"Everyone deserves a home"

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"Working Towards a Solution"

(Resolving the Case between Crime and Addiction)

By John Douglas, former Mayor of the City of Port Alberni

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Introduction

This paper is about my personal experiences, and about my personal growth within the field of social housing, mental health, poverty and addictions. This is a commentary on what I have come to believe as true, and is a statement of how I believe we should move forward as a society in terms of dealing with addictive substances. I hope, through this writing, to show how I have arrived at what are my three key messages, and why I feel that we should move our social approach and treatment of addictions out of the field of criminal justice, and into the field of health care.

The first key message here is that addiction needs to be dealt with as a health issue, not as a criminal activity. We as a society, as Canadians, as British Columbians, need to invest in the health and future of our citizens, many of whom are either dying at an alarming rate (approximately four per day in BC last year), or getting very ill, or imprisoned, and not contributing to society in any positive meaningful way.

The second key message is that this isn’t simply a humanitarian issue. It is also in a large part about money, budgets and the economic impact of a system that isn’t working, and an alternative system that could work much more effectively. Our society, and western society in general, has tended over the last century to outlaw substances and practices as if that simple act will make them go away (alcohol, prostitution, abortion, cannabis for example). This attempt at a magician’s vanishing act just doesn’t work. In fact it causes a great deal of harm, does nothing in terms of helping, perpetuates crime, and costs a great deal of money. In other words, the taxpayer gets an increasing invoice come tax time for an extremely ineffective social approach and an increasingly damaging law enforcement practice. We can save lives and save taxpayer dollars through a decriminalization program.

The third key message is that we don't need to go to the federal government in order to move ahead on decriminalization in BC. The current crisis in BC warrants that we should move forward by making decriminalization a Provincial initiative. If you haven't seen them already, you will be shown here some dramatic statistics which make decriminalization the most appropriate action. For those who feel hamstrung by federal regulations, don't forget that the previous conservative federal government tried (unsuccessfully) to prevent overdose prevention sites from getting established in our province. We in British Columbia do have the mandate to look after the health of our citizens. Our next best step in BC is to engage with our health professionals, our law enforcement professionals and with our citizens over the next year in order to determine the most effective model to pursue. What I suggest in this paper - somewhat repetitively and effectively I hope - is that we put "People before Politics" as our mandate.

This is intended to be more of a layperson's paper than a scientific treatise; the view of the 'common sense' person on the street; for the person who has been touched by the challenging and often tragic experiences of addictions; for the person who is concerned about the massive taxpayer cost of incarceration, and the huge waste of taxpayer dollars under the current system; for the First Responders and Emergency room staff who rush from patient to patient trying to save an endless stream of opioid users from self annihilation; for the victims of crime who are so rightly outraged by the escalating costs associated with keeping addiction illegal; for the people who are increasingly frustrated by the revolving doors of our courtrooms and the inappropriately overburdened system of justice; it is a dialogue stimulant if you wish for the people who vote and show through their votes and their public participation how they wish our Community, and our Country, to change and move forward as opportunities arise.

The opinions expressed in this paper are solely my own

Acknowledgements

I would like to acknowledge the assistance of the Port Alberni Shelter Society, and of SPARC BC, who kindly contributed to many of my costs related to research and travel.

On the International side, my understanding of the Portuguese model, its history and its current status, was helped tremendously by Marta Borges, José Queiroz, Joaquim Fonseca, João Goulão, Pedro Oliveira, and Rui Coimbra Morais. This only touches the surface of the many unnamed citizens of Portugal, in Lisbon and Porto, who were kind enough (and patient enough) to help me understand the successes and challenges of a system where possession of addictive substances are under the Ministry of Health, rather than under the Ministry of Justice.

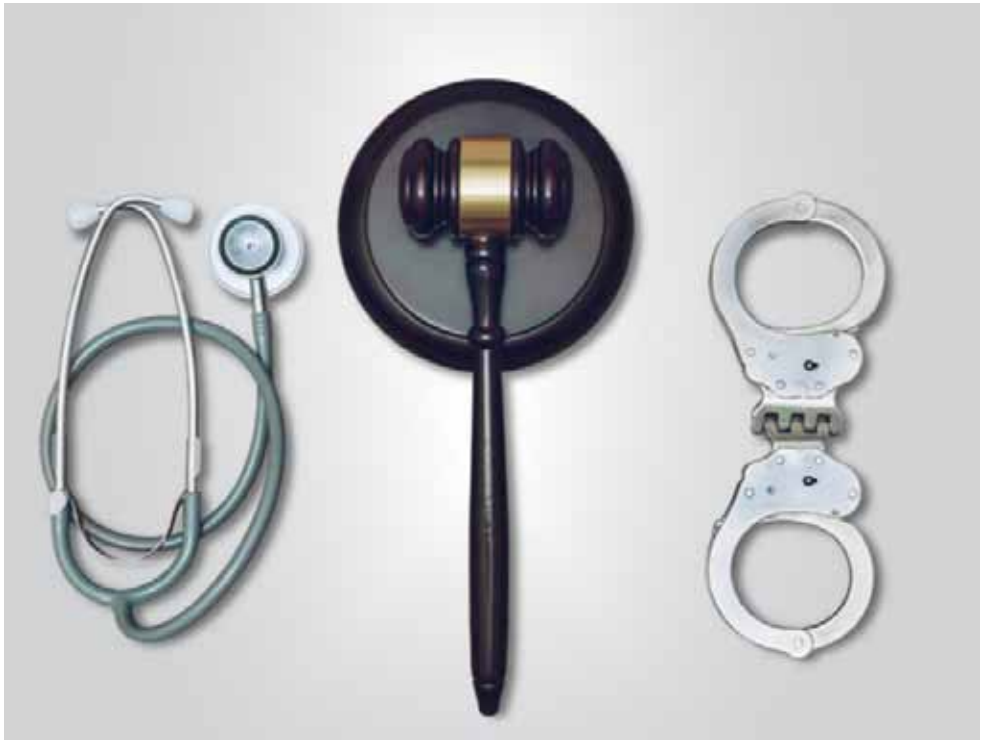
On the Canadian political side, thanks are due to Federal MP Gord Johns, Provincial MLA Scott Fraser, and Port Alberni Mayor Sharie Minions for helping open doors with their kind letters of introduction.

