

Drug Policy

Ending preventable drug deaths through evidence-based policies, and solutions grounded in dignity and care.

HOW WE'RE THINKING ABOUT THIS

Drug use is a health and social issue—not a criminal one. It is clear that punitive measures, such as prohibition, fail to foster a safe and healthy society. Instead, we must recognize that people who use drugs deserve safety, respect and access to compassionate, evidence-based care—and we must create legislation that reflects this need.

To address this crisis effectively, we need to implement a regulated drug supply and support robust harm reduction services, while also investing in evidence-based treatment, prevention and education. Our approach must be grounded in urgency and compassion, aiming to end preventable drug deaths through solutions that meet people where they are and support their journey towards recovery.

No one should be excluded from our communities due to substance use—and no one should be at risk of dying from a poisoned drug supply. People who use drugs deserve the same access to resources, medical care, housing, love, dignity and respect just as much as anyone else does.

PROBLEM DEFINITION

In British Columbia, the toxic drug crisis was declared a public health emergency in April 2016. Since then, over 15,000 people have died from the poisoned, unregulated drug supply. These deaths are not inevitable—they are preventable and reflect systemic policy failures.

The ongoing prohibition and the war on drugs have exacerbated the crisis by increasing the toxicity of street substances. Street drugs have never been so dangerous and toxic. Synthetic opioids, such as fentanyl, have dominated the illicit drug market controlled by criminal organizations – leading to enormous profits for distributors and a devastating death toll among users. The rising presence of benzodiazepines in the illicit supply has further complicated overdose reversals, making them more difficult and unpredictable.

Anti-drug user stigma remains a significant barrier to accessing care and support. The decriminalization pilot project was designed to reduce stigma and prevent unnecessary involvement with the criminal justice system, but the province's retreat from this initiative has only intensified negative attitudes towards drug users. This is a humanitarian crisis and policy failure.

After eight years of public health emergency, the situation has only worsened, becoming more deadly, dangerous and unpredictable. We must respond to this crisis effectively by implementing a regulated drug supply and comprehensive harm reduction services. Additionally, investing in evidence-based treatment, prevention and education is crucial to making meaningful progress and improving outcomes for those affected.

POLICIES FOR ANNOUNCEMENT

Immediately enhance accessibility to supervised consumption services and overdose prevention sites to save lives and connect individuals to care and recovery resources.

- Require all public hospitals to include spaces for safe, supervised consumption of substances, with capacity for inhalation.
- Ensure all shelters that permit substance use have the capacity for safe inhalation spaces.
- Continue the expansion of supervised consumption services and evaluate mobile overdose prevention services to reduce access barriers.
- Work with providers to extend service hours for overdose prevention sites, aiming for 24-hour availability.

Provide critical drug-checking services to empower individuals to make informed decisions about substance use and reduce harm.

- Allocate annual funding for existing drug-checking services to ensure their sustainability.
- Collaborate with local partners to expand drug-checking services in underserved areas.

Ensure children and youth are educated about drug risks and supported by trusted adults to make informed decisions.

- Mandate that all schools provide evidence-based, age-appropriate information on drugs and substance use.
- Ensure schools have sufficient teachers, education assistants, and mental health professionals to meet the diverse needs of all students.

Provide regulated, pharmaceutical alternatives to the illicit drug market to reduce fatalities associated with substance use.

- Collaborate with experts to expand the range of substances available through prescribed safer supply and Opioid Agonist Treatment.
- Begin the expansion of diacetylmorphine prescribing based on evidence from the NAOMI trials.
- Work with health officials and advocacy groups to evaluate a demedicalized model for regulated alternatives to the toxic supply.

Develop innovative, local solutions to address the unregulated toxic drug crisis.

- Partner with health professionals and pharmaceutical companies to create a made-in-BC solution for diacetylmorphine production.
- Provide funding for BC pharmaceutical companies to manufacture intranasal naloxone locally.

Ensure inclusive decision-making in substance use treatment services and establish a standard of care based on evidence and lived experience.

- Create an evidence-based standard of care for all substance use treatment services, informed by experts and community leaders.
- Match investments in bed-based care with a spectrum of community-based outpatient substance use treatment services.
- Ensure that individuals working on the frontlines and those with lived experience of substance use are valued in decision-making processes.

Work towards the decriminalization of substance use while ensuring adequate services are in place.

- Collaborate with local partners and the federal government to pursue decriminalization, ensuring the development of necessary services like safe consumption sites and housing.

