OPEN LETTER: Urgent action required to ensure the equitable application of public health protections to vulnerable British Columbians

Dear Dr. Henry and Premier Horgan,

We admire your clear leadership and calm direction through this crisis. Without your early and decisive actions, British Columbians know we could have lost many more lives to Covid-19 already. We write to ask you to do more to protect the most vulnerable among us.

We call on you to: (1) recommend that the Minister of Health order the immediate suspension of municipal bylaws which sanction the displacement of people sheltering in public spaces; (2) recommend that the Minister of Public Safety and Solicitor General direct that police forces immediately and for the duration of both public health emergencies cease expending resources on the enforcement of simple possession and related offences; (3) re-emphasize to prescribers and their colleges the importance of the new Guidelines for Risk Mitigation in the
Context of Dual Public Health Emergencies to saving lives; and (4) ensure that the level of resources and attention currently being provided to long-term care homes is also afforded to reserves, prisons, homeless shelters and in high-density and high-risk hubs such as Vancouver’s downtown eastside.

We want to be sure that you know what we know: that some of the most vulnerable British Columbians – a disproportionate percentage of whom are indigenous people – are being denied the benefit of the protection provided by public health orders and directives due to stigma and systemic barriers. People are unable to shelter in place when they are displaced from their only safe shelter, when the possessions they need to stay safe are taken from them and when they are unable to access medical-assisted treatment to help them avoid dope-sickness or a poisoned drug supply. People can’t keep a safe distance from others when the restraints of poverty and colonialism keep them housed in crowded quarters on reserve or when the criminalization of their efforts to survive confines them to prisons and other institutions.

As our new Human Rights Commissioner has said human rights are never more important than in times of crisis. Public health and human rights must go hand in hand.

Further provincial orders are required to save lives and protect public health and human rights.

1. Municipalities must suspend immediately the operation of all bylaws and policies that have the impact of displacing people sheltering in public spaces and seizing the personal possessions of persons residing in encampments.

   Proposed Guidance for Municipalities with respect to this order:

   a. Municipalities must support Provincial and Federal efforts to ensure accessible housing options for all British Columbians during the course of this emergency with a view to transitioning people to permanent housing. People who test positive or are at high risk of infection must be housed in self-contained rooms. As the United Nations Special Rapporteur on the right to adequate housing said days ago, "[h]ousing has become the frontline defense against the coronavirus." ¹

   b. Where housing options have not yet been provided or are not accessible to some, municipalities must facilitate social distancing and public health measures at encampments within their municipalities utilizing the Operations Manual for Covid-19 management in housing produced by VCH.

Public Health Purpose of Order

Removing encampments where homeless people are sheltering endangers public health and undermines social distancing efforts.

¹ Leilani Farha, Covid-19 Guidance Note: Protections for those living in Homelessness (April 2, 2020)
There are legitimate fears of outbreak in densely populated areas such as Vancouver’s downtown eastside and other neighbourhoods where people gather in close proximity to access essential services. Homeless people are one of the groups at greatest risk of contracting and dying from COVID-19. Many have underlying medical and mental health conditions and particularly now, with many services reduced or eliminated, have nowhere to go to protect themselves, socially isolate, use a clean bathroom or wash their hands. Homeless people are three times more likely to have chronic diseases than the wider population – respiratory and heart problems in particular.

Orders specifically aimed at preventing the spread of the virus amongst vulnerable populations are necessary not only to protect these lives but also the general public health.

2. Municipal police forces and RCMP in BC must immediately and for the duration of both public health emergencies cease expending time or resources on the enforcement of simple possession offences under Section 4(1) of the Controlled Drugs and Substances Act (CDSA) as well as minor related offenses where dealing is merely in support of an individual’s addiction.

Public Health Purpose of Order

Criminalizing people for accessing the drugs they need to feel well creates fear and stigma and forces people to engage in behaviours which compound their risk and others’ risk of contracting Covid-19 as well as their risk of fatal drug poisoning. Criminalization injures public health; it does not support it. As Dr. Henry succinctly stated in her report Stopping the Harm: Decriminalization of People Who Use Drugs in BC: “If the intention of a prohibition-based system was to protect individuals from harms inherent to substance use, then this policy approach has significantly failed … Evidence shows that this approach has had the opposite effect and has substantially increased harms”.

Correctional facilities are themselves high risk as social distancing is often impossible and where indigenous people – and in particular indigenous women – are not only over-represented but at higher risk of harm.

3. Facilities that house marginalized people at high-risk of outbreak including people on reserve, in prisons, in psychiatric facilities, at shelters and high-risk clusters such as are found in Vancouver’s downtown eastside must be afforded the same attention as is currently being provided to long term care facilities.

We have had eleven confirmed positive tests for Covid-19 virus at the prison in Mission, one at the Okanagan correctional facilities and understand that there has been at least one positive test in Vancouver’s downtown eastside. We fear that there may be many more already infected in these high-risk clusters but without testing we will not know the true extent until there is an outbreak.

