

OPINION

As B.C.'s chief coroner retires in frustration, we should all lament the province's drug crisis response



GARY MASON > NATIONAL AFFAIRS COLUMNIST

PUBLISHED DECEMBER 19, 2023

UPDATED DECEMBER 20, 2023

In the dozen or so years that she's been chief coroner of British Columbia, Lisa Lapointe has had a more disquieting view of the province's drug crisis than almost anyone else.

It's been her responsibility to issue the grim numbers of those dying each month from a drug overdose. She was among those who urged the provincial government to declare a public-health emergency in 2016 as it pertained to the hundreds and hundreds of people dying of overdoses each year.

Earlier this month, Ms. Lapointe announced she would be leaving the job in February (she was appointed in 2011). She does so with a heavy heart. She has not been shy in recent media interviews in expressing her disappointment with the provincial government's response to the drug crisis.

She pointedly criticized the lack of a co-ordinated response to the drug disaster. "We see all these ad hoc announcements but sadly what we haven't seen is a thoughtful, evidence-based, data-driven plan for how we are going to reduce the number of deaths in our province," Ms. Lapointe told The Canadian Press.

She observed that last year B.C. had almost 2,400 overdose deaths, and this year will likely see more. More than 13,000 have lost their lives by drug overdose since 2016.

In an interview with me in October, Ms. Lapointe lamented the lack of political courage to try alternative remedies in response to the drug crisis.

For instance, a recent BC Coroners Service death-review panel report recommended providing controlled drugs to people without prescriptions. It was promptly shot down by B.C.'s NDP government.

The fact is, the drug debate has become completely politicized. Politicians on the right have used it to promote an ideological agenda. But now, even progressive supporters of a thoughtful, open-minded approach to drug treatment are beginning to have questions and doubts.

Neil Dubord, the police chief in Delta, B.C., was an early supporter of the province's decriminalization program. Now, he sees problems with it, namely the lack of infrastructure – addiction treatment facilities and services – to help all those in need of assistance. Without that, decriminalization will not work, he believes.

“The goal of ‘decrim’ was to destigmatize drug use and make sure people had a safe supply of drugs so they could enter into rapid detox, leading them further into recovery and treatment and eventually re-entering society,” Chief Dubord told me in an interview.

“In B.C., we decriminalized, but we didn't do anything else. We didn't have a holistic approach with systemic pillars in place to help people.”

Chief Dubord said Portugal has been hailed as the model of drug addiction rehabilitation. It decriminalized drugs in 2001 and built up a robust treatment and recovery system around it. However, that system is now showing signs of strain, if not all-out collapse, according to a story in The Washington Post this summer.

According to the Post's investigation, police in the country are less motivated to register people who misuse drugs for state-funded rehabilitation treatment because of year-long wait lists. The story quotes the mayor of Porto, Rui Moreira, as saying people are forbidden from smoking tobacco outside of a school or hospital but allowed to inject drugs. “We've normalized it,” says Mr. Moreira.

The Post story said overdose rates in Portugal had hit 12-year highs and almost doubled in Lisbon between 2019 and 2023. “In Porto, the collection of drug-related debris from city streets surged 24 per cent between 2021 and 2022, with this year on track to far outpace the last,” the story said. “Crime – including robbery in public

spaces – spiked 14 per cent from 2021 to 2022, a rise police blame partly on increased drug use.”

This is precisely the type of news that feeds opposition to more liberal approaches to our drug problem. If Portugal falls – in terms of being the shining exemplar of what a kinder, more compassionate response to drug addiction can look like – it will be a massive setback for those urging governments to adopt a similar approach here.

Chief Dubord believes that trying to slay the drug-addiction dragon is not something you can take a half-hearted approach to. You can't have a budget for vital treatment and recovery services that is subject to the whims of politicians, one that gets radically cut during down times.

Once you stop funding pieces of the treatment system, it affects all parts of the rehabilitation infrastructure. Portugal appears to be finding this out.

Ms. Lapointe understands this, too. She is also aware that when a tough societal issue like drug addiction becomes politicized, common sense often gets tossed out the window. The willpower to do the right thing often goes along with it.

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