This work will hopefully serve as one more nail in the coffin of our criminalization of addiction. It is a result of numerous Community engagement pieces, everything from formal town hall events to conversations on the street; of my experiences as a paramedic in the urban core of Vancouver; of my experiences as a City Councillor and as a Mayor; and of my experiences and engagements with other communities, in particular the Communities of Vancouver, Victoria and Vancouver Island. It is also the result of two trips overseas to Europe, in particular to Portugal, where I was fortunate enough to engage with representatives of that country, and staff working within their health care system.

Due to the help of these folks I have been able to attend functions, network with government and ministry representatives, visit site operations, and conduct my own particular research into what has become a passion of mine: finding solutions to our society's continued criminalization of addictive substances.

John Douglas, June 2019.

After a career as a Paramedic practitioner and facilitator, after serving as a Councillor, then subsequently Mayor in the community of Port Alberni, BC, I began working in 2015 with a local non profit organization, which was at that time managing several housing facilities, and seeking assistance to acquire a new housing facility (since acquired). It was through this work that I began to learn, in much greater detail than ever before, about the challenges of homelessness and all of the different sectors of our society which that issue intersects with, such as poverty, affordable housing, mental health and addictions.



Increasingly over the past few years, one of the tragically huge growth curves which has occurred in BC is in the area of addictions, and the subsequent spread of diseases, and in particular a dramatic and unforgivable increase in overdose fatalities. Several initiatives have been undertaken to address this, many of which I became directly involved in, including the establishment of a Sobering Site, an Overdose Prevention Site, Harm Reduction distribution programs, and Community Opioid Dialogue initiatives.

Like any new issue, additional layers of complexity become apparent upon the closer examination which involvement in an activity often brings with it. One realization which I began to embrace fairly quickly was that with many of the above well meaning and indeed appropriate initiatives we are simply applying bandaids (to use a paramedic analogy) rather than doing the necessary surgery by which we can stem the bleeding and actually solve the problem.

It might be useful here to relate a variation on what is fairly well known as the Ogre/Baby Story, and this refers to what some folks call Upstream Interventions. In this analogical story there are people floating down a nearby river in distress. Understandably, frantic rescuers are pulling them out, saving some, but not all. The entire citizenry is totally absorbed in this rescue mission (in our case Harm Reduction programs, Overdose Prevention Sites, Narcan kits, needle exchanges and so on). What the citizens are not understanding is that upstream something is causing these people to fall in the river. That something is what we need to fix. We need an upstream intervention.

** A Quiet Revolution: Drug Decriminalization across the Globe **

Two main factors became apparent to me. One factor concerns crime, and one factor concerns treatment.

1. Crime: If a person is addicted to an illegal substance, they commit illegal acts to meet that need. This is a no brainer. Of course through this they acquire and generate criminal records which as a rule become self perpetuating (such as theft, possession of stolen goods, assault, not showing up for court appearances) which in turn generate a massive cost to the taxpayer, and a diversion of focus on the part of law enforcement from much more serious criminal acts.

2. Treatment: The status of treatment facilities in BC is shameful. For an addict, wishing to undergo treatment, to be informed that they need to wait for 4-6 weeks for a room in a facility...we may as well be saying no. This doesn't even touch the fact that treatment of full blown addictions requires programs of at least one to two years in duration, whereas our treatment programs, while expensive, are often only 60 days or less, and therefore frequently doomed to failure. Unfortunately one of the only 'successful' effects of the current treatment programs is their ability to bankrupt desperate parents rightly concerned about their addicted family members.

Without addressing these two elements, we will still only be applying bandaids (extremely costly bandaids) to an issue which requires a much more definitive intervention.

*There is a third element which became apparent to me as being essential for success:

3. A safer, non criminal supply: Street manufactured drugs, just as street manufactured alcohol did during prohibition, cause great harm. As we have seen so dramatically in BC with the introduction of Fentanyl, street drugs cause frequent overdoses and frequent fatalities. Providing a safer supply is the essential third factor in working towards a solution, in working towards resolving the case between crime and addictions in BC. Building a model which will provide addicts with a safer supply does three things:

1. It prevents the spread of disease
2. It reduces the incidence of fatalities
3. In one fell swoop it wipes out the criminal aspect of drug addiction, thus saving both tax payer dollars, and saving people.

To continue:

As I networked within people involved in the issue of addictions, one of the areas I kept hearing consistently positive comments about was Portugal, where apparently they have developed a much more humanistic, more economic, and more sensible model than what we have in BC. Through relationships in my work with local health organizations, I was able to reach out and connect.

Harm Reduction Conference 2019

Presentation by João Goulão, General Director, SICAD, April 2019

Portugal

I first travelled to Portugal in April of 2018. Having heard only briefly about their approach, I was able to connect with some of their personnel, tour some of their programs, and begin learning about the methodology used.

Due to the connections established that year, I was able to follow up in late April and May of 2019 with a much more in depth visit, which consisted of site visits, workshops, forums and, perhaps even more importantly, personal interviews with managers, employees and volunteers. What follows is a "thumbnail" sketch, a generalization of what is by necessity a very flexible and complex working model developed in Portugal over the past twenty years.

