Critical Literature Review:Unpacking The Drug Overdose Crisis in British Columbia, Canada

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This comprehensive literature review comprises a systems analysis of the overdose crisis in British Columbia, Canada. This is not an isolated issue, but rather a symptom of base inequities and structural brokenness within our systems. The drug overdose crisis is a deeply human tragedy, and it is indeed a complex and multifaceted issue which requires an intersectional lens to critically understand and comprehend. This review aims to synthesize knowledge on the overdoes crisis in British Columbia with a focus on the roots of the crisis, the solutions landscape for the crisis, and the gaps in programs and policies. Using a Rothman's community development model, the implications of policies and programs are briefly discussed in conclusion.

Key words: Overdoses; Canada, root causes, policies, community development

Introduction

The drug overdose crisis in the province of British Columbia, Canada is an issue which goes beyond healthcare. It is a deeply human tragedy.This is not an isolated issue, but rather a symptom of base inequities and structural brokenness within our systems. Fischer and colleagues (2018) believe the current overdose crisis to be rooted in⁄the "excessive prescription practices," of medical grade opioids which was at a high in the early 2000s in Canada (p. 81). Belzak and colleagues (2018) confirm that since the 1980s, the increase in quantity of opioids sold to Canadian hospitals and pharmacies for prescription purposes has exceeded 3000%.Fischer and colleagues (2018) argue that in trying to remedy this by putting tighter constraints on the medical supply which, in itselfcould be positive, in fact meant Canadians dependent on those opioids then turned to other illicit sources. Canadian Institute for Health Information (CIHI, 2018) reports show a substantial (up to 10%) decrease in medical opioid prescription, especially of fentany l, from the years 2016 to 2017 (p.6). One could draw a connection here between the first substantial decrease in medical safe supply in 2016 and the dramatic increase in drug overdose related deaths in 2016: the percentage of opioid overdoses involving fentany l increased by 64% from 2012 (Belzak et al. 2018, p. 225). Fischer and

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colleagues (2018) recommend a government regulated "safe supply"to curtail the overdose crisis (p.81).

In April 2016, the provincial government of British Columbia, in the face of a thirty percent increase in illicit drug overdoses the preceding year, declared a public health emergency (BCCDC, 2018). The crisis had been developing for some time in the province. Despite the government's declaration of commitment to implement solutions, statistics today show that it continues to develop at an increasing rate. As reported by Van Santvoort and colleagues (2023), an estimated total of 34,455 overdose deaths occurred between 2016 and 2022 in Canada, with 87% of those occurring in BC, Alberta and Ontario. While British Columbia has proven to be a centerfor these high levels of incidences, the crisis is not limited to this province alone, its effects are felt across the country with similar concentrations occurring in Ontario, Saskatchewan and Alberta (Hatt, 2022). Federal statistics reveals that the age group most affectedby overdose toxicity is that of 30-39 years old, especially since 2021 (Hatt, 2022). Opioid poisoning-related hospitalizations were reported at the highest rates among the individuals including the people with lower levels of income and education; people who were unemployed or out of the labor force; Indigenous people; people living in lone-parent households; and people who spend more than 50% of their income on housing(Carriere et al., 2018). These statistics regarding distinct subgroups of the population indicate there are social factors at play.For example, social divisions in income, education, race and family

background appear to put individuals at greater risk for opioid poisoning-related hospitalization.

In an attempt to differentiate between drug use and overdosing, while the first is undeniably the primary precursor to the second, as Jessica Ho (2020) explains in her work on gender's role in the overdose crisis that "the pathway from drug use to dying from an overdose is complex." (p.445) When exploring the social factors which interact to put individuals and given populations at greater risk, it is necessary to identify that the substance affected population is not homogenous. Diverse circumstances, such as gender, race, education and income, make certain individuals more vulnerable to overdose mortality, as noted previously in statistics related to opioid poisoning-related hospitalizations.

The drug overdose crisis is a complex and multifaceted issue which requires an intersectional lens to critically understand and comprehend. While the obvious impact is represented in the extreme death toll, the less instantly identifiable impacts in community and the traumas which present themselves on a micro and macro level demand to be addressed. Just as the impacts of the crisis go beyond the obvious, its roots also require untangling. Therefore, this comprehensive review was initiated with an aim to map and critically analyze the systems as it relates to the issue from a social justice lens. The research questions of this review include:

