… this? You know? But here I go. I'm going to go now.

I've been trying to help Ray get onto Metadol-D™ ever since we did that interview for Episode 2. When I first told him about this stuff he was polite, but I could tell he was skeptical. To get on Metadol-D™, he'd have to convince his doctor there was something wrong with the *Methadose*. Eventually Ray got up the nerve, and he brought it up at an appointment with his doctor.

RAY: He's a good guy actually. But he was more or less confused. He's like, "Oh no... that's… you're not covered for that."

GARTH: So even after Metadol had been kinda around a bit, and there's people from organizations that I know, officials, that sent this form around to all the doctors, sent the information to all the doctors. Your doctor was still telling you, "No it's the same thing. It's in your head if you are having a problem"?

RAY: He was basically saying that-- and I don't want to cast a real negative thing on him personally, because he's a nice person. Doctors don't seem to be informed. Each appointment that's coming up I keep thinking, "Oh this is going to be the time where I can" [trails off]. I was actually even going to get you to come in.

GARTH: I will come with you! [laughter] I've done this before. I absolutely will! I'm actually very like, diplomatic and polite and I don't swear. You know what I mean?

RAY: Well you know how I am, I'm quite similar.

GARTH: So we can do it, we can, you know-- tag team.

RAY: Yeah definitely, yeah.

After this conversation, Ray went back to his clinic. This time, he showed his doctor a document I wrote along with the B.C. Centre on Substance Use. It was printed on official letterhead. And explained the problem with Methadose™. I guess it worked. Because Ray's doctor finally gave him Metadol-D™.

[RAY STARTS PLAYING A SONG ON GUITAR]

GARTH: This sounds so good when you do it out here.

RAY: Okay, are you ready?
[SINGS] This cruel country has driven me down.
Teased me and lied.

Teased me and lied.
I've only sad stories to tell to this town.
My dreams have withered and died
Silver moon sailor, and silver moonshine [song fades out]

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RYAN: We had the overdose crisis map on to more than a decade of austerity politics in British Columbia.

This is Ryan McNeil, *Crackdown*'s science advisor.

RYAN: Underinvestments in housing. A sham of a treatment system. It's not the least bit surprising that once it hit, and fentanyl started to enter our drug supply, that the conditions were there for us to end up being one of the most impacted jurisdictions in the world. Methadose was part of it. Some of the preliminary data I've seen from colleagues is suggesting that if you look at February 2014 as this key date when the methadone change happened, you immediately saw a jump in all-cause mortality among people on methadone.

GARTH: So if you look at the data, you're saying, as of February 2014, people dying on methadone -- that goes up. Like, more of us are dying after that date.

RYAN: The preliminary data that I've seen suggests that if we look just at folks on all opioid-agonist therapies, so methadone, suboxone, etcetera. It's the folks with methadone- on methadone that are dying. Thereby suggesting that it wasn't some other thing that was driving these deaths. It was the change to Methadose.

And now, maybe we finally have the data available to us that will prompt them to listen. And listen in a way that both validates, and maybe has some accounting for what happened. But it's a sad story to cycle back to.

GARTH: It's so fucking infuriating! That we have to enumerate the corpses before we have a chance of them listening!

[DISTORTED SOUND OF DIALING INTO TELECONFERENCE]

DISTORTED VOICE: Welcome to the government of British Columbia conferencing services
Please enter your conference ID
♫DISTORTED HOLD MUSIC♫

The months dragged on and I kept dialing-in to the teleconferences. But whatever fire we lit with Episode 2 seems to have been snuffed out.

At one point I was hearing, "Maybe the press conference will be next week. Book it in your calendar." But then that turned into, "Maybe in a couple months." And then I stopped hearing about it at all.

And it didn't look like we were going to get the old methadone back either. There was this one guy on these calls: Bob Nakagawa. He's the Registrar of the College of Pharmacists -- the top guy there. And he's fought us the whole time.

Eventually the group settled on a feeble compromise. And this is the first time anyone has reported this: at the end of September B.C. quietly started accepting applications for the old compound methadone. But on those applications, in big letters at the top, it says: "Exceptional - last resort only."

