



The sharps shooter

July 2023

**SPEEDING TOWARDS
THE FUTURE**

**THE DRUG-FUELLED IMAGINATION
OF PHILIP K DICK**

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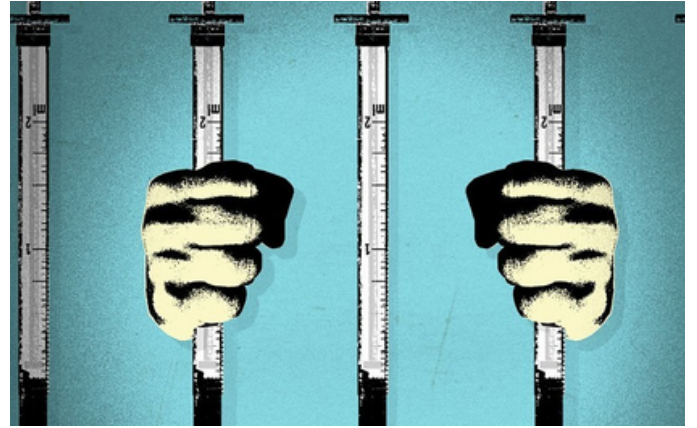


12 21 lives saved Transport workers saving lives with naloxone

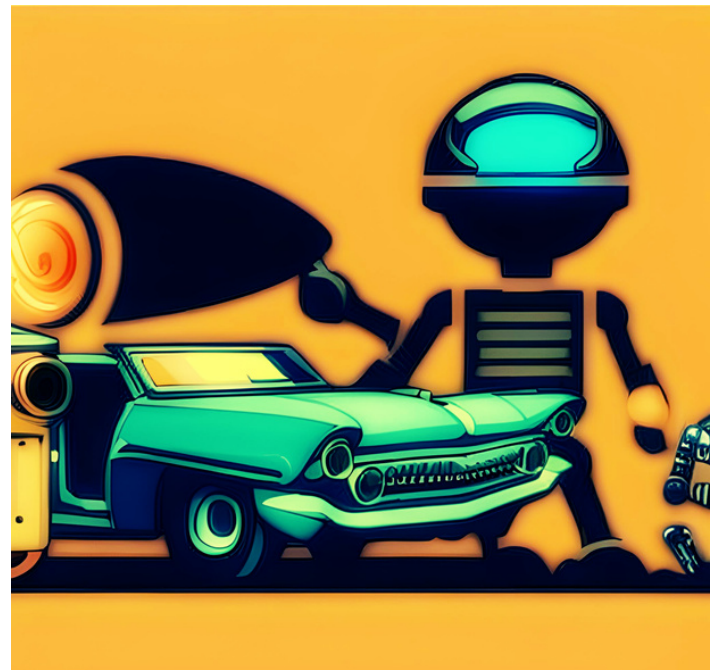


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THE SHARP SHOOTER
MAGAZINE IS NOT AFFILIATED
WITH ANY ORGANISATION

Buses proposed as alternative to permanent safe injecting room in Melbourne's CBD



Mobile injecting rooms in Europe

Moveable injecting buses have been proposed as an alternative to another permanent safe injecting room in the Melbourne CBD.

Plans for a second safe injecting room in Melbourne were raised back in 2020, after an independent review of Victoria's first medically supervised injecting room trial.

The buses would be easy to move and target changing drug hotspots, but experts said they wouldn't be able to cope with the current demand in Melbourne.

Mini-buses and vans are already in operation in European cities such as Copenhagen and Berlin and in Glasgow in the United Kingdom.

They are fitted out with two-to-three injection booths, with the ability to move around different locations or set up for longer periods of time.

The Victorian Alcohol and Drug Association said the buses would need to be supported by additional services.

"A bus would have two-to-three booths, and a very small number of staff on it," chief executive Sam Biondo said.

Premier Daniel Andrews wouldn't comment today on whether mobile injecting buses could be part of a solution.

"Clearly we have an injecting-drug-use problem in the city and clearly we have people losing their lives to that," Andrews said.

"We have more in coming weeks (but) we are far from perfect in the CBD."

Debate continues over whether the government-owned site on Flinders Street would be the appropriate location for a permanent injecting room.

"This is one of the main places people come and is the first stop for tourists. They need to be very careful because it can impact businesses as well," Degraes Espresso's Lola Milcheva said.