1. What are the driving root causes of overdose mortality in B.C.?

2. What is the solution landscape?

3. What are the implications of the solution landscape?

4. How can the effectiveness of current solutions be analyzed through a community development framework?

Theoretical Framework

This study was guided by a community development framework with a focus on Rothman's model. Community development consists of, as suggested by Wright (2004), "working with people at a local level to promote active participation in identifying local needs and organizing to meet those needs" (p. 386).Gilchrist (2003) defines it as " the capacity of local populations to respond collectively concerns and issues that affect them." (p.16)Community development'seffectiveness lies in a focus on building capacity which both originates from and is sustained by the community. There tends to be a division in approaches to community

development –either top down or bottom up. Scholars such as Turner contrast the two approaches, explain that top down implies the facilitation of "invited spaces" which Visser and colleagues (2021) define as "spaces… that are created by governments for citizens to take on initiatives to create public value." (p.870) In contrast, a bottom-up approach "refers to local activity, driven from grassroots, rooted in the responses of indigenous communities enabled to help themselves" (Turner, 2007, p. 233). Whether or not a top down or bottom up approach is taken, however, community development is defined by its reliance on participatory action and collaborative effort by the community, for the community (Dhungel, September 20, 2023, Slide 11,). We see both approaches reflected in models of community development, and the different contexts that may allow for a spectrum of approach.

Rothman's model of community developmentis used to critically understand how affected communities come together in solidarity and address the issues they experience at a local level. The model presents three phases and they include: locality development, social planning and social action as defined by Jack Rothman and colleagues (1974).

The first phase is locality development. Rothman and colleagues(1974) explain locality development entails the inclusion of community members from diverse backgrounds in a process of personal development, by gaining new skills and collaborating with others to improve the community. It is grounded in the empowerment of the community by the community, through cooperation and recognition of each individual's value within the collective, reflecting a bottom-up approach. This process has been criticized for its failure to produce immediate radical change. The shifts on issues met with locality development, however, have been observed to be more lasting than those attacked with more dramatic, aggressive approaches (Rothman et al., 1974).

The second phase of Rothman's model is social planning. This approach- though it does not have to - tends to be more detached from the community, as it focusses on a technical approach by so-called official experts in the field (Rothman et al, 1974). It involves fact gathering about the presenting challenge and designing programs to meet it, as well as restructuring systems to better serve the intended population. There has been criticism of the social planning process in its potential to sideline the actual needs of the community (Rothman et al. 1974). This

phase of the model most easily shifts into a top-down approach as social planners are often hired by a third party, such as the government, and therefore the process is not generally carried out in a community context, instead in a political climate, where there are many competing interests and goals other than those of the directly affected population.

The third and final phase of Rothman's model is social action. The purpose of this method, as defined by Rothman and colleagues (1974) is to achieve "fundamental changes in the community, including the redistribution of power and resources and gaining access to decision making for marginalized groups." (p.33) Social action is explosive and necessarily confrontational, challenging current norms, and often also challenging those in power who perpetuate them. This mechanism of development has been demonstrated to be effective in addressing issues in the short term, however, the combative nature of social action can mean the alienation of groups in the long term and un-sustained change.

Further discussion of this model and its applicability to efforts related to the drug overdose crisis are present in the community development framework and further implications sections of this paper

Research Methodology

This is a comprehensive, not systematic, literature review. Literature was collected from peer reviewed researchin Google Scholar and EBSCO search engines, websites, news outlets, social media posts and government published statistics in Canada. Only qualitative, not quantitative, studies were utilized. The assembly of the various and unique natures of each of these sources, much like the different individuals and populations affected by the overdose crisis themselves, allowed for a fuller and more representative picture of the crisis. Using a thematic analysis, the obtained data was first coded and then categorized forthemes development purposes, which will be discussed in the subsequent section.

Results of the Study

The two major themes emerged from the comprehensive study, and they include: (1) Root causes of overdoses; and (2) Solution landscape. The Figure 1 below exhibits the results of the study and the implications of the study.

Root Causes of Overdose

When analyzing the difference between levels of mortality in men and women, Jessica Ho (2020) suggests that men and women may be more likely to come to drug dependency from differing directions. In her report on the gendered dimensions of drug use in the United States of America, she reports that "women have a greater prevalence of pain-related chronic conditions" additionally referencing that in the past, doctors have had a "greater propensity to prescribe psychoactive drugs and particularly tranquilizers to women" (p. 460), a trend which continued even through the 1970s. Government of Canada statistics today show that Canadian women are twice more likely to be prescribed opioids than men (Chu et al. 2023, p. 12). There is, however, a higher mortality rate in men in Canada in opioid related deaths - in 2020, 76% of accidental opioid related deaths were male (Hatt, 2022, p.8). Ho (2020) theorizes that "gender differences in mortality likely reflect differences in how the drugs were taken and particularly the riskiness of use" (p.461). The same author posits that men are statistically more likely to see drug use as less risky. In a survey, approximately only 85% of men considered consuming cocaine once a month to be of "great/moderate risk", whereas over 90% of women deemed this behavior to be risky - over a five-percentage point difference (Ho, 2020, p. 463). This could indicate potential for a greater propensity to use illicit substances, such as cocaine, by men compared to women. These findings by Ho, supported by Government of Canada statistics, reveal that the root causes of substance related mortality may differ in men and women.

