



Committee-of-the-Whole Meeting

Wednesday, March 22, 2023

Zoom/Board Room (Hybrid) – 3008 Fifth Avenue, Port Alberni, BC

10:00 AM

Regular Agenda

Watch the meeting live at <https://www.acrd.bc.ca/events/22-3-2023/>

Register to participate via Zoom Webinar at:

https://portalberni.zoom.us/webinar/register/WN_nLw65AQJRUm1E07ePZS7eA

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| 1. <u>CALL TO ORDER</u> | |
| Recognition of Territories. | |
| Notice to attendees and delegates that this meeting is being recorded and livestreamed to YouTube on the Regional District Website. | |
| Introductions – Directors and Staff present in the Boardroom. | |
| 2. <u>APPROVAL OF AGENDA</u> | |
| <i>(motion to approve, including late items required ALL VOTE 2/3 majority vote)</i> | |
| 3. <u>PETITIONS, DELEGATIONS & PRESENTATIONS (10 minute maximum)</u> | |
| a. Ron Merk, Co-Chair, Port Alberni Community Action Team, regarding Presentation on the Poison/Overdose Crises in the Alberni-Clayoquot Regional District. | 2-7 |
| 4. <u>LATE BUSINESS</u> | |
| 5. <u>QUESTION PERIOD</u> | |
| Questions/Comments from the public: | |
| • Participating in Person in the Board Room | |
| • Participating in the Zoom meeting | |
| • Emailed to the ACRD at responses@acrd.bc.ca | |
| 6. <u>ADJOURN</u> | |



February 11, 2023

Alberni-Clayoquot Regional District
3008 Fifth Ave
Port Alberni, BC
V9Y 2E3
Via email: jhill@acrd.bc.ca

Re: The Poisoned Drug Supply/Overdose Crisis in Alberni/Clayoquot

Dear ARCD Board:

Thank you for agreeing to allow the Port Alberni Community Action Team to present on the Poisoned Drug Crisis in our ARCD Region at your meeting, on March 22, 2023.

You'll find links and resources in this letter to help inform ARCD Directors before our presentation.

The 2022 Year-end [BC Coroner's numbers](#) (page 18) for Alberni/Clayoquot are devastating. Twenty-six People died in our region last year. These are the worse numbers ever reported for Alberni/Clayoquot.

What is even more concerning is our death rate per population. Alberni/Clayoquot is the seventh highest in the Province! (75.1 per 100,000 population). That's a 104% increase since 2017 when we began tracking after the Poisoned Drug Overdose was declared a health emergency in BC.

The [BC Coroner's Special Death Review Panel Report](#), issued in March of this year, provides a solutions blueprint going forward. Also, the [BC Legislature Standing Committee on Health](#) released their recommendations, in November 2022.

Regional Districts are key influencers in their communities and with other levels of Government. For this reason, the ARCD plays a crucial role in responding to the overdose crisis.

- You can allocate resources. First, in partnership with their Community Action Team, and then by keeping the Overdose crisis front and centre in their community.
- Secondly, you concentrate on advocacy/legal reform with other levels of Government, Health Authorities, and citizens.
- Finally, you actively leverage services within your districts and communities. Most notable are the harm and stigma reduction strategies initiated by districts and municipalities and regular, formal reporting to the citizens and governing board of the ACRD.

During our presentation, we'll cover the following:

- An overview of the Poisoned Drug Crisis in BC/Canada.
- How we got here.

- Strategies
 - Enforcement versus People-Centred Policies
 - Evidence-based Harm Reduction
 - Stigma
- Who is dying in Alberni/Clayoquot and why?
- What You, The ARCD can do – Our Asks

There will be time for questions. We actively encourage questions, especially the hard ones. Those are the questions everyone is thinking about but are hesitant to ask.

Sincerely,



Ron Merk
Co-Chair
Port Alberni Community Action Team

Resources – FAQ

FAQ on all aspects of Substance/Concurrent Disorders

Note: Additional info is identified by a (super subscript - example ⁽¹⁾), These additional resources/citations will be found at the bottom of the page

1. When did substance use become a major problem in society?

The use of substances has always been a part of human society ⁽¹⁾. As technology and society have evolved, so have our attitudes toward substance use. Today, substance disorders, through evidence-based inquiry are seen as health challenges.

