

Changing drug policies: What do we need to end this heartbreaking crisis?

Since the overdose crisis was declared a public health emergency in 2016, nearly 14 000 Canadians have died as a result. Due to the number of fatal overdoses, BC's life expectancy has fallen for the first time in modern history.

Facing this crisis, many organizations, such as Nurses and Nurse Practitioners of BC,¹ Moms Stop the Harm,² the Canadian Association of People Who Use Drugs,³ and the City of Vancouver,⁴ have called for a change in drug policies, including drug decriminalization and increased access to a safer supply of drugs. Nonetheless, both the federal and provincial government have been hesitant to fully commit to these ideas.

The concept of drug decriminalization is not new. Portugal decriminalized personal possession of all drugs in 2001. While having drugs for personal use is no longer a criminal offence, it remains an administrative violation. The money saved in the criminal justice system has freed up resources to be invested in addiction treatment, mental health, and social services. Within a decade of decriminalizing drugs in Portugal, continuation rates of drug use dropped by 15%. In addition, the rate of HIV, hepatitis, and drug-related deaths and crimes decreased. This shift from a criminal to public health approach to drug use has received praise from many international organizations, including the United Nations.

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In terms of safe supply, Switzerland offers a good example. Like much of Europe, the country experienced a rapid rise in IV heroin use during the 1970s and 80s, which led to high rates of HIV transmission and drug-related deaths. Since the mid-1990s, Switzerland has offered heroin-assisted treatment (HAT). With over 20 years of data, it's clear that HAT has substantially improved the well-being of the participants, reduced continual use of illicit heroin, and decreased criminal activities. Locally, the BC Centre on Substance Use published an evidence-based document last year that highlights the benefits and rationale for safe supply, and a proposed model for implementation.⁵

I can think of a particular patient whose story reinforced my support for changing drug policies. Over the years, my team and I provided her with medical and psychosocial treatment for her opioid-use disorder while she worked diligently on her recovery. By the time she moved on to another clinic closer to her new home, she had obtained her diploma and was ready to start a new job to help youth struggling with addiction. I still remember the light in her eyes and the confidence in her smile when she told me about her graduation and the new job. Meanwhile, as I recalled the multiple overdoses she had in the past, a shivering thought came to mind: she could have died so many times. Sadly, not every patient of mine was as lucky as she was; many had died from overdoses and were never able to continue the journey of recovery.

I truly believe that decriminalization of people who use drugs and safe supply save lives. We need to change outdated drug policies so

our patients struggling with addiction can stay alive and have an opportunity to access the treatment and support they need. By doing so, we are sending a clear message to society that drug addiction is a health issue, not a criminal issue, which in turn helps reduce stigma and encourages more individuals to access care or call 911 in case of an overdose without the fear of being incarcerated.

As doctors in the province with the highest number of overdoses and deaths in Canada, we should engage in a broader discussion about these important issues. ■

—Derek Chang, MD

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