Structural issue such as poverty, trauma and isolation, expose certain people to greater risk, first in drug use and further in the susceptibility to misuse or experience dangerous consequences. For example, Dasgupta and colleagues (2018) claim that "poverty and substance use problems operate synergistically, at the extreme reinforced by psychiatric disorders and unstable housing" (p. 183). In their work on the social determinants of the drug crisis, they explain that lower income individuals are more likely to work in physically taxing or even dangerous environments and are therefore more likely to get injured, leading to chronic conditions (Dasgupta et al., 2018, p. 184). Substances are undoubtedly one of the principal mechanisms that individuals employ to cope with chronic pain (Dasgupta et al. 2018, p.182). Pain and suffering presents itself in multiple forms, including mental. Dasgupta and colleagues (2018) understand that substance use is not only utilized as a reliever of physical pain, but as a

shield against emotional distress. They traced back greater propensity to use as far back as childhood trauma (p.184).

Additionally, isolation from support networks and community, as seen during the Covid-19 lockdown, can be associated with the concurrent acceleration in drug related mortality. One of the key principles advertised by organizations advocating harm reduction in drug use is "Don't Use Alone" (Government of Canada, 2020, para. 3). If someone overdoses alone, there will be no one else there to potentially perform life-saving action. Yet the Covid-19 pandemic forced everyone, including substance affected individuals into isolation. Links can be drawn between this increase in isolation and the surge in overdose related deaths in 2020 (Public Health Agency of Canada, 2023, para. 4). Projections now assume levels will stay at similar heights, and even if health measures are effective, not return to pre-pandemic levels for the foreseeable future.

Solution landscape

The solutions landscape for the drug overdose crisis is massive and spans many years, governments and cultural shifts. Responses to the overdose crisis in the province must be enacted on multiple levels and facilitate the reduction of overdose mortality in different ways. To see lasting change, we must see shifts on a structural, policy level. These shifts must then be supported by community-based, 'boots on the ground', harm reduction programs. For the purposes of this paper, we will focus on the primary solutions currently being implemented in British Columbia, safe supply and safe injection, both falling under the policy umbrella of harm reduction.

Fraser Health (2023), British Columbia's largest health authority, defines harm reduction as the "policies, programmes and practices that aim to reduce the health, social and economic consequences of substance/drug use without necessarily reducing the amount of drugs or substances the person uses" (para. 1). Harm reduction seeks to mitigate the negative repercussions around drug use and provide a safer space for users.

BCCDC & Provincial Heath Services Authority (2023) highlightthe province's policy regarding action on overdose prevention, and substance in general in the province:

"In British Columbia, harm reduction practice goes beyond the distribution and recovery of harm reduction supplies and includes approaches to community engagement and service delivery that can be applied in any community, health, or social services setting…For harm reduction programming to be successful, it must be a collaboration between Health Authorities, health and social services, community partners, and people with lived and living experiences with substance use and harms related to sexual activity (PWLLE). It also requires buy-in and support from law enforcement and all levels of government." (p. 3)

This policy of harm reduction, and the treatment of the overdose crisis as a "public health matter, not a criminal justice issue" (Province of British Columbia, 2023, para. 3) has been reflected in policy movement regarding the decriminalization of certain illicit substance (such as heroin, fentanyl and cocaine) possession in small amounts (total less than 2.5 grams) in persons over eighteen years of age (Province of British Columbia, 2023, para 10). This policy was given federal approval in the form of an exemption granted by Health Canada for British Columbia from the Controlled Drugs and Substances act from January 31, 2023, to January 31, 2026 (Province of British Columbia, 2023, para. 9).

Programs and Services

Programs under harm reduction in the province take multiple forms, the principal of these including safe supply, and safe injection sites (Fraser Health, 2023).