Moveable injecting buses have been proposed as an alternative to another permanent safe injecting room in the Melbourne CBD.



By Allanah Sciberras

Australian Prisons Have a Hepatitis C Problem, and Drug Criminalisation is to Blame

Aleksandra Bliszczyk

Prisons have the highest concentration of hepatitis C in Australia, pushing our aim to eliminate the blood-borne virus by 2030 out of reach.

Australian prisons have a problem with blood-borne viruses. They have the highest concentrations of hepatitis C in the country. Rates of hepatitis C infection have been on a downward trajectory for years, and today about 120,000 people in Australia live with the virus – or 0.5 per cent of the population.

But 10 to 15 per cent of Australia's current prison population is infected with hepatitis C, because almost 50 per cent has a history of injecting drug use, according to research published in March by the University of New South Wales and the Burnet Institute's justice health and HIV/STI prevention research group.

"The prevalence of hepatitis C in the community is relatively low because it's concentrated amongst people who inject drugs," the head of public health at the Burnet Institute, Mark Stoove, told VICE.

"But in prisons, because of the ongoing criminalisation of drugs and the frequent incarceration of people with injecting drug histories, the concentration of hepatitis C, in Australian prisons and in prisons all over the world, is exceedingly high."

Australia has a strategy to eliminate hepatitis A, B and C as a public health concern by 2030, parallel with the World Health Organisation's targets.

And it is possible. Tests are easily carried out, and the disease can be cured with pills.

But advocates say drug-use criminalisation and a total absence of harm-reduction measures for inmates – like needle and syringe programs that provide people with clean and safe injecting equipment – means prisons not only breach the human rights of those in their care, but keep the wheel of infection and reinfection spinning and needlessly sustain Australia's hepatitis C epidemic.

"I think people would be quite amazed at the extent to which drug use, and injecting drug use in particular, drives or is associated with incarceration in Australia," Stoove said.

"If we are incarcerating these people who are dependent upon injectable drugs ... they've created a market for drugs in prison. And whenever there's a market and a lot of money to be made from drugs, well there's not a prison system in the world that has kept drugs out of it."

In every prison, there's constant movement of goods in and out – laundry, medicine and food – as well as people, including staff and visitors. It's not hard to get drugs in, but the substances and the injecting equipment are in shorter supply than in the community.

"Almost every injection is done with a shared, old, banged-up needle and syringe that's been hidden in someone's cell for God knows how long," Stoove said.

Reducing harm to people with drug dependencies in prisons was a key topic at this year's Harm Reduction International Conference held in Melbourne in April.

One panel speaker, Michael, who has lived experience with drug dependency and incarceration, said the syringes in prisons "disgusted" him, but the lack of needle and syringe programs in prisons (that do exist in the wider community) meant they were the only option.

"I've seen so many syringes blunt, they tear through your skin," he said.

Michael explained that prison authorities knew about drug use and would mark inmates as users. Prison policy then subjected anyone suspected of using drugs to regular, random strip searches, drug tests and cell raids.

"There's an actual pride in the system for how to catch someone using drugs and if they catch with a syringe, that's a prize," he said.

“What are the consequences of finding a syringe? [Losing your] \$10 spend, not being able to see your kids, not having visitors, in the slot, all that kind of stuff.”

Advocate for marginalised and criminalised people, Sara-Michelle Stilianos, was dependent on substances from age 12 to 27 and has been incarcerated. She told the Harm Reduction International Conference panel that the lack of harm reduction measures in prisons can aggravate drug dependencies, as well as cause people to actually become drug-dependent. The problem lies within prison policies adopting a war on drugs approach,” she said.

“Sanctions do not deter a person from using because people with a drug dependency will find a way to get and to use.” Illicit drugs are expensive in prison, so Stilianos said it’s common for people with trauma, depression or plain boredom to turn to replacement therapies like methadone – which can also be addictive in their own way – even if they’d never tried heroin before.

The Commonwealth has invested millions of dollars in hepatitis medicines, including \$8.6 million in last year’s Federal Budget to put them on the Pharmaceutical Benefits Scheme.

But we know the strategy is flawed because 40 per cent of all hepatitis C treatment in Australia is now being done in prisons, Stoove told VICE. “It costs taxpayers money to treat people, but people are being treated again and again and again and being reinfected because of inadequate harm reduction coverage in the community – particularly in prisons,” he said.