2. Can you define substance disorder?

Substance Disorders ⁽²⁾ are defined as health disorders characterized by an individual's compulsive use of alcohol, drugs, or other substances. This disorder can have serious negative physical, psychological, and social consequences for a person.

3. How do mental health disorders contribute to substance disorders?

Recent evidence-based research is showing that 50% to 70% ⁽³⁾ of people with substance disorders who died from an overdose also have mental health disorders. Often people suffering from mental health challenges will self-medicate by using substances most commonly accessed through illicit substance

supply. We call mental/substance disorders, (concurrent disorders). This high rate of concurrent disorders of people who use substances is one of the factors why substance disorders are a health condition and not a choice.

4. What are the more common misconceptions about substance disorders?

Views at either end of the spectrum on substance disorders are not generally supported by scientific evidence, research, or evidence-based experience. Substance disorders are complex conditions ⁽⁴⁾ that require a comprehensive and individualized approach to treatment and recovery. Here are some of the more common misconceptions.

- Abstinence-only view ⁽⁵⁾: The belief that the only solution to substance disorder is complete abstinence, without the option for harm reduction or moderation.
- The "war on drugs" view ⁽⁶⁾: The belief that the use of drugs, regardless of the substance, should be criminalized and that harsher penalties and law enforcement should be used to combat substance disorders.
- The moral failing view ^{(7) (8)}: The belief that individuals with substance disorders are weak-willed or morally flawed and that they are solely responsible for their addiction.
- The "tough love" view: The belief that individuals with substance disorders should be forced into treatment ⁽⁹⁾, even against their will, to overcome their addiction. Coercion is a slippery slope!
- The "genetics alone" view: The belief that substance disorders are solely caused by genetics and that individuals have no control over their addiction. Studies ⁽¹⁰⁾ show genetics play a (small) role in substance disorders. Other factors are by far more significant.
- The "substances are not a problem" view: The belief that substance disorders and addiction are not real problems and that individuals can stop using substances at will.
- The "shaming" view: The belief that individuals with substance disorders should be publicly shamed or stigmatized as a means of deterrent.
- The "superhuman willpower" view: The belief that individuals with substance disorders should be able to overcome their addiction through sheer force of will alone.

5. What is the War on Drugs? ⁽⁶⁾

Starting in the mid-20th century, in response to the prevalence of Substance Use, many governments around the world initiated the War on Drugs. This term is used to describe the efforts of governments, usually through punitive measures to reduce the availability of illegal drugs. These efforts have included criminalization, incarceration, and mandatory treatment programs.

A direct consequence of criminalization is the psychological and social consequences associated with Substance Disorders. The most significant consequence is the stigma associated with substance use, which can lead to feelings of shame and isolation in those struggling with substance disorders.

6. Is the War on Drugs working? ⁽⁶⁾

No.

7. Why do you say this? ⁽⁶⁾

The results of Prohibition against alcohol in the early part of the 20th are a perfect example of the harm visited on individuals and society through punitive measures against substances. Governments quickly learned that regulation was way better than trying to stamp out the use of alcohol. Tobacco regulation is another example. Both alcohol and tobacco, even though they are controlled, individually cause far more harm and cost more to our society than drug use.

Additionally, if the War on Drugs policies worked, drug use would have been stamped out in the 1980s, during the most active period of the War On Drugs. All through the 20th & 21st centuries, the use of substances, known as illicit drugs has risen and is more prevalent than ever in our communities.

8. Aren't drugs way more dangerous than alcohol or tobacco?

The short answer is no ⁽¹¹⁾ – We perceive them as more dangerous because the supply is illicit and tainted with uncontrolled toxic mixtures of unknown substances. In other words, we have a poisoned drug supply. Both alcohol and tobacco are regulated. Each dose of these substances is known and controlled. Most users of alcohol and tobacco do not overdose on a single use because the supply is tightly controlled for safety by the government. However, long-term abuse of these causes incredible and destructive health outcomes in Canada and costs society more in dollars – way more so than illicit drugs.

