July 25, 2022 |

Briefs

Select Standing Committee on Health: Public Consultation - Overdose and drug toxicity crisis

A pdf of the complete submission can be found here.(259 KB)

Introduction

The BC Federation of Labour (BCFED) appreciates the opportunity to provide a submission to the Select Standing Committee on Health on the urgent and ongoing illicit drug toxicity and overdose crisis.

BCFED represents more than 500,000 members of our affiliated unions, from more than 1,100 locals, working in every aspect of the BC economy. BCFED is recognized by the government as a significant advocate for the health and safety of workers in BC. As health and safety advocates, we are committed to addressing this crisis. This commitment was renewed with the adoption of resolution 181 at our 2020 convention.

Part A: Government response

What actions should government take to address the ongoing overdose and drug toxicity crisis?

Recommendations (100-word limit)

1. Government should implement a provincial, comprehensive, cohesive public health emergency response to this crisis, like the coordinated approach to COVID-19.

2. Government should meaningfully engage people who use drugs (PWUD) as experts in planning, design and implementation of this system.

3. Government should address the underlying issues of poverty and housing insecurity through strengthening TogetherBC, the provincial poverty reduction strategy, including continuing to increase income assistance rates and the minimum wage, and provide affordable, decent housing options.

Explanation?(500-word limit)

1. This crisis was declared a public health emergency on April 14, 2016. Yet, the number of deaths continues to increase with a staggering six people per day dying in 2021 (on average). 8,700 people have lost their lives since the emergency was declared. Every community in BC is impacted by the crisis, with a disproportionate impact on Indigenous people, people living in poverty and housing instability, and those struggling with mental health issues. A criminal justice approach to this crisis has not worked.

Government should take the advice of BC Chief Coroner, Lisa Lapointe, and implement the approaches she advocates, drawing on the recommendations from the second expert Death Review Panel on this issue.[1]

In particular, we need a coordinated provincial **public health** strategy with clear goals to reduce deaths, metrics on services and treatment, accountability mechanisms, and a public reporting strategy similar to COVID-19[2] so that the public is constantly up-to-date on the nature and level of this crisis. Government has “demonstrated, through the COVID-19 emergency health response,

what is possible in overcoming legislative, jurisdictional and resource barriers quickly in order to prioritize public health and well being."[3]

This strategy requires an equity and reconciliation foundation that recognizes the impacts of historical and ongoing colonization and racism, and partners with First Nations governments and Indigenous institutions to support and strengthen the work they are doing to address these issues in culturally significant ways.

2. "Evidence supporting the engagement of people with lived experience or 'peers' at different stages of policy, program and research development shows positive health outcomes for populations … . Allowing the voices of peers to be heard is crucial for developing a deeper understanding of complex health problems."[4] Meaningful engagement involves appropriate supports for their time and expertise, including transportation and childcare reimbursement. In addition, funding for drug user groups throughout the province should be provided.[5]

Given the over-representation of Indigenous and other marginalized groups in overdose deaths, these users must be prioritized in order to embed targeted measures to address these inequities, grounded in cultural safety.

3. While this crisis affects people from all socio-economic backgrounds, there are clear government responsibilities and actions that would help PWUD facing poverty and housing insecurity. In the latest Coroner's review, 44% of those who died received income assistance in the last month and 31% were homeless or living in shelters or low-income housing.[6]

In 2019, the provincial government introduced BC's first poverty reduction strategy, TogetherBC, and, since then, has increased income assistance rates and minimum wages, as well as provided more affordable housing. We urge the government to continue to increase rates and wages to livable levels and increase the investment in affordable housing throughout BC to provide housing options that keep people connected in their communities.

Part B: Improving Care

How should government and institutions improve services, support, and resources in response to the ongoing overdose and drug toxicity crisis (this includes, but is not limited to, prevention, harm reduction, treatment, and recovery)?