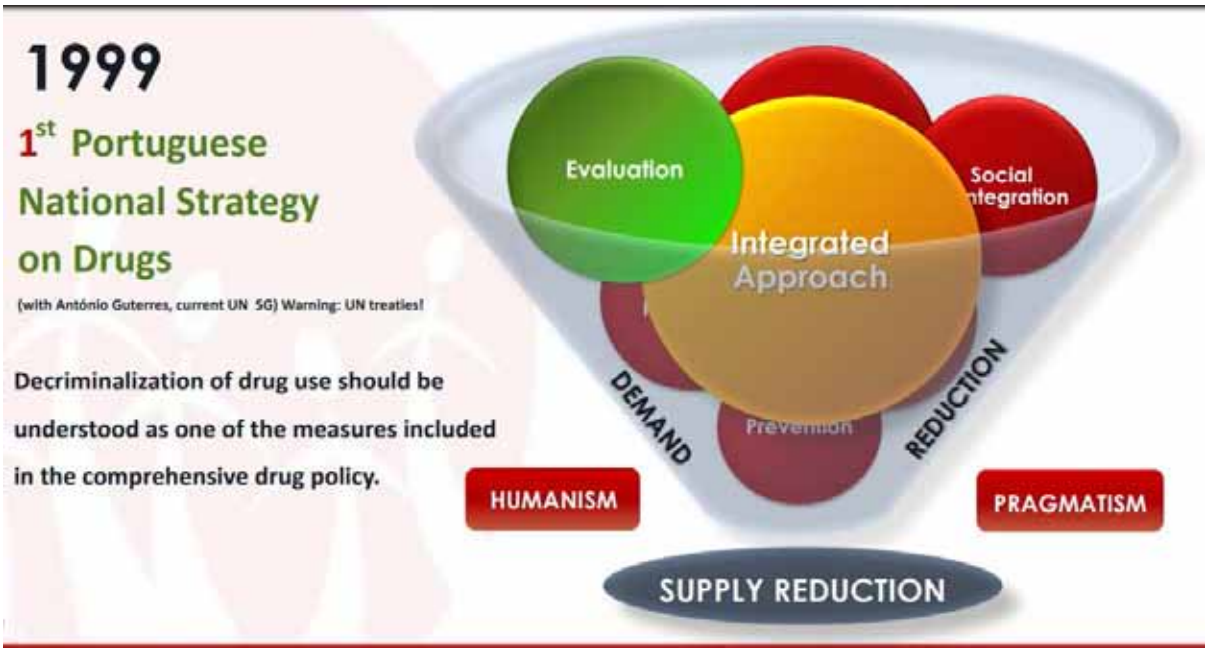
A Brief History:

Portugal emerged from the fascist Salazar dictatorship into a new democracy in 1974. For reasons perhaps partially explained by that transition of governance, from isolation to openness, perhaps resulting lack of social infrastructure, or the social changes going on globally at the time, and /or its geographical position in

terms of the international drug trade of the day, Portugal became in the 1980-90's a hotbed of IV drug use, primarily heroin. During this period some responses were developed, such as needle exchange and methadone programs. Some shelters for heroin users were also put in place, but the criminalization laws meant that some users would not approach the treatment structures.

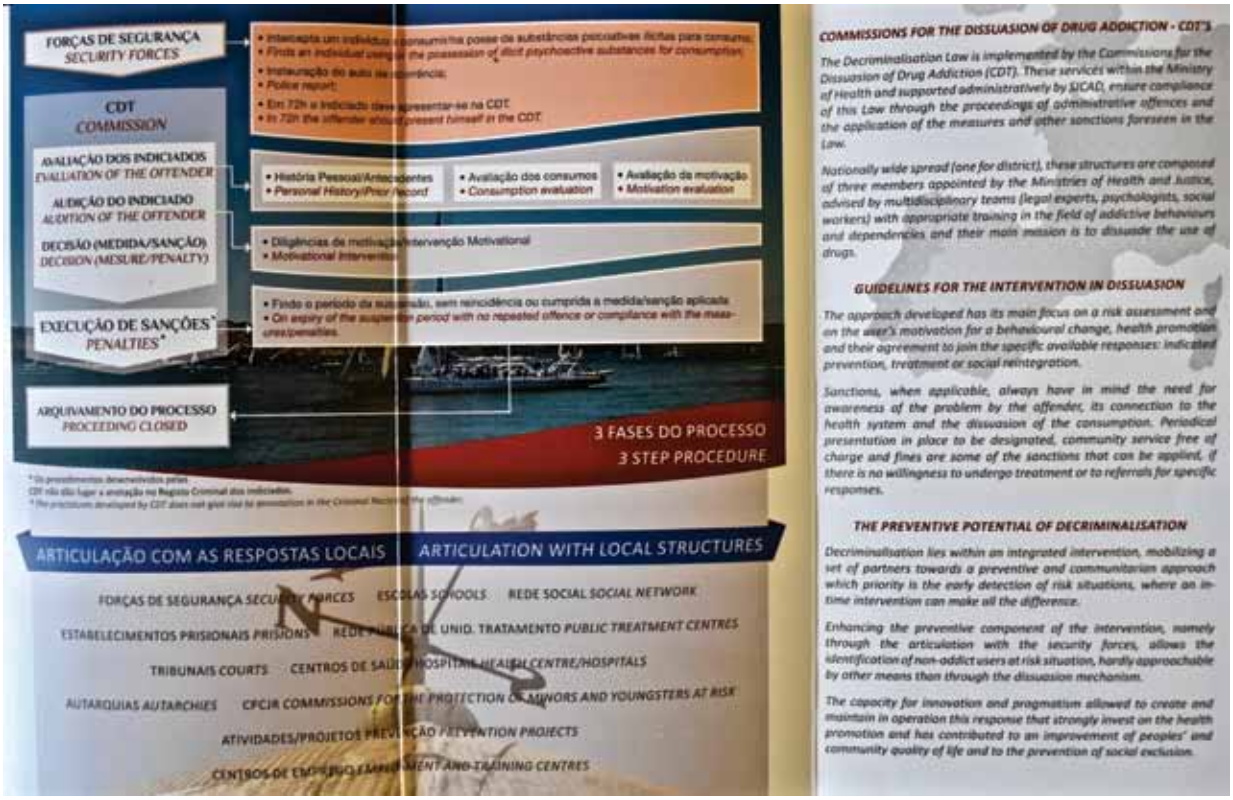
As I have had it described to me, to be in Portugal at that time, one would have been hard pressed to find any family which was not somehow 'touched' by a disease fatality, a fatal overdose or a drug addiction related suicide. As presented by João Goulão, the General Director of SICAD (an overseeing body of the programs related to decriminalization) Portuguese leaders "determined that people who use drugs deserve the investment of the state to give value and health to their lives".

