

Illicit Drugs Toxicity/Overdose Crisis

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Doctors of BC Position

Doctors of BC recognizes the severe impact that the illicit drugs toxicity/overdose crisis has had on British Columbians and believes immediate action is needed to respond to the ongoing public health emergency.

To prevent drug toxicity injuries and deaths, Doctors of BC supports a multi-pronged approach based on the principles of harm reduction, prevention, treatment, and enforcement. In particular, Doctors of BC supports:

- Decriminalization of simple possession of all controlled substances for personal use.
- Enhanced coordination of and improved access to a range of community-based, culturally appropriate, evidence-informed substance use prevention, harm reduction, and treatment programs and services.
- Increased access to health and social programs and services to address the social determinants of health.
- Efforts to separate people from the toxic, illicit drug supply, and prevent unintentional toxic drug poisoning or overdose, including improved access to safer pharmaceutical alternatives.

To support physicians providing care to people who use drugs, including patients with substance use disorders, Doctors of BC commits to:

- Advocating for improved education and training on substance use and addiction medicine throughout medical school, residency, and the professional career of physicians to enhance the provision of comprehensive, integrated, patient-centred care.
- Advocating for ongoing research and program evaluations to support evidence-informed approaches to addiction and substance use care.
- Seeking opportunities to contribute physician perspectives in the development, implementation, and evaluation of programs and services to improve addiction and substance use care in BC.

Background

In 2016, BC declared a public health emergency in response to an ongoing crisis of illicit-drugs-related toxicity and overdose deaths. While interventions put in place to save lives, including increased naloxone distribution and training, additional supervised consumption services, including drug checking services, and increased substance use treatment options, have been impactful, the number of people in BC dying from and vulnerable to illicit drug poisoning or overdose remains unacceptably high [1].

In 2020, over 1,700 British Columbians lost their lives to a toxic illicit drug supply, the highest number of drug-

related deaths in a year the province has seen to date [2]. While deaths from the toxic illicit drug market occur among British Columbians across age groups and across the socio-economic spectrum, there has been a disproportionate impact on males age 30 to 59 [2] and among Indigenous people in BC [3].

The ongoing crisis has had lasting detrimental impacts on people who use drugs, their families and communities, first responders, health care providers, and the health system. Change is urgently needed.

Analysis

Decriminalization

In 2019, BC's Provincial Health Officer released a report calling for the immediate decriminalization of people who use drugs in BC. Decriminalization is a policy approach that replaces criminal penalties with the use of non-criminal measures, potentially including fines or administrative penalties, for activities that would otherwise be considered a criminal offense, such as the possession of drugs for personal use. Decriminalization seeks to reduce stigma associated with drug use by addressing it as a health issue rather than a justice issue and by promoting harm reduction approaches and addiction treatment.

Evidence from jurisdictions that have implemented decriminalization policies have shown that this approach has successfully contributed to reducing health and societal harms in cases of simple possession [4, 5]. Moving away from punitive drug policies allows for people to connect with a range of evidence-based health and treatment services, in addition to social services such as housing and employment [1].

There has been strong support from provincial and national health and law enforcement stakeholders for decriminalization of simple possession of illicit drugs for personal use [6, 7].

Doctors of BC commends the provincial government for its ongoing efforts to reduce drug toxicity injuries and deaths and its request for a federal exemption from Health Canada to decriminalize personal possession of drugs in the province.

Addressing social determinants of health

Recognizing that decriminalization and other harm reduction efforts will not solve the illicit drugs toxicity/overdose crisis, Doctors of BC calls on the provincial government to dedicate resources to health and social interventions that will have a positive impact on the life trajectories of people who use drugs, including reducing drug toxicity injuries and deaths.

This includes prevention strategies aimed at preventing problematic substance use and addictions, supporting mental well-being and improving access to social services such as supportive, stable housing and employment. Addressing these social determinants of health, as well as facilitating access to evidence-based prevention interventions, can contribute to improved health outcomes for people who use drugs [8, 9].

Doctors of BC is pleased to see that the provincial government has developed a poverty reduction strategy that seeks to reduce BC's overall poverty rate [10]. In order to make a positive difference in reducing and preventing drug toxicity injuries and deaths, it is imperative that funding and resources are dedicated to implementing the action items from this strategy.

Separating people from the toxic, illicit drug supply

While overdose prevention services, including supervised consumption sites, drug checking, and Take Home Naloxone are available, the number of people dying from toxic illicit drugs has increased over the last year. Most drug toxicity deaths continue to occur in residences and when people are using drugs alone [2]. Additionally, the increasing toxicity of drugs have resulted in more injuries and deaths.

There is a need to separate people from the increasingly toxic, illicit drug market in BC. Currently, overdose prevention initiatives are in place, including programs for people to access safer pharmaceutical alternatives to street drugs. This access refers to the provision of regulated mind/body altering substances that traditionally have only been available within the illegal market [11].

Doctors of BC recognizes that programs offering pharmaceutical alternatives are an important life saving measure. Careful consideration should be given to how to improve access to these programs while mitigating potential risks, including diversion.

Physicians who wish to participate in the provision of pharmaceutical alternatives should be better supported

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to do so. However, consideration should be also given to exploration and evaluation of models offering pharmaceutical alternatives that do not require physician prescribing.

The provision of safer alternatives is complex and there is not a one size fits all approach, as each person's journey to wellness is different. These models need to be examined holistically and considered in the context of the continuum of longitudinal, patient centred care. Evidence and models related to safer pharmaceutical alternatives will be explored further in a subsequent discussion paper.

Conclusion

The policy approaches discussed in this statement, including decriminalization, removing barriers to evidence-informed, culturally appropriate substance use treatment services, and increased access to safer pharmaceutical alternatives, are not mutually exclusive. These life-saving measures are all part of a continuum of care and necessary to successfully reduce and prevent drug toxicity injuries and deaths across the province.

Doctors of BC is actively working to develop specific policy commitments and recommendations in the areas of improving addiction treatment, substance use services, mental health care, and harm reduction efforts in a forthcoming update of an existing policy paper that will expand on the concepts discussed in this statement.

History

Approved on June 11, 2021.

References

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