Recommendations (100-word limit)

1. Government and institutions should provide a “comprehensive continuum of substance use care.”[7]
2. Government should ensure that the provincial public health strategy reduces local and regional barriers and increases opportunities for providing public health and harm reduction services throughout BC.
3. Government should reform the workers’ compensation system to better support injured workers by implementing the recommendations of the Patterson Report, "New Directions: Report of the WCB Review 2019."[8]

Explanation (500-word limit)

1. In BC, more than 100,000 people have opioid use disorder and illicit drug toxicity is now the leading cause of unnatural death. Tragically, the Death Review Panel found that the “majority of those who died had accessed the health care system recently and many for a reason related to substance use and/or mental health.”[9] This demonstrates the need for all areas of our provincial health care system to be working in coordination with each other to meaningfully tackle this major public health crisis. Given the common intersection between mental health and substance use issues, we need a strong mental health system as a foundation.

   For patients to transition seamlessly through the system and receive the health care they need, more targeted funding and resources, as well as destigmatized education and training, need to be provided in all areas, including primary and emergency health care.

Service options should be available when requested so significant investment and expansion in care and treatment services is needed. These services must be evidence-based and grounded in harm reduction. Currently, this is not always the case and there is a strong need for increased accountability. PWUD should be involved in improving this system of care.

2. The impact that these deaths have on families and communities is long-lasting and felt throughout the province. While the majority of deaths happen in large urban centres, 20% occur in small urban centres or rural communities.[10] Every region in BC has been hit by the crisis with the highest rates in the Northern Health Authority.

So, the provincial strategy should also include clear roles and responsibilities for regional health authorities and municipalities to ensure local barriers to public health and harm reduction services are reduced and more opportunities to provide these services are actively supported.[11]

3. The toxic drug supply affects many of our workers in BC. 35% of those who have died were employed and, of those, over half worked in the trades, transport or as equipment operators.[12] For many workers, opioid addiction follows after a workplace injury and lack of support from the Workers' Compensation Board (WCB).

A Globe and Mail investigation in 2020 revealed that "a key factor in triggering many addictions is a WCB rule that injured workers must get back on the job promptly – often within days of getting hurt, and even in some cases where their doctor says they need more time to heal. If they cannot tolerate doing any type of work for their existing employer, they must attend a retraining or job search program."[13]

Shockingly, in the Globe and Mail's review of appeal cases for workers seeking compensation for WCB enabling their addictions, 70% of these workers won their cases.[14] Sadly, sometimes this win came too late, and workers died before their appeal case concluded.

We recommend changes to the workers' compensation system to better support injured workers here: https://bcfed.ca/news/briefs/workers-deserve-better-how-we-can-build-compensation-system-injured-workers-need

Part C: Addressing toxic drug supplies

What should be done to address the harm done by the increasingly toxic and unpredictable illicit supply of drugs?

Recommendations (100-word limit)

1. Government should continue to provide safer supply and expand to all communities ensuring there are no barriers to access.
2. Government should ensure there are no barriers to meaningfully enacting the recent federal exemption that decriminalizes personal possession of illicit drugs.

Explanation (500-word limit)

1. The primary cause of these deaths is the increasing toxicity of the street drug supply. While the government did initiate measures to improve safer supply at the beginning of COVID-19, multiple barriers remain and have made the current approach inadequate. The Expert Review Panel outlines these barriers as: limited uptake of prescribers; limited reach across BC with most prescribers in urban centres; limited scope of medication options; clinician concerns; and legislative, jurisdictional and resources issues.[15]

   Within the public health emergency strategy to address this crisis, an accessible, comprehensive, low barrier safer supply system needs to be prioritized. This needs to address the needs of Indigenous and rural/remote communities, as well as the needs of diverse demographic groups at risk of death. Again, PWUD must be involved in the design and implementation of this system as they know what works and what doesn't work.

2. The BC government applied for an exemption to the federal *Controlled Drugs and Substances Act* (CDSA) to remove criminal penalties for people for personal possession of certain illicit substances, which was granted on May 31, 2022. While this is a big step in decriminalizing and destigmatizing PWUD, barriers are still in place to this coming into practice and making a meaningful difference in people's lives.

We urge the government to start enacting their commitment to “work with a broad range of partners to implement this policy change, including the federal government, health authorities, law enforcement, people with lived and living experience, Indigenous partners and community organizations to establish the public health and public safety indicators in order to monitor and evaluate the outcomes of this exemption in real time.”[16]

Part D: Other

Do you have any other recommendations for the committee?