Acting on this, the Government of Portugal commissioned a Committee to come up with a path to a solution. After conducting community forums throughout the country, of hearing from those people brought before them, the Committee brought forward a plan, which was very quickly put into practice in 1999, and written into law in the year 2000. In order to carry out the recommendations, Drug Addiction Deterrence Committees were set up and have been maintained to this day. As part of that plan the government essentially (and of course it was much more complex than this) moved possession of drugs from the Ministry of Justice into the Ministry of Health.



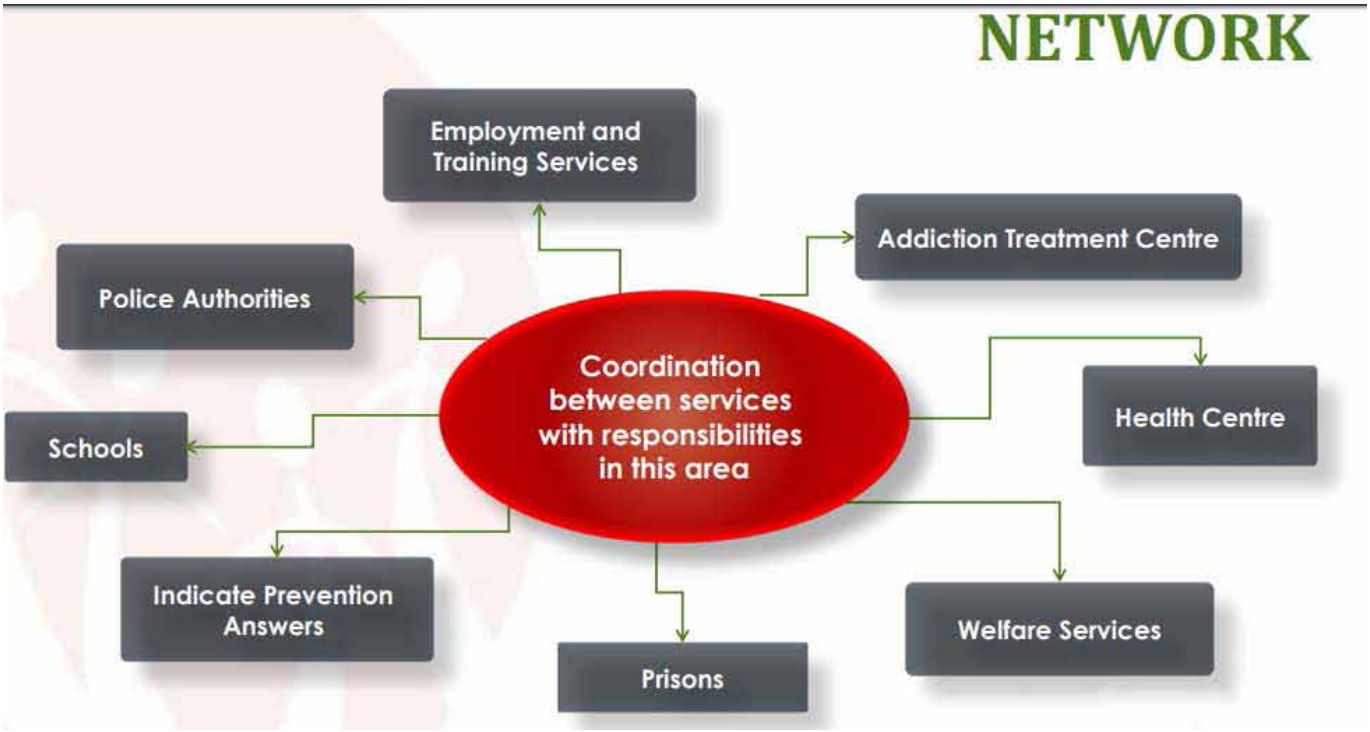
Decriminalization is just one of the elements in a comprehensive drug policy

Punishment in terms of incarceration was no longer associated with addiction. Ultimately, the government made a conscious decision to treat addiction as a 'health" issue, not as a "criminal" issue. Financially, they took the sector away from the Law Enforcement budget, and moved it into the Health Ministry budget. Through this they made not only a humanitarian savings, in terms of helping to stop the spread of disease and harm, but ultimately they made a significant tax dollar savings from the sector not only in terms of law enforcement and incarceration, but also from the cost of criminal victims and criminal acts.



How it Works:

Possession was decriminalized, specifically the consumption of narcotics and psychotropic substances. Trafficking in drugs is still a criminal offence. A threshold was determined regarding what is a personal possession amount. Anyone found with more than this amount is dealt with criminally, just as someone in Canada might be charged criminally for manufacturing or selling alcohol or marijuana without appropriate licensing. Anyone found to be in possession below the possession threshold receives a citation and is required to appear before the Drug Addiction Deterrence Committee, usually within seventy two hours. This Committee in general consists of a medical representative, a legal representative, and a social worker representative. They are supported by technical decision support teams. An assessment of the client's relationship to the substance is performed and a penalty or suspension applied to enable treatment if appropriate. By working with the individual cited, a path of options and/or treatment is determined. This could be, for example, a fine for a one off event, or a period of Community Service, or a long term treatment of varying lengths in one of 79 Therapeutic Communities in the country.

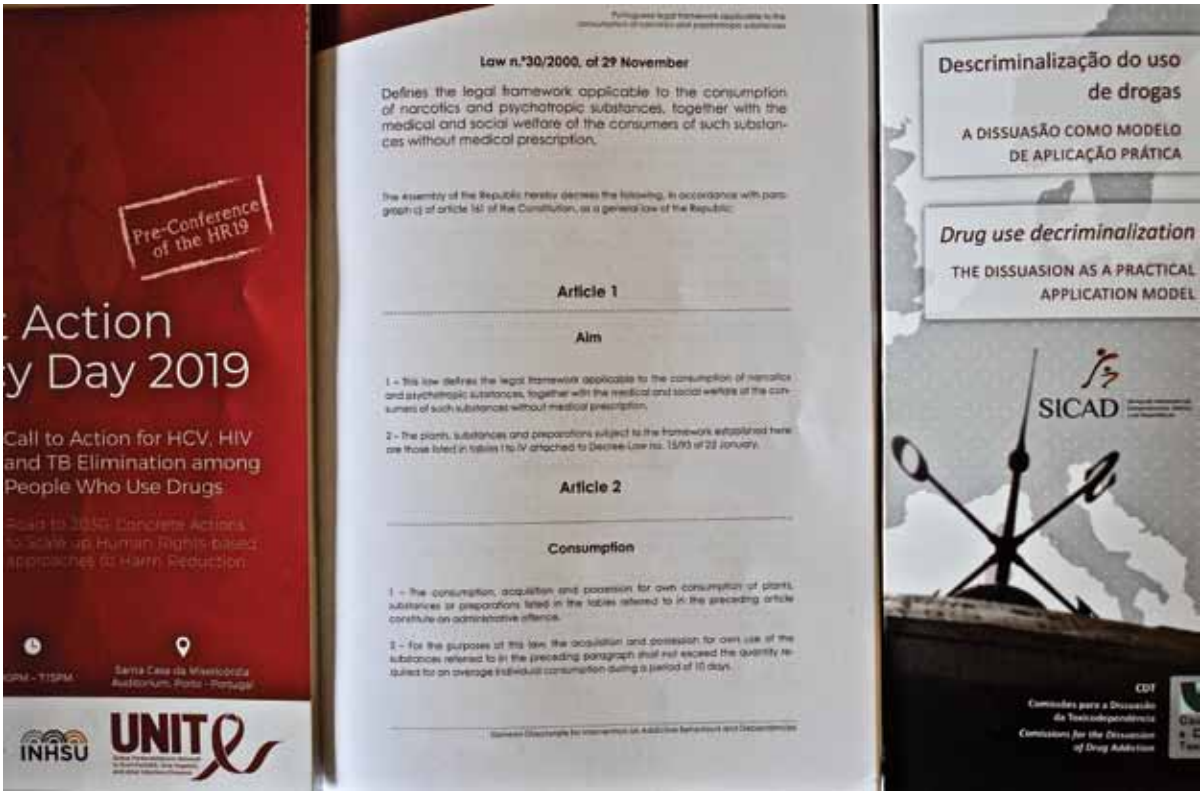


** the network of alternative partnerships in Portugal **

Placement in a treatment is almost immediate.

As with any large public endeavours, there are many complexities and adaptations which have made themselves known and which have evolved throughout the past twenty years. In 2003 the Institute of Drugs and Drug Addictions was created within the Portuguese Ministry of Health; in 2007, it also assumed the response to problems related to alcohol; in 2012, the Institute was dissolved and replaced by SICAD (General Directorate for Intervention on Addictive Behaviours and Dependencies), transferring regional delegations to Regional Health Administrations. The Regional Health Authorities have multi disciplinary teams composed of Doctors, Nurses, Psychologists and Social workers. Treatment periods vary from six months to three years, depending on the situations.

Over the years flexibility has been built in for multiple scenarios, such as pregnancies, minors, old age pensioners, long term care, mental health issues, alcohol versus other drug addiction detox treatments, and other complex care health issues. There are approximately 14 teams in the Lisbon and Tagus Valley areas alone (consisting of a doctor, nurse, psychiatrist and social worker), and of course additional teams that deal with this throughout the entire country.