There is enough evidence from other jurisdictions to support the intervention strategy of increased testing and supporting isolation in high-risk clusters now. We know that many carriers of the virus are asymptomatic or mildly symptomatic and that amongst populations who cannot self-isolate, spread is exponential and

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2 See for example: Policing Space in the overdose crisis: A rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites
deadly. Other jurisdictions are implementing plans to transfer people out of prisons so as to mitigate the risk of outbreak.

4. Physicians, pharmacists and other prescribers require clarification about the new prescribing guidelines.

The Province has endorsed the BCCSU Guidelines for Risk Mitigation in the Context of Dual Public Health Emergencies.

There are disturbing reports from across the province of patients being denied treatment and having their existing OAT treatment discontinued or parental rights questioned when they seek assistance under the new guidelines. All this while reports from front-line workers indicate an increase in the adulteration of the already toxic illicit drug supply and recent spikes in overdose deaths.

Prescribers and pharmacists need to hear clearly from the Premier and the Provincial Health Officer that failure to provide treatment to patients who are at risk of overdose, withdrawal, craving, and other harms related to their substance-use puts lives at risk, undermines your social distancing orders and increases the risk of spread of Covid-19.

Expert Support is available to prescribers from some of the peer organizations listed below as well as at:

Rapid Access to Consultative Expertise (RACE) for Addictions is available M-F 8am-5pm for additional consultation and support http://www.raceconnect.ca/
Local calls: 604-696-2131
Toll free: 1-877-696-2131

Some rapid access addiction clinics (RAACs) are equipped to provide telehealth support, both consultation for prescribers and patient assessment.
Victoria: 250-381-3222; Vancouver: 604-806-8867; Surrey: 604-587-3755

OAT Clinics Accepting New Patients: This list may be consulted for referral, for physicians and nurse practitioners who do not have extensive experience providing addiction medicine whose patients are at risk of withdrawal. https://www.bccsu.ca/wp-content/uploads/2020/01/OAT-Clinics-Accepting-New-Patients.pdf

BC Centre on Substance Use COVID-19: Information for opioid agonist treatment prescribers and pharmacists, as well as information for people who use drugs is available at: www.bccsu.ca/covid-19 and https://www.bccsu.ca/opioid-use-disorder/

Signed,

Erica Thomson for BC Yukon Association of Drug War Survivors (BCYADWS)
Uniting Northern Drug Users (UNDU)
Caty Redford, President, Kelowna Area Network of Drug Users (KANDU)
Brent Donovan for Society of Living Illicit Drug Users (SOLID)
Willow Giesinger for Wild Women of the North Society
Amber Streukens for Rural Empowered Drug User Network (REDUN)
Connie Long for Converting Habits and Attitudes into New Growth Experiences (CHANGE) Chilliwack
Jordan Harris for Preventing Overdose Undoing Stigma (POUNDS)
Laura Shaver for British Columbia Association of People on Opiate Maintenance (BCAPOM)
Eris Nyx, Project Coordinator, Coalition of Peers Dismantling the Drug War (CPDDW)
Maple Ridge Street Outreach Society (MRSOS)
Charlene Burmeister, ED and Founder, Coalition of Substance Users of the North (CSUN)
Vancouver Area Network of Drug Users (VANDU)
Peers Victoria Resource Society
Downtown Eastside Women’s Centre
The South Island Community Overdose Response Network
AVI Health and Community Services
AVI Health and Community Services - Nanaimo
Kyla Turner, Interim Executive Director, Positive Living North
Deb Schmitz, Executive Director and Daryl Luster, President, on behalf of Pacific Hepatitis C Network
Sandra Kilduff, Langford
Melanie MacDonald, Executive Director, Quesnel Shelter and Support Society
Pacific AIDS Network (PAN)
Dhorea Ramanula, Executive Director, People with Lived Experience Society (PEOPLE)
Union of BC Indian Chiefs
B.C. Government and Service Employees’ Union
Vancouver and District labour Council
Donald MacPherson, Executive Director, Canadian Drug Policy Coalition, Simon Fraser University
Dr. John D Farley, MB BS FRCPC, Infectious Disease Specialist
Dr. Mark Tyndall MD ScD FRCPC, Professor, School of Population and Public Health, UBC
Cheyenne Johnson RN, MPH Adjunct Professor, School of Nursing, University of British Columbia
Kendra Milne, Health Justice
Lyndsay Watson, Legal Director, Pivot Legal Society
Erin Pritchard, Executive Director of Programs & Policy, Disability Alliance BC
Garth Mullins, Host & Executive Producer, Crackdown Podcast
Moms Stop The Harm
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Bruce Self, BSN, MSc, (Community Health), former street nurse, A&D counselor and nursing instructor
Jarred Aasen, Harm Reduction Pharmacist, Founder Lantern Services
Sharmarke Dubow, Councillor, City of Victoria