Recommendations (100-word limit)

Given that the committee may not access links, we include further information on the following recommendation in this section: We recommend changes to the workers’ compensation system to better support injured workers here: https://bcfed.ca/news/briefs/workers-deserve-better-how-we-can-build-compensation-system-injured-workers-need, including eliminating the unfair and discriminatory barriers to compensation for mental disorders by:

a. Replacing the term “mental disorder” with “psychological injury” to capture the full range of potential injuries;
b. Giving all workers who experience a traumatic event in the workplace, and later develop a mental disorder, the benefit of a presumption that their condition is work related; and
c. More included below.

Explanation (500-word limit)

As described above, the workers’ compensation system has a significant role to play in improving its support for injured workers to reduce opioid addiction. Drawn from the full report linked above, our recommendations and rationale are:

1. Confirm that the system must be worker-centred.

    a. The WCB is the only option for many workers who get injured on the job. Workers must, therefore, be at the centre of the system. The system should not be run like a private insurance company.

2. Make the WCB more accountable to injured workers and other stakeholders.
    a. The system is not accountable enough to stakeholders like workers, employers, and unions. There are thousands of complaints a year made to the WCB, but individual workers have little recourse or remedy if they are treated badly.

3. Treat each injured worker fairly and as an individual.
    a. The workers' compensation system relies too much on rigid rules and cookie cutter approaches rather than considering the worker's unique needs and circumstances.

4. Support patient-centred medical care.
    a. The WCB makes many medical decisions based on policy and computer-generated predictions, without properly assessing the worker or the views of their health care providers.

5. Improve communication with workers and employers, including creating more resources to help people navigate the system.

6. Provide more and better assistance to get workers back to safe and meaningful work.
    a. Vocational rehabilitation plans often do not investigate or consider the real-world challenges and barriers that many workers face when returning to work. Also, many workers feel like employers and the WCB force them back to work too fast just to get them off benefits.

7. Make it easier to correct unfair decisions.

a. The WCB needs to do more to make fair decisions in the first place, but there will always be some unfair decisions that need to be fixed with a review or appeal. Workers need a more accessible review and appeal system that makes it easier to get unfair decisions corrected.

8. Review the system more frequently using better data and information.

9. Give the WCB and WCAT more power to deal with discrimination against injured workers.

10. Eliminate the unfair and arbitrary rules that limit compensation for workers with certain conditions.
    a. Some injuries and conditions have specific rules that limit compensation or make it harder to get a claim accepted. Eliminate the unfair and discriminatory barriers to compensation for mental disorders by:
        i. Replacing the term “mental disorder” with “psychological injury” to capture the full range of potential injuries;
        ii. Eliminating the higher standard workers must meet to show that their psychological injury was caused by work;
        iii. Narrowing the exclusion for mental disorders caused by an employer’s decision;
        iv. Giving all workers who experience a traumatic event in the workplace, and later develop a mental disorder, the benefit of a presumption that their condition is work-related. Experiencing trauma can harm any worker, so the worker’s job title should not determine how the system will treat them.

[1] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

[2] Ibid.

[3] Ibid.

[4] https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-7-47

[5] https://assets.nationbuilder.com/pivotlegal/pages/3647/attachments/original/1657125404/Recommendations_TK%29.pdf?1657125404

[6] The first statistic references a data cohort from August 2017 to December 2018 and the second refers to a cohort from August 2017 to July 2021: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

[7] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

[8] https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/labour/work_comp_review_2019_-_final_report.pdf

[9] Ibid.

[10] Ibid.

[11] https://assets.nationbuilder.com/pivotlegal/pages/3647/attachments/original/1657125404/Recommendations_TK%29.pdf?1657125404

[12] Ibid.

[13] https://www.theglobeandmail.com/canada/article-how-workers-comp-fanned-the-flames-of-the-opioid-crisis/

[14] Ibid.

[15] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

[16] https://news.gov.bc.ca/releases/2022MMHA0029-000850