Safe Supply

In their paper on public support for safer supply programs, Morris and colleagues (2023) report that it is "widely accepted" that it is the illegal and unregulated drugs contaminated with fentanyl and other toxic drugs, which are the "main driver of this [overdose] mortality" (p. 2). Therefore, the logical solution is the regulation of the drug market and the provision of safer supply. There is debate, however, over whether this solution will have negative consequences in the greater population of drug users. As differentiated earlier, the substance affected population is diverse and not all share the same patterns or risk factors for overdose. Some argue that by providing prescription-free and therefore relatively unsupervised, safe supply, the government is further harming those substance-affected individuals on their addiction recovery journey. In an interview with Claire Harnett (2023), Dr. Mark Mallet, a Victoria hospitalist, raised concerns over the potential for safe supply "destabilizing people who had been on the road to recovery" (para. 4) and exposing more people to risk of addiction. Dr. Mallet supports harm reduction but warns that some substance affected

individuals receiving the safer supply drugs, such as Dilaudid, only then sell it to pay for stronger drugs. He claims the Dilaudid then ends up on the streets and creates new users, including among vulnerable under-age populations. He advocates for greater oversight of safer supply programs. Bernie Pauly, a professor of nursing at University of Victoria, counters, however, that the "backlash" against safer supply has produced a decline in prescription of these safer supply drugs which essentially defeats the purpose of these programs, by restricting access for those at risk (Harnett, 2023, para. 15). Victoria Police Staff Sergeant Connor King, a court-certified expert witness, understood both perspectives. He asserts that the core problem does not lie with the diversion of safe supply drugs onto the streets, but in the organized crime that continues to filter the illegal toxic drugs through communities. His assessment of the alternate safe supply drugs provided, however, is that they don't "meet the person's addiction needs," and the "program will have to change" (Harnett, 2023, para. 25) to be successful.

Safe Injection

Another solution under harm reduction is safe injection sites. Insite in Vancouver, BC was North America's first supervised injection site and turned twenty years old this year. In that time it has had roughly 3 million visits to its injection room, 11,800 overdose reversals and zero deaths (Woo, 2023, para. 2). Originally it was meant to combat the spread of HIV and Hep C through the sharing of dirty needles in the late 90s, early 2000s. It has since evolved with the times and in 2016, when fentanyl-laced drugs were just starting to flood the market, they implemented technology to help users determine for themselves the fentanyl content of a drug (Woo, 2023, para. 20).

While safe injection sites are a controversial topicand can be seen as a negative presence in the community, enabling use and even drug dealing (Davis, 2023, para. 9), it also can be a live-saving support for substance affected individuals. Guy Fellicela, a harm reduction advocate and recovering addict, tweeted on Insite's 20th anniversary:

My last overdose was Feb 18, 2013. I laid motionless on the floor of booth 5. When I gained consciousness, the nurse told me how much she cared about me and I just burst into tears. It was a moment of humanity I needed. I told her I didn't want to do this anymore and began to change my life. This facility is so much more than a safe place to use drugs; it provides people with human connection, something we all need in our lives. (Felicella, 2023).

Fellicela's story personifies the impact of community-based interventions, like Insite. While on paper, "Insite" is simply a facility to supervise safe consumption, it also serves as a support network. Value is placed on all the individuals who walk through its doors, as members of the same community to which the creators and directors of Insite belong. The care shown to Fellicelais the direct result of this shared communal context.

Social factors present in an individual's environment, such as poverty and unstable housing may intersect greater risk of drug related trauma, as discussed earlier. An individual's environment, however, when stable and healthy factors are present, may also be a protecting force. Dasgupta and colleagues. (2018) state that "some communities' protective family and social structures generate resilience that mitigates negative impacts from the collision of economic hardship, substance use, and depression" (p.4). Within community networks lies the capacity to support and protect an individual from the adverse impacts associated with drug use and risks of overdose mortality.

Two distinct factors of the overdose mortality crisis are identified here in Canada. The first, the perpetuation of a market of illegal and toxic drugs flooding the streets (Harnett, 2023, para. 25). This is an issue which must be addressed on a governance level, through forces implemented for the task of policing these illegal activities. The second element is the fallout in the community from this flood of drugs, in the form of drug dependencies, overdoses, and their indirect, yet far reaching consequences (Harnett, 2023, par. 3-4). These challenges must be addressed on multiple levels, from governmental policy to community-based grassroots initiatives. These varying levels must be in cooperation with each other to produce effective change. Yet we often see, at best, a disconnect and at worst, a clash, between the government's and the community's programs. Vancouver Coastal Health (2018) in their report of their response to the drug overdose crisis in this region cited the lack of an "integrated healthcare system" (p. 27) available to substance affected individuals and those close to them. They confirm that "people with addictions and their families must navigate a complex and fragmented system of care that includes programs that may not make use of evidence-based

treatment or employ best practices" (p.27). This lack of cooperation and disconnect between the different arms of support for these communities is the primary gap we see when analyzing the response to the drug overdose crisis. At best it perpetuates inaccessibility and confusion, at worst, it puts individuals at a greater risk. In applying Rothman's model of community development to this issue, we can see the benