



Statement

June 23, 2020
For Immediate Release

I want to express my concerns about the lack of balance that the provincial government has taken in its approach to the problem of harmful substance use by youth with the introduction of *Bill 22-2020, Mental Health Amendment Act* – in particular, the lack of accompanying focus on establishing a full array of voluntary substance use treatment and harm reduction services for youth.

If passed by the Legislature, the proposed amendments to the *Mental Health Act* would allow for designated hospitals in British Columbia to establish ‘stabilization units’ and legally authorize the involuntary detention of youth who have experienced a substance overdose.

I understand and share the deep concerns about the well-being of youth who use substances that motivates the proposed legislation. Government – like all of us – is concerned about the health and welfare of our young people, given the illicit and toxic drug supply that has contributed to a dramatic rise in overdose deaths across the province. I also recognize that government has taken some important steps towards improving substance use services by establishing the Ministry of Mental Health and Addictions in 2017 and creating the high-level *A Pathway to Hope* plan in 2019.

However, I am disappointed by government’s move to create involuntary stabilization units for youth in the absence of a full array of voluntary community-based services to address substance use – services such as culturally appropriate, youth-specific and youth-friendly voluntary detox, intensive case management, day treatment and community residential treatment.

My Office has been calling for several years for the implementation of a wide range of voluntary, community-based services to address youth substance use. Without such a comprehensive system, hospitalization – and involuntary detention – becomes a potential default mechanism that may not even be effective because of the lack of appropriate and effective voluntary programs available after discharge from stabilization units.

In 2016, the Representative’s Office (RCY) released the report *A Review of Youth Substance Use Services in B.C.*, which provided an overview of the types of substance use services available to youth and highlighted the many gaps in service across the province. Later that same year, RCY released the investigation report *Last Resort: One family’s tragic struggle to find help for their son*, which detailed the events leading to the apparent suicide of a teenager who had been struggling with problematic substance use and with finding appropriate help. In 2018, RCY released *Time to Listen: Youth Voices on Substance Use*, sharing the voices of youth who have lived experience with substance use and reviewing substance-related critical injury and death data.

All three reports recommended the development and funding of a comprehensive system of substance use services capable of consistently meeting the needs of youth. In March of this year, RCY issued a follow-up to our 2016 report on substance use services for youth, which concluded that *“youth substance use services in B.C. are limited and those that do exist are difficult to find and navigate between. The landscape is complicated, with a funding divide between mental health and substance use services leaving many service providers struggling to bridge the gap and provide appropriate services for youth with concurrent disorders.”*

As described in our March 2020 report on services across B.C. – the particulars of which were validated by health authorities – the system is woefully inadequate. At the time, there were no intensive community day treatment programs in the province. There were only six youth-specific intensive case management programs in B.C.; none in the Fraser or Northern regions. There were only seven residential detox programs in the province, offering a total of 27 youth-specific beds, and six of those had wait lists. There were only six publicly funded community residential treatment programs in the province, five of which had wait lists, some for as long as three months. The future of the 22-bed Ashnola residential treatment program for youth and young adults is now uncertain after its closure in March due to the pandemic. There was not a single publicly funded substance use treatment bed for youth on Vancouver Island, the Okanagan, the Kootenays, or the Northeast or Northwest sectors of the province.

Where will youth go once their short-term, involuntary hospitalization is over when community-based treatment services are limited or don't exist?

Some experts have also argued that short-term, involuntary periods of hospitalization can further alienate young people from their families and community supports and, in fact, may put some youth at greater risk if they return to using substances upon their release due to their lowered opioid tolerance and the high likelihood of relapse upon discharge.¹ It would seem that the likelihood of relapse and consequent risk would be even greater if there are not adequate follow-up voluntary community treatment services.

The proposed legislation attempts to address youth who end up in hospital after an overdose, but it won't help those who don't arrive at emergency rooms. I am concerned about the deterrent effect this legislation could have on youth, who may be reluctant to call for medical help for a friend who overdoses if they are aware that such a call may result in an involuntary hospital stay for that friend.

We all know that Indigenous youth are going to be disproportionately affected by these involuntary measures, just as they are by other intrusive and coercive state measures such as the child protection and criminal justice systems. Yet serious concerns have been raised about systemic racism and lack of cultural appropriateness in our health care system,² including the recent and very public events that have prompted an independent investigation.

¹ Andreas Pilarinos, Perry Kendall, Danya Fast, and Kara Debeck (2018), “Secure care: More harm than good.” CMAJ 190(41)

² “What Have We Learned From San'yas Data: Mapping the Harms of Anti-Indigenous Racism in the British Columbia Health Care System (March 12, 2019), PHSA Indigenous Health, Provincial Health Services Authority.

I understand the drive to protect young people who are at significant risk of harm or death due to substance use that has given rise to these legislative amendments. Every day in my Office, we see the horrific impact of the toxic drug supply and overdoses on the lives of our young people. While stabilization care may be necessary for some young people who are in very precarious situations, we can and should do so much more to ensure that the array of voluntary, culturally appropriate, youth-specific harm reduction, treatment and support services are available to young people and their families.

We look forward to opportunities to further discuss the legislation and regulations and – most importantly – the development of a robust voluntary care system available throughout B.C.

Sincerely,

A handwritten signature in blue ink that reads "J. Charlesworth". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jennifer Charlesworth
Representative for Children and Youth