Stoove said needle and syringe programs are, in part, to thank for Australia’s relatively low rates of HIV in the 80s and still today. But, to date, such a program has never got off the ground in an Australian prison, which puts us in breach of the United Nations Standard Minimum Rules for the Treatment of Prisoners that stipulates people in prison must have access to the same healthcare they would otherwise get in the community.



A prison raid in progress

“Most people resort to methadone programs even if they have not had an opioid dependency – predominantly because a person who is drug-dependent is dependent on escaping themselves and numbing the emotional pain that comes with life,” she said.

“This is exacerbated by the re-traumatisation and grief experienced when incarcerated. I know people who developed an opioid and opioid replacement dependency in prison when initially their drug of choice was methamphetamine.

“A trial needle and syringe program has been in national hepatitis C strategies as a priority for the last decade or so. These are strategies that every jurisdictional Health Minister has signed up to,” Stoove said. “Yet, no one has even trialed a prison needle and syringe program in a country that has a strong history of community harm reduction.

“It’s a fundamental breach of human rights.”

NYC unveils first vending machine providing free naloxone

BROOKLYN - New York City unveiled a new vending machine in Brownsville on Monday designed to give New Yorkers a new tool to fight the city's ongoing opioid crisis.

A vending machine located on the corner of Decatur Street and Broadway offers Naloxone, the opioid overdose-reversing drug to anyone who needs it for free, along with instructions on how to use the potentially life-saving drug.

The machine is part of its "Care, Community and Action" health plan. According to data, 2023 will be New York City's highest year of overdoses ever.

"We have a rising tide of fentanyl, and now we have other substances entering our drug supply, which is really putting us behind the 8-ball," said Dr. Ashwin Vasani of the NYC Department of Health.

Three more machines will be placed in neighborhoods that data show are the hardest hit by overdoses and the opioid crisis.

"It shouldn't be luck or privileges that get you to service, it should be easily accessible to everyone we know and love in New York," said Dr. Rebecca Linn-Walton of Services for the Underserved.

The vending machine also has QR codes to help people find services and resources in their community and also dispenses fentanyl test strips, birth control packs, and baggies containing tools for safer smoking of several drugs.

Jacob Flanagan



Vending machines save lives

New research from the University of Cincinnati, in partnership with local nonprofit Caracole, shows a self-service vending machine filled with harm reduction supplies such as naloxone helped prevent overdoses and contributed to Hamilton County's overdose deaths decreasing in 2021.

Through the first year after the machine was installed, it dispensed 3,360 doses of naloxone and 10,155 fentanyl test strips. A total of 911 people have used the machine since it was installed, nearly 16% of whom reported they had never used harm reduction services before.

Tim Tedeschi

THE DRUGS DID WORK

Well, they did on Philip K Dick. The recreational intake of the author of *A Scanner Darkly* was a key factor in the visions and delusions he brought to his work,

On first reading a Philip K Dick novel, many people wonder what kind of twisted mind could come up with such ideas. The answer is a very twisted mind indeed - even when writing science fiction, Dick wrote from experience. This is certainly true of *A Scanner Darkly*, perhaps the ultimate sci-fi drug novel, on which Richard Linklater's film is based. Starring Keanu Reeves - albeit in a more animated form than usual, courtesy of a surreal rotoscoping process - it tells of an undercover narcotics cop named Robert Arctor who loses his mind while trying to bust an illegal drugs trade.

Many of Dick's writings contain such pharmaceutical themes, with their protagonists (usually cops) suffering catastrophic changes in perception, often brought about by exotic substances. These "reality shifts" generally lead to an understanding of the true nature of the universe - an effect that Dick, whose drug intake was as prolific as his fiction output, believed he had experienced personally.



PKD and Keanu Reeves, who starred in the 2006 film, "A Scanner Darkly", based on a PKD book of the same name, published in 1977.

Dick's unique brand of science fiction earned him critical respect and a cult following, his fans (many of whom cheerfully refer to themselves as "Dickheads") being particularly numerous in France and Eastern Europe. Since his death in 1982 he has also become a popular resource for film-makers: Blade Runner, Total Recall, screamers, Minority Report and Paycheck are all based on Dick novels or short stories.