To get it you gotta prove that Methadose™ left you dope sick, and then that you tired Metadol-D™ and that didn't work either. And then you can apply. I mean, people are already having a hard time convincing their doctors to switch to Metadol-D™, and this is gonna be so much harder.

> GARTH: I just want to remind you of what we were demanding. Remember At the end of Episode 2…
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> LAURA: Yeppers!
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> GARTH: I'll just stop making some noise here. [sound of microphone moving].
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> At the end of Episode 2, we made some demands. We said, we demand access to the old methadone immediately. We said, and so that this never happens again, we demand to have a say in policy decisions that affect our lives. Nothing about us without us. And the third demand was, we said, we demand an apology from the from the Ministry of Health, from the College of Pharmacists of B.C., and from Mallinckrodt Pharmaceutical. You think about those demands - have we got any of that yet?
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> LAURA: Uh, I think we got diddly squat.

♫MUSIC♫

We've been stuck for so long. And the government's always talking like they're on the job, getting things done. But they're fucking gaslighting us. And at times it gets to me.
Like this one time, I was at a harm reduction conference. It was called "coming together." And the Minister

of Mental Health and Addictions, Judy Darcy, was in the middle of her keynote address.

She was listing off the government's supposed accomplishments on the overdose crisis. And I just couldn't stomach it.

I guess someone was filming me on their phone.

> GARTH: [Shouting] This is an emergency health situation without an emergency health response. Please to the government, stop gaslighting us. Stop gaslighting voters like something is happening here. Meet with drug users, let us organize, give us a proper seat at the table. This is not working! It is feeling so grim right now. We met with you last year, and one of the people in that meeting is now dead, asking for the very, very simplest thing: to fix the methadone situation. That hasn't happened. It is the smallest unit of change in this whole crisis. And it hasn't happened. I've read the throne speeches, I've read the budgets. We are not on an emergency response footing! We are on a status quo footing! And I beg you please change that! Please!
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> [CLAPPING]
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> JUDY: I appreciate your comments Garth. Um, we do take very seriously the issues you raised with us about methadone and Methadose [fades down].

There's a question that has bothered me this whole time, and it's bothered Laura and a lot of other people too: Why? Why is the government so dug in on Methadose™? Why have they resisted any kind of change?

For a long time we were just left to speculate about this. But now we have investigative journalists on the team. So we decided to get to the bottom of this.

♫MUSIC♫

> SAM: So I figured the best way to start to get at this question was going to be to look at any interactions between Mallinckrodt Pharmaceuticals and the government that we could find.

This is *Crackdown*'s senior producer, Sam Fenn.

> SAM: I was particularly interested in interactions that took place in the year, two years, right before the switch. Um, and so I thought, "Okay, this is an interesting question." I set aside, you know, a couple of weeks [laughs] and thought, I'll write some Freedom of Information Act requests, and send some emails, and we'll see what happens. Uh, but it didn't take a couple of weeks -- I've now been working on this for months.

GARTH: One thing I do remember about all this, though, is when you... Sam, when you finally got your teeth into this story-- not finally, like it took a long time-- but it was a long time coming for me when to see somebody else independently arrive at the same sense of pissed-off-ness that I had.

SAM: I uh… I definitely got pretty enthusiastic.

♫MUSIC♫

SAM: So the way this all started was that I submitted a formal request to see some government emails. And that's supposed to take about 30 days. But they told me they couldn't get it done in time, and so they asked for an extension. And then after that extension had passed, they asked for another extension. And then another one.

GARTH: We were just like, finally at one point, we're like, "Fuck that", right?

SAM: Yeah.

GARTH: We're like, let's just let's just go out and tell people they're saying no. They're going to not release the files. They're going to sit on this information. They're going to breach their own laws that say they have to supply this stuff. And we said, let's just tell everybody about it.

SAM : I definitely had a day where I wondered would they ever release it. Or was it just going to kind of just go away or something?

♫MUSIC♫

SAM: And so for a while it felt kind of like we had just hit a brick wall. But I remember one day in August my phone goes off and I see, um, it's an email.

The government finally sent us the files. It was a PDF with nearly 300 pages.

SAM: I remember, I think I-- the first thing I did was I, I sent it to you.

GARTH: Yeah, for sure. You started at the front. I was on the bus. I started reading from the back.