9. What are the consequences of Substance Disorders from a public safety perspective (criminalization)? ⁽¹²⁾

The possession, sale, and use of certain substances are criminalized in many countries. This has resulted in thousands of people being incarcerated for minor offences related to substance use. Punishments for substance-related offences vary depending on the country and type of offence. Punishments can range from fines to incarceration in prison. Most people are convicted on minor possession charges, however, they carry criminal records for the rest of their lives. These convictions have a major impact on their future quality of life and the opportunities that are open to them.

10. If punitive measures don't work, what are some other options?

In recent years, there has been a shift in how Substance Disorders are viewed. They are now seen as an illness rather than a moral choice. This is partly because Substance Disorders can have a significant impact on an individual's physical and mental health. In addition, we now know that brain chemistry and mental illness play a significant role in substance disorders.

11. What is the difference between Substance Disorder and Use?

The primary difference between Substance Disorders and Substance Use ⁽¹³⁾ is that Substance Disorders are defined as health disorders characterized by an individual's compulsive use of drugs or alcohol, whereas Substance Use is defined as the using substances like drugs or alcohol for recreational or other purposes. Many people control their use – having one cocktail before dinner, limiting the number of cigarettes each day or using marijuana, opioids or other substances occasionally. There are several different types of Substance Disorders including Alcohol Use Disorder, Tobacco Disorder, Cannabis Use Disorder, Opioid Use Disorder, Stimulant Use Disorder, etc.

12. Are Substance Disorders a Moral Choice?

The moral implications of Substance Disorders have been debated for decades. Some believe that Substance Disorders are a moral choice and should be treated as such, while others believe that substance use should be viewed as an illness that requires medical treatment. Ultimately, it is up to individuals to decide whether they believe that Substance Disorders are a moral choice or an illness. However, the latest research is showing that in many cases, substance use disorders are caused by underlying mental health issues, trauma, or social challenges and can be effectively treated with therapy, medication, and social stabilization initiatives -eg housing/reduction of poverty.

13. How can prevention or treatment help (Harm Reduction)? ⁽¹⁴⁾

Prevention and treatment play an important role in reducing the prevalence of all Substance Disorders. Prevention initiatives focus on educating people about the risks associated with substance use and providing resources for those struggling with addiction. For example, warnings on tobacco products. Treatment programs focus on providing support for individuals who are struggling with substance disorders and helping them to manage their symptoms.

14. I keep hearing the term Harm Reduction – isn't this just another way of enabling people to use substances? ⁽¹⁴⁾

No to the enablement or aiding people to use substances. Harm Reduction is now a long-term evidence-based proven strategy that works to save lives AND protect not only people suffering from a particular disorder but also the general public. In the simplest terms, harm reduction is a strategy that keeps people alive until they are ready to enter into their healing. It also protects those suffering from substance disorders and the general public from the transmission of diseases.

15. Why do I need to know this information?

The Poisoned Drug Crisis has reached an epidemic level during the last decade in BC. All British Columbians need to understand Substance Disorders to reduce stigma, explore solutions and provide effective prevention and treatment resources to those who need them in our communities.

Resource Links:

⁽¹⁾ Substance Use Disorders: Historical - <https://www.mdpi.com/152456>

⁽²⁾ American Psychiatric Association – [What Is Substance Use Disorder?](#)

⁽³⁾ BC Coroner's [Special report March 2022](#) – Page 17

⁽⁴⁾ Oxford Academic – [Misconceptions – Opioid Use](#)

⁽⁵⁾ Social Work & Society Online Journal - [A Shift Away From Criminal Justice and Abstinence-based Approaches](#)

⁽⁶⁾ CATO Institute - [Four decades & Counting, Failure of the War On Drugs](#)

- (7) Wikipedia - [ACE - Adverse Childhood Experiences](#)
- (8) Center for Disease Control CDC – [About the ACE Study](#)
- (9) National Library of Medicine – [Effectiveness of Compulsory Drug Treatment](#)
- (10) PubMed Central - [Genetic Basis of Addictive Disorders](#)
- (11) Canadian Centre on Substance Use & Addiction – [Substance Use Cost & Harm Project](#)
- (12) Government of Canada - [Alternatives To Criminal Penalties](#)
- (13) Canadian Mental Health Assoc – BC Div - [FAQ](#)
- (14) Hawk, M., Coulter, R.W.S., Egan, J.E. et al. Harm reduction principles for healthcare settings. Harm Reduct J 14, 70 (2017) <https://rdcu.be/c4sUL>