In 1960s California it was inevitable that a writer like Dick would become a counterculture guru, expected - practically obliged, in fact - to flaunt a drug-rich lifestyle of his own, and he rose enthusiastically to that challenge. His writing had always been fuelled by vast quantities of amphetamines, but he soon branched out into marijuana, mescaline, LSD, sodium pentothal and even PCP. After the breakup of his fourth marriage in 1970, Dick's home became open house to the eclectic collection of speed-freaks, dope-heads, junkies and dealers on whom the characters in A Scanner Darkly are based.

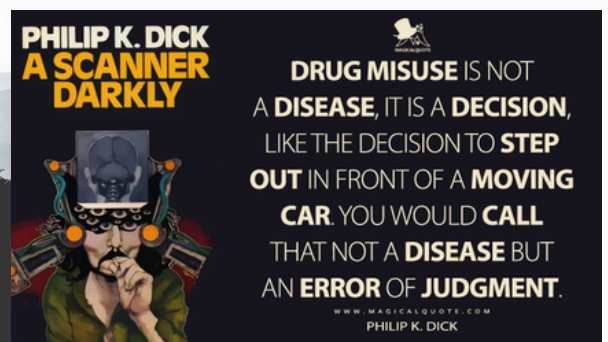
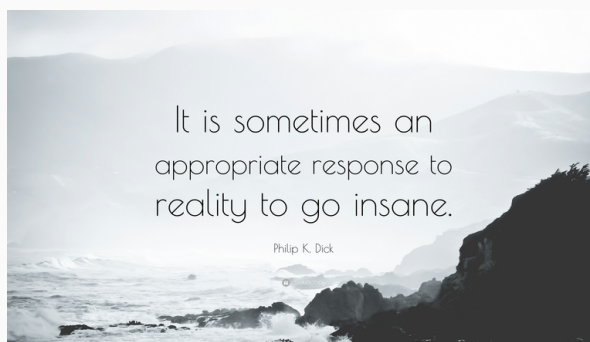
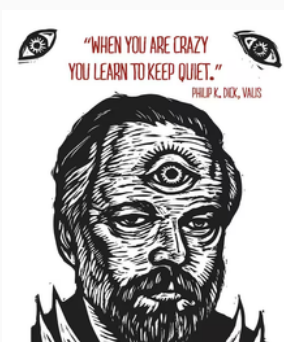
Seven years later, when he wrote the novel, Dick was suffering from permanent pancreatic damage and had begun to regret his earlier indulgence. He had experienced not only the drug culture which surrounds the book's protagonist but also some of the hallucinations and delusions which Arctor and friends encounter there.

Dick's insights into the true nature of reality were spectacular and varied. Being watched by a gigantic, malevolent metal face in the sky - as he believed was happening for several weeks during a tense crisis in his third marriage - would be distracting for anybody, even if they hadn't been terrified of their father's gas-mask as a child. But only Dick could have constructed an elaborate conspiracy theory out of his momentary confusion as to whether his bathroom light had a wall switch or a pull-cord. (Since he'd never lived in a house with a bathroom pull-cord, he decided he must be experiencing memories from an alternative reality. It seemed the obvious explanation.)

A break-in at Dick's house in 1971 - not altogether surprising given the proclivities of his recent house-guests - took on great personal significance. At different times he attributed it to right-wing religious extremists, the CIA or secret police in the pay of Richard Nixon, usually motivated by some forbidden truth which Dick had stumbled on in one of his stories.

None of this was quite outrageous enough for Dick, who later became convinced that he'd unknowingly burgled his own house, under the influence of drugs, hypnosis or government mind control. He put this conviction into *A Scanner Darkly*, where Bob Arctor fails to realise that his excessive use of "Substance D" has split him into two distinct personalities: both the narcotics agent and the drug addict he is spying on. He is in cover so deep he has forgotten his true identity.

Now, for all we know, Dick might have been predisposed to such delusions whatever his lifestyle, but the drugs can't have helped - and Dick realised this. In his autobiographical late 1970s novel *Valis*, he describes his "friend" Horselover Fat - as transparent a Dick-substitute as you'll find - as a madman, addled by a history of drug abuse, who ends up meeting God. No mere distancing device, this was how Dick saw himself in his more lucid moments. Indeed, for someone so fascinated by the nature of reality, Dick was none too adept at distinguishing it from the contents of his own head.



Strangely enough, in 1974 the other drugs in his life were put to shame by a rank outsider: vitamin C, under the influence of which he had perhaps his most celebrated hallucinatory episode.

That March had been an eventful month for Dick. The apparently mundane arrival of a delivery woman whose necklace bore a Christian fish symbol had triggered a cascade of bizarre impressions. He thought his unplugged radio was insulting him, his cat was trying to tell him something of vital significance, and that the KGB were sending him post-hypnotic triggers in the mail.

Taking a truly enormous dose of vitamin C to help him cope, Dick believed that pink laser beams from space were firing information into his brain, beginning with thousands of paintings flashing past his eyes - works by Klee, Kandinsky and Picasso, but far more than any of them could have painted in a lifetime.

For the rest of his life, Dick was obsessed with explaining these events. Inspired by the delivery woman's jewellery, he decided he'd been contacted by God, who wanted him to join a cabal of "secret Christians" who knew the hidden truth about reality. He came to believe that a member of this secret society was living inside his head, much like "Fred" in Bob Arctor's. For a while he suspected this other personality was James Pike, the late Bishop of California, an episcopal renegade who'd marched with Martin Luther King, been censured for supposedly heretical beliefs and died in the Israeli desert while seeking the truth behind the Dead Sea Scrolls. Dick based his final novel, *The Transmigration Of Timothy Archer*, around his extraordinary life.

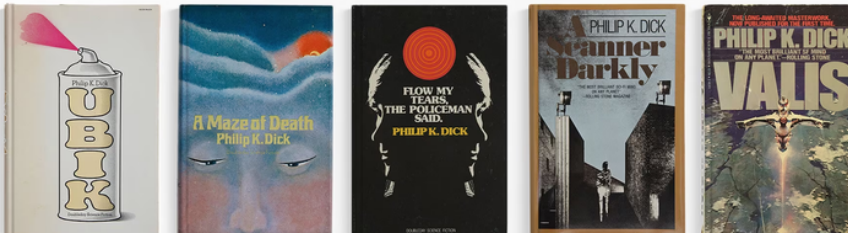
Dick's interpretation of his visions changed on an almost daily basis. In *Valis* he adopted the position that God is actually an ancient satellite planted in orbit by three-eyed aliens, and that the true year is sometime in 1AD, the 1900 years of intervening history being an illusion created by Satan.

It's not a theology that more conventional Christians would recognise, but Dick worked it through in detail. Extracts from his 8,000-page journal, *Exegesis*, have been published, but even its editor has not yet managed to read it in full. So if Dick's visions really did contain the truth about reality, it seems it may have to stay hidden for a little while yet.



Harrison Ford as Rick Deckard in the 1982 film "Blade Runner", based on the PKD book, "Do Androids Dream Of Electric Sheep".

Some of the books by PKD and the TV and film adaptations of his work



AMAZON ORIGINAL



I've seen things you people would believe

"Like tears in rain."
Roy Batty,
Blade Runner

One Metro worker revived 21 riders overdosing on opioids; He's not alone



BY RACHEL URANGA, L.A. TIMES

Walking along a metro (Los Angeles) platform, a veteran transit worker spotted a package of the opioid overdose-reversing drug naloxone, picked it up and slipped it in his vest. He couldn't imagine that he would use the medicine less than two hours later.

But looking back on that evening in February 2022, it shouldn't have been a surprise.

The synthetic opioid fentanyl was killing about four people a day in the county. Its reach stretched from high school classrooms to Beverly Hills homes; it plagued Skid Row and upended families across the region.

Inside train stations, one of the few free indoor spaces for those living on the margins, paramedics rush past commuters to platforms and train cabs to try to revive drug users who pushed too close to the edge or past it. The transit worker saw so many overdoses he began going to a clinic on his way to work to get more doses of naloxone, commonly known by the brand Narcan. Metro had no clear policy on whether its workers can administer the drug, he said. But he couldn't bear to watch people die needlessly.

In 15 months, he has revived 21 people. The Times verified most of the claims through time-stamped photographs and witnesses.

"I'm tired of seeing people dying right in front of me," said the worker, who has been with Metro for more than a decade and asked not to be named because he was not authorized to speak with media. Five months into the year, at least 35 people have died so far in the Metro system. The causes of deaths are under investigation, and most are suspected overdoses.

Metro policy prohibits workers from freely speaking with media or photographing conditions inside the trains. But half a dozen current and former workers, who include cleaning staff and security guards, spoke to The Times about the deaths and near deaths caused by drug use on the trains.