SAM: And at first looking through it, it was emails between people I had never heard of, discussing things that like conversations that seemed like they had already been ongoing. And so it was really confusing at first.

GARTH: And there were holes, right? A lot of it was redacted--like censored--so…

SAM: Nearly half.

GARTH: Right. So we were having trouble piecing together like what is... there wasn't immediately a smoking gun. Ah-ha! We had to figure out the pattern.

SAM: Right.

We started to read through the file separately. I was marking it up with highlighters and making notes in the margins. It was dark by the time we talked on the phone.

SAM: I walked really far away from my apartment, while pacing around, while I was talking to you. So far away that it started to rain, and I didn't have a jacket and I just had to be like, "Well, fuck it." And you know like walk home in the rain while we talked.

GARTH: I think was struck me was Bob.

SAM: Definitely

Bob Nakagawa was the same guy who had been fighting me on conference calls all those years. I had no idea he was involved in the switch itself.

His name showed up in an email sent by a Mallinckrodt sales rep named Christophe Goffoz. It was addressed to people at the Ministry of Health and the College of Pharmacists.

SAM: Christophe is sending this email before the switch happens. And in it, he seems a little mad.

GARTH: It's snippy.

SAM: it's snippy.

GARTH: It's crisp! [Laughs]

SAM: Yeah! And basically what he's telling both the Ministry of Health and the College of Pharmacists is that we have a timeline to get the switch done and it seems like things are falling behind. And so he reminds everyone that there was an understanding in place.

That's the word Christophe uses. Understanding.

SAM: And according to Christophe, this understanding was formed back in December of 2011, when Mallinckrodt met with Bob Nakagawa.

Apparently Nakagawa was in senior management with the Ministry of Health back then. I didn't know that.

SAM: Mallinckrodt starts to make investments.

They get Methadose licensed in Canada, they figure out how to import it across the border, and they setup a distribution network.

SAM: And Christophe says this was all done based on, quote, "exclusive exchange with pharmacare." I remember, the first time I read that I sorta just missed it. But then when I reread it, I underlined the words exclusive exchange.

GARTH: I sure remember seeing that too. Because I thought, "what does that mean?"

[sound of phone dialing]

♫MUSIC♫

We decided to give Christophe Goffoz a call. In the emails, it was pretty clear that Goffoz was overseeing the switch on behalf of Mallinckrodt. And so we figured if anyone knows what "exclusive exchange" means, it would be him.

[VOICE ON THE PHONE]: [Indistinguishable] Good afternoon

SAM: Hi, is Christophe there?

Christophe: Yes, it's me.

SAM: Christophe, Did you used to work for Mallinckrodt Pharmaceuticals?

Christophe: Uh yeah, that's correct.

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SAM [no longer on phone]: So Christophe actually turned out to be surprisingly talkative. He doesn't work at Mallinckrodt anymore.

GARTH: Well, that probably helps [Laughs]

SAM: Yeah I bet. And Christophe explained what exclusive exchange meant. He said that Bob Nakagawa and the Ministry of Health, back in 2011, they wanted to move away from the compound methadone to something pre-concentrated.

Metadol-D™ *was* around back then. The Ministry could have switched to that instead. But Christophe says

they thought it was too expensive.

> SAM: And so Christophe says that the way he understood it was this: B.C., the Ministry of Health, was actually very eager to have Mallinckrodt bring Methadose™ to Canada because it would produce an overall cost savings, as compared to the old compound methadone.

We never heard about that part. I've sat in years of meetings with government and I've discussed Methadose™ in painful, granular detail. And no one ever talked about the cost savings.

> SAM: But it was going to cost Mallinckrodt millions of dollars to bring Methadose™ to Canada. And so what exclusive exchange means, according to Christophe, is that [the B.C.] government formed an understanding with the company that they would become the new standard of care. Or in other words, that they would get access to nearly all of B.C.'s then approximately 15,000 methadone maintenance patients.

Us!

♫MUSIC♫

"Exclusive exchange", this "understanding" - we'll probably never know how much it affected our lives. If there wasn't an "understanding" maybe we wouldn't have had such a hard time making progress.

Or maybe it doesn't matter. People in power don't believe dopefiends.