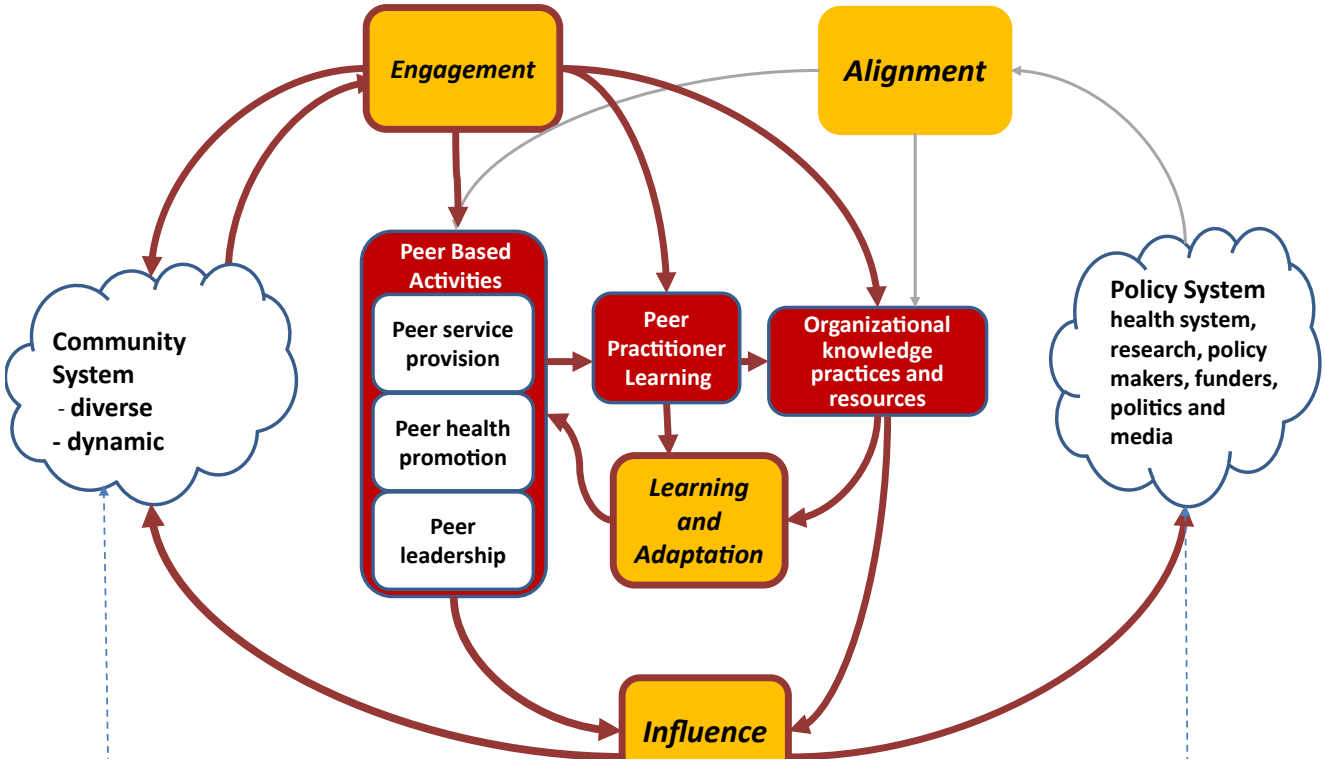


There are 79 Therapeutic Communities, 3 operated by the government, and 76 are private, but operated under the guidelines and programming developed by the Ministry of Health.

The current (May 2019) cost for each client in a Therapeutic Community is approximately $1100 CAD per month, of which 20% is paid by the client, the family, or social services (case dependent) and the remaining 80% is covered by the Ministry of Health.

There are several additional projects in the area of harm reduction, such as a reception centre in Lisbon with a capacity to house 50 clients for up to six months, two mobile Overdose Prevention Units (in Porto and Lisbon), and also a methadone program that responds to 1300 people in Lisbon.

An additional aspect of the model in Portugal is the integration of peers as employees and volunteers. These workers are often referred to as PWLE (people with lived experience) in BC, or PWUD (people who use drugs) in Europe. Peers bring more street credibility, less stigma, and more realistic programming into the health practices. Peer programs are growing in stature and becoming standard practice throughout the global community.



Courtesy G. Brown, La Trobe University

Portugal also has a parallel program under the UNITE banner with global affiliates to reduce the incidence of diseases associated with drug use, such as HIV and Hep C. Incidences of HIV diagnoses attributed to drug use in Portugal have declined from an already low number of 61 in 2015 to an even lower number of 18 in 2017.

The program in Portugal is successful due to being flexible and evolving. As former President Jorge Fernando Branco de Sampaio stated at an address of which I was fortunate to be a part of:

"Successes are not timeless, they always need scrutiny and review".

(Former) President of Portugal Jorge Fernando Branco de Sampaio, member of the Global Commission on Drug Policy

The Main Measure of Success of the Portuguese Model

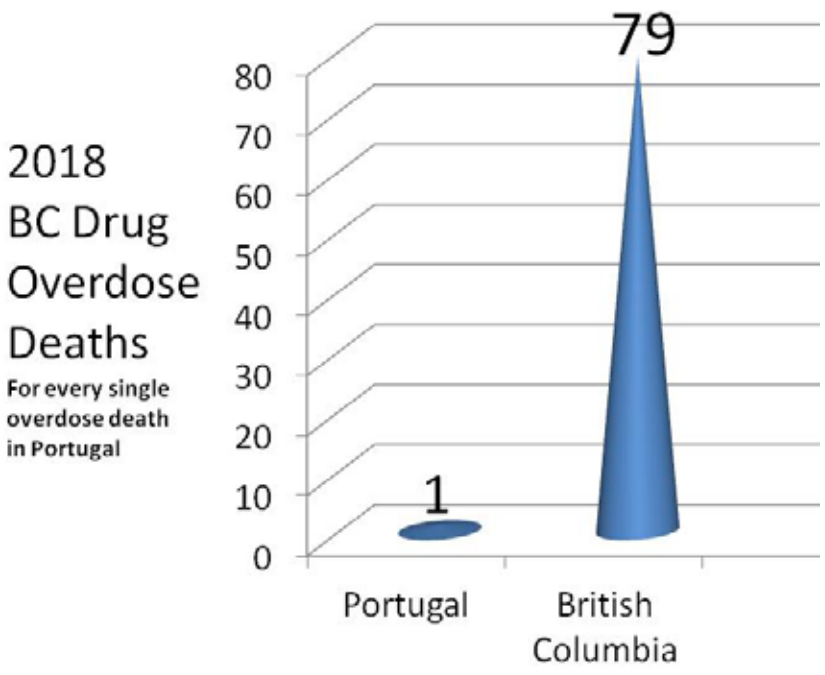
There are many measures of success, many of which are documented more scientifically in papers other than this one. These measures often indicate savings in the courts and law enforcement, savings in the treatment of communicable diseases, significant decreases in the number of fatalities, and a counter balanced improvement in the health and safety of citizens.

The key measure, the very simple measure of success from my findings are related to fatalities:

In a population of roughly 10 million, over the past ten years, the number of overdose deaths in Portugal has ranged between 20 – 40 annually.

In BC alone, in our comparatively smaller population of roughly 3 million, approximately 1200 people died in the year one year of 2018.

In other more specific, and a more comparable grouping, numbers provided by our Provincial health office indicate that Portugal had a fatality rate of 0.39 per 100,000 people; in 2018 BC soared to 30.8 per 100,000.



Or put it this way: every day in BC an average of four people die of an illegal drug overdose.

Learning to Look Elsewhere

One of the many "eureka" moments which came to me when I was fortunate enough to act as a leader in our community was that you should always look elsewhere for alternative practices before reinventing the wheel. We have the opportunity to look elsewhere, and in Portugal there are models in practice or underway that we can put into our own best practices.