Some are angry about conditions; others feel resigned and numb. Their emotions are complicated by not only the brazen drug use, but also a rise in attacks on Metro personnel. Last year, 158 operators were assaulted.

"Unfortunately, when people with drug abuse issues come into our system from the communities we serve across L.A. County, our frontline employees bear the burden of discovering people who've overdosed, cleaning up after drug users or encountering their behavior while the drugs are in effect," Metro spokesperson Pamela Krebs said in an email. "The societal issues of drug abuse, crime, and homelessness across our county have made it much harder for them to do their jobs — and for Metro to provide the service it is intended to provide: safe, clean, efficient and reliable transportation."

A worker who was attacked a few years ago during her night shift said she was told not to record scenes she sees daily on her phone. Her photo feed is filled with pictures of men taking drugs, people half clothed, dead bodies, fights and blood-stained walls. "I pray. I pray a lot because, Lord, only Jesus can change it," she said.

Complaints about drug use and sales reported on the Metro Transit Watch app soared nearly 100% last year, compared with the previous year. But the employee with Narcan in his pocket didn't need data to prove how bad things had gotten. That night in February last year, he arrived to see a limp body sprawled out inside a rail car, according to his photos of the event. Metro transit officers were standing over a young man with tussled hair and skin-tight white pants.

Metro ambassador Fabian Bolanos, 52, says he has administered the opioid-reversal drug naloxone four times since he started in fall. "It's pretty intense," he said. (Myung J. Chun / Los Angeles Times)





Fabian Bolanos carries a CPR mask kit, naloxone and other tools when he is at work as a Metro Ambassador (Myung J. Chun / Los Angeles Times)

“This guy was turning purple. Not breathing, vomiting on himself,” the worker said. “From what I can tell, he was very, very close to death.”

The worker pulled the packet from his Metro vest and offered up the Narcan to the officers. None wanted to administer a drug they had yet been trained to use, he said.

In the past, the worker would have felt the same. He had had little sympathy for the riders he saw daily, strung out in bench seats.

“They did this to themselves,” he recalled thinking. “To be honest, I didn’t really give a s—.”

But the year before, he had befriended a 21-year-old struggling with fentanyl addiction. The young man was earnest, asking about how credit works and buying a home. He had a baby on the way, had gone through rehab and was seemingly starting a new chapter.

On Christmas Eve, just two months before, the friend died of an overdose.

“His baby was due like April,” he said. “It was heart-wrenching.”

The friendship gave him a new understanding.

“I had a different perspective on the overdoses that I would see” he said. “It was personal.”

He clutched the tiny spray bottle and pumped a dose up the man’s nose. Paramedics arrived. The man came to and walked off without acknowledgment. The worker was astonished at his recovery. That night, he searched for training videos online.

“It was the push that I needed to look into it,” he said. “To do something about it.”

At that point, Metro employees had not been trained on how to use Narcan, although law enforcement officers who patrol the system carry the drug. Recently, transit safety officers and ambassadors have been trained.

CEO Stephanie Wiggins has said she hopes that training of its officers and 327 ambassadors — who are contracted to greet and help passengers — will have a “huge impact” on the system.

Fabian Bolanos, 52, says he has administered the drug four times since he started as an ambassador in fall.

“It’s pretty intense,” he said.

The first time, he spotted a man passed out on a bench at the Civic Center/Grand Park station with a needle in his arm, lips turning purple.

“I just immediately grabbed Narcan that I had, and I administered it,” he said. “He wasn’t coming back, and I started compressions. Then I gave him the second dose of Narcan, kept going on compressions, and finally he came back.”

At the time, he had been on the job about two months, working for a Metro contractor, Strive Well-Being, Inc. The company “expressly prohibited” using the medicine, he said, but he wouldn’t just watch people die. Metro eventually changed the policy. Bolanos, a former methamphetamine user and alcoholic who once overdosed, said the man fortified his own sobriety.

“It’s a daily affirmation that I’m doing the right thing and that I need to maintain my sobriety,” he said. “If I can hand it over and maybe give it to somebody else in need, maybe they go to a rehab, I’m doing my part.”

When the revived man came to, Bolanos said, he got up and left on his scooter. He saw him later and asked, “You remember me?” The man did. He appeared embarrassed. “I told him try to get him to a rehab,” Bolanos said. “I told him this is not going to end well. I have seen him around the train stations. He is still using.”