The most disturbing thing to me is how banal it all is. The more we find out about all this, the more it seems to be just business as usual. Just austerity capitalism operating normally, and we don't count for all that much.

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> SAM: So there was one last email. From july 2014, so the summer right after the switch.

A government employee sends Christophe a message. "Hi Christophe," she says, "hope your summer's going well."

> SAM: "We have some reports of a wearing-off effect on Methadose™," and quote, "this allegedly leading to patients going back to heroin." Um, and then she asks for a whole range of data to be sent over.

"Pharmakinetic data," "case reports," "information about Methadose™ patients going back to heroin."

SAM: But for whatever reason, this was the end of the file. This was the last--

GARTH: So this is the one moment, the one person in government that actually said, "Okay, let's let's see, let's just take their word for a minute. They're getting dopesick. Let's go see." And then what happens right after that is nothing, right? There's a big silence on the record. We see no more files, we see no more emails

SAM: Five years!

GARTH: Yep, five years of silence. So if it was responded to we don't see any of that.

♫MUSIC♫

We asked the Ministry of Health to produce these files. They did not respond in time for broadcast. Neither did Bob Nakagawa.

Mallinckrodt Pharmaceuticals confirms that they did produce a report for the Ministry of Health and they sent it to us. The document does not compare the dose-holding issue between Methadose™ and the old compound methadone. Nevertheless, it concludes, quote: "The benefit risk evaluation of the product remains unchanged."

We don't know if the Ministry of Health simply took Mallinckrodt at their word.

We asked Mallinckrodt whether they struck a deal with the Ministry of Health back in 2011. A spokesperson responded, quote: "As a matter of policy, our relationship with the Ministry of Health. . . is proprietary." He added, quote: "I do not want to comment about information from, and discussions with, former employees."

♫MUSIC♫

[Sound of dialing a phone]

TELECONFERENCE AUTOMATIC VOICE: Welcome to the Government of British Columbia conferencing services…

GARTH: Jesus…

We've been gas-lighted, stonewalled, and slow walked.
We're going to keep searching until we get to the bottom of this. And we're going to keep fighting until

everyone gets the methadone that works for them.

> TELECONFERENCE AUTOMATIC VOICE: At the tone, please state your name, followed by the number sign.
>
> [Tone]
>
> GARTH: Garth. [tone of phone button being pressed]
>
> TELECONFERENCE AUTOMATIC VOICE: Thank you. You will be placed on hold.
>
> ♫Hold music♫

Crackdown is produced on the territories of the Musqueam, Squamish, and Tseil-Waututh Nations.

Special shout out this month to Zoe Dodd for showing us all how to most effectively interrupt a minister while they're giving a speech.

If you want more information on how to get on compound methadone and Metadol-D™ in B.C., check out our website.

Crackdown's Editorial Board is:

Samona Marsh, Shelda Kastor, Greg Fess, Jeff Louden, Dean Wilson, Dave Murray, Al Fowler, Laura Shaver, and Chereece Keewatin. RIP Chereece.

Crackdown is produced by Sam Fenn, Lisa Hale, and Alexander Kim.

Our science advisor is Ryan McNeil

I'm Garth Mullins, host, writer and executive producer. You can follow me on twitter @garthmullins.

Original score written and performed by Sam Fenn, Jay Heen, Kai Paulson, James Ash and me. Our theme song was written by me and Sam with accompaniment from Dave Gens and Ben Appenheimer.

We get funds from the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council of Canada.

If you like what we do, support us at Patreon.com/crackdownpod. Thank you to all of our supporters

We're on iTunes, Stitcher, Spotify, YouTube, and SoundCloud, and anywhere else you get your podcasts. Please subscribe, rate and review. It helps. We're also on CITR and Co-op radio in Vancouver and CFUR in Prince George. We're happy to be on your radio station too.

Follow us on twitter @crackdownpod. Our website is: crackdownpod.com.

Our next episode drops at the end of November. Be Safe. Keep Six.

[Music ends]

[Sound of door closing]
[Baby cooing]

SAM: Hey buddy. Want to say "hi" to the Crackdown listeners?

[Baby cries]

SAM: Sorry, that's a no. [Speaking to baby] Okay, I've got you.