As well there are aspects of Portugals' practices that have been lacking. For example, they didn't anticipate the need for a safer supply of narcotics. Now ironically, they have been so utterly successful at reducing the numbers of addicts, diseases and fatalities, there is very little political support for further measures to be taken. Hence they are still left with a remnant of the problem, that being the criminal aspect.

Our human society has a pattern of not fixing issues until they get to a particularly bad state. We didn't put the big push into finding solutions to the AIDS epidemic until it moved into the mainstream of society. We traditionally allow issues between countries to escalate until we finally decide to go to war. We don't allow women to vote until enough of them stand up and demand that right. We don't accept a woman's right of choice when it comes to abortion until a large number of women die at the hands of back alley practitioners. Have enough people in BC died for us now to consider adapting what is now known the world over as the "Portuguese Model"?

We have the opportunity to install a new approach in BC with more effective solutions. We do not have to change federal laws in order to adopt a Portuguese

model, where addiction is treated as a health issue. In fact, with BC suffering the most extreme results of the Opioid epidemic, it makes ultimate sense to enact those changes here, with the rest of Canada following after close study. This would allow for the federal bodies to identify pros and cons and to make appropriate adjustments. Tools exist within our provincial mandates to embark on these changes for humanitarian and economic savings.

When Portugal embarked on their path to an alternative model, they were told, in fact warned, and in fact threatened by International partners that they were not "allowed" to decriminalize possession of addictive substances. Within two years of their Committee's proposal, they signed it all into practice.

We have been warned, by our own provincial government, that they will not endorse the recommendations of our Provincial Health officer to decriminalize; they will not do this because of federal regulations. Since when have we allowed ourselves to be held back by federal regulations? How many millions of dollars has our province already spent to fight the federal government over pipelines from another province, all because of a fragile political alliance, which allows them to keep the "confidence" of their legislative assembly. Are we willing to allow outdated regulations to kill four of our people every day, and – ironically enough – pay higher taxes in order to do that?

Where there is a Will, There is a Way

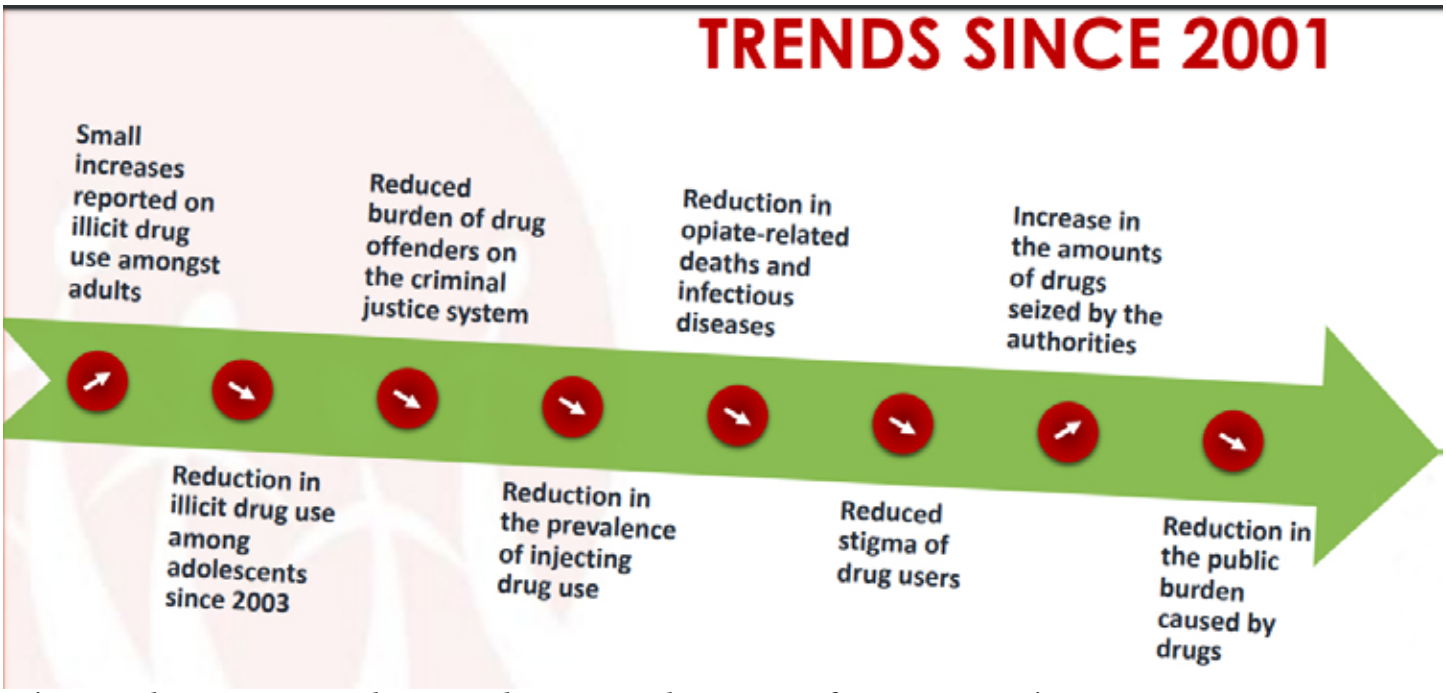
Which brings us to "the will". The main and most obvious reason Portugal had the political stamina to change their model, to change their path to one of solutions rather than punishment, was because their leaders, as well as their citizens, were all being touched directly by the deaths and tragedies of the culture of addiction current in their country at that time. The economic savings in terms of incarceration and crime reduction came more as a result, not a planned achievement. The current Mayor of the city of Porto, Rui Moreira, stated that 25% of his colleagues died during that country's drug epidemic.

You have seen the numbers for BC. Now we do have the ability to install this "Portuguese" alternative, this time tested model; we just need the political will.

Perhaps we don't have the political will because not enough people have died ...yet; perhaps not enough political leaders have had their own families touched by addiction related deaths....yet; perhaps not enough politicians have had to sink their entire lifesavings into debt in order to get private treatment for their family members...yet; expensive and yet inadequate private treatment which allows their loved ones to relapse and, often, fatally overdose.