Bolanos and the unidentified Metro worker have had days where they have to administer Narcan twice. Bolanos, who is leading a campaign to organize Strive Well-Being workers, said conditions have improved over recent months. In May, Metro reported a 17.8% reduction in complaints about drug use between Feb. 13 and May 8 as it cracked down on drug use on the system. It is still rampant.

Less than three months ago, he was exiting the platform at Westlake/MacArthur Park station when he saw a man in his 20s slumped over, lips turning blue. He had no pulse. Bolanos revived the man with Narcan and headed up the station’s mezzanine to the break room when he saw a man in his 50s passed out near the ticket vending machine.

“This is unbelievable,” he recalled thinking. “Another person right here right now.”

“I was still trembling from giving compressions,” he said. “I was still in this intense emotional feeling, and for me to look and see this other guy, I said, ‘Nah, this can’t be going back to back.’”

To stem the deaths, Los Angeles County helped distribute 112,000 boxes of Narcan last year as people left jail or through groups such as Community Health Project L.A. The program is part of the county’s expansion of what is known in treatment circles as harm-reduction services, strategies aimed at reducing the deadly effects of drug use.

Since beginning in 2019, the program has reported 19,661 naloxone reversals, which is likely an undercount. Roughly half of those, or 9,790 reversals, were reported last year.

“It’s everywhere in a way that it wasn’t before,” said Shoshanna Scholar, director of the county’s Department of Health Services Harm Reduction Division. The agency helps train community workers, including staff at homeless shelters and other interim housing on how to use the medicine. “What we do know is without the naloxone on that and that trajectory of the overdose deaths would be much, much worse.”

Ricky Blumenthal, the associate dean for social justice at the Keck School of Medicine at USC, sees the drug use on Metro against a wider backdrop of inequity in a region where homelessness has been growing as rents rise and there’s few discrete spaces to use drugs on the streets. Many of those using drugs on the system don’t have permanent homes, he said, but not all. Drug use can be a cause of homelessness or a symptom.

Whatever it is, overdoses take more homeless people than violence or car accidents.

In early 1990s, Blumenthal co-founded the Oakland California Syringe Exchange Program and was a founding board member of the national Harm Reduction Coalition, an advocacy and training organization devoted to improving the health of people who use drugs.

He started the program because he felt state, federal and local authorities weren’t doing enough to stop the spread of HIV among drug users. People were left to die, much as they are now.

“Ultimately, we have to start caring for people who have become disadvantaged in our society,” he said. “We’re creating homelessness as a structural reality,” he said. “We can make different choices.”

There’s no one fix, he said, but providing better housing or providing overdose prevention sites, where people can safely use drugs.

Recently the Federal Drug Administration approved the use of Narcan for over-the-counter sales, a move that could allow for wider distribution of the drug and remove training barriers.

An overdose can happen in a few minutes of ingesting drugs, sometimes longer, depending the dose and whether it was smoked or injected, said Brian Hurley, the medical director for the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control. Once breathing stops, death arrives in minutes.

It's not unusual for the nearly 2,600 maintenance workers at Metro to find people who are using drugs, passed out or unresponsive.

"It's taken a great mental toll on our membership," said Art Aguilar, former president of the Amalgamated Transit Union Local 1277, which represents those workers.

Maintenance staff regularly clean up needles, pipes and foil used to carry and cook drugs.

"We have seen an increase in usage of our therapy in our medical plan for our members," he said.

"I was hired in 33 years ago as a service attendant at RTD and you had issues with drugs then, but not to the level it is today," he said. "When I was hired in, I was brought to clean buses, not to find a body in it."

In one of the transit worker's videos, he is calling out to a thin man who is bent over, limbs tangled under a rail seat. He slowly pulls the unresponsive man out to the car floor. Three cigarettes and a piece of foil lie beside the seat where he passed out. The worker sprays the medicine in the man's nose and slaps his chest until he heaves a breath. Minutes later the man vomits and comes to. Dazed, he walks away.

"Do I think I'm saving their lives? Yes, absolutely," the worker said. "Do I think that's gonna help them in the long run? Probably not."

"I go home and I pray. I hope that this is like some sort of wake-up call for them or something," he said. "But I don't have my head in the sand thinking that it's going to be."



Overdoses are a common occurrence on public transport in Los Angeles



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