In addition, the truth about the taxpayer dollar savings involved in changing our approach has not yet percolated through to our political leaders or to society in general. The simple economics of having a large number of our society sitting idle, not working and not looking for work (let alone not able to work due to their illegal addictions) was touched on recently by none other than the Chair of the United States Federal Reserve, Jerome Powell. In a recent interview on the TV program Sixty Minutes, Mr. Powell stated that the Opioid Crisis plays a very significant role in the stagnant growth of a country, due to the people affected not taking part in the economy, by not producing, by being addicted and/or by being in prison.

Many of our taxpayers don't even know about how much money is wasted, let alone how much money could be saved. I have been fortunate enough to see much of it first hand working on the streets of Vancouver and witnessing all of the drug related multiple responses by police, fire and ambulance, and hospital staff; or more recently



** Trends in Portugal since decriminalization of possession**

while in the field of homelessness and addictions and witnessing how much can be saved by simply giving a person a place to live. It doesn't take much of a microscope to see the vast costs that are wasted are due to addiction generated incidents.

For just a few examples, there is the often futile enforcement time and policing cost; endless, revolving-door courtroom appearances; criminal acts generated solely because of the illegality of addiction; the very expensive costs incurred (upwards of $60,000 annually) for incarcerating someone when they are actually convicted. Interestingly enough, in Portugal it was found that after decriminalization of possession, law enforcement was able to focus much more effectively with other nations on international drug smuggling operations. Then there are the huge costs generated to the victims of crimes... whether it be retailers enduring the never ending cost of shoplifting; the owners of businesses being broken into, residential homes and apartments being broken into, despite expensive and elaborate security procedures. All of this so that people with addictions can sell goods to purchase illegal street drugs.

The diseases that run rampant amongst illegal addictions is another matter altogether, and yet we still often don't understand that simply preventing the spread of one case of HIV or Hep C can save hundred's of thousands of taxpayers' dollars over the duration of a patient's course of illness. We also quite often fail to recognize that savings in the field of harm reduction and addictions allows for improvements in other medical fields, whether that be for better Dialysis programs, larger and more efficient emergency rooms, improved Diabetic treatments, better Cardiac or Respiratory Care, easier access to MRI or CT scans, more funding for hip and knee replacements, or simply more staff or more acute care beds in our hospitals for complex and challenging medical cases.

Summary

To sum up, my experiences and a growing segment of our social, health and law enforcement networks, suggest that we should:

1. Engage with our health professionals, our law and legal professionals and our citizens to make addiction and possession of addictive substances solely a health issue, under the Ministry of Health, thereby eliminating all criminality associated with addiction

2. Develop a supply model for addictive drugs, thereby eliminating the criminal and disease element of purchasing contaminated street drugs

3. Develop long term, affordable, yet flexible Treatment Communities and Health Teams to provide the needed services within this model

4. Inform our federal counterparts, politely and firmly, of our intentions to move forward on this initiative as a provincial pilot program, which they will be welcome to participate when they are prepared to step in.

Now of course there are many additional elements that need to be addressed. Poverty, mental illness, homelessness, economics...these all play a connecting role in addictions. But decriminalization, a safer supply and treatment models, are the three main roads to a sensible solution. To follow up on this topic in regards to next steps, I am engaging in research on the treatment end of the decriminalization strategy, particularly focusing on Therapeutic Communities. A very appealing aspect is that these can be made sustainable through Social Enterprise business ventures, so that there is no negative impact on the taxpayer dollar; also the role of Peer development plays a significant part in the training and programming, providing a path to employment, reducing stigma, and improving success rates. I hope to explore this critical field over the next few months in a subsequent paper. Working in conjunction with the Port Alberni Shelter Society, we have already engaged with several operators in the United States and Canada and shortly plan on looking at some European models.

I would like to leave you with the following thought:

Opportunities occasionally arise for a Community, for a Province, and for a Country to move forward in a dramatic manner. An opportunity to help prevent the deaths of our fellow citizens. An opportunity to help prevent the spread of disease. An opportunity to help save tax payer's dollars. An opportunity to do the right thing, whether it be for humanitarian or economic goals (in this case both). An opportunity is here now to achieve all of those goals.

Politics serve a large purpose and a large part of that purpose should be to recognize errors and to implement change, not to resist. Let's listen to the people, let's listen to the professionals. Politicians have no more right to determine that addiction is criminal than they do to determine whether a woman has control over her own body. Politics should serve the People. This crisis crosses all political boundaries and requires a non-partisan approach. If you want to go fast, go alone. If you want to go far, go together. Let's go together and put People before Politics.

A statement I heard while in Portugal resonates here:

"We had an opportunity to put People before Politics. We put People first. We got the criminal justice system out of the way so that the public health system could step in. We invested in our culture. We invested in our Citizens".

Further Reading:

"Stop the Harm" by Dr. Bonnie Henry, Office of the Provincial Health Officer April, 2019
https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf

Free Heroin, unusual clinic offers chance to be human
https://www.cbc.ca/news/health/national-heroin-treatment-program-crosstown-clinic-1.5137551

Fighting for Space...Travis Lupick
https://www.fightingforspace.com/

An Overdue Debate on Decriminalization...Travis Lubick,Globe and mail June 8, 2019
https://www.theglobeandmail.com/opinion/article-decriminalization-is-the-overdue-debate-canada-needs-to-have-around/

W3 Peer Research, Understanding what works and why in Peer - Based and Peer-led Programs: Graham Brown, La Trobe University, Australia
http://www.w3project.org.au/

A Quiet Revolution: Drug Decriminalization acress the Globe (Eastwood, Fox, Rosman)
https://www.release.org.uk/publications/drug-decriminalisation-2016

The Paradox of Prohibition... Marks, J.
https://www.researchgate.net/figure/The-paradox-of-prohibition-Adapted-from-Marks-J-1993-The-paradox-of-prohibition_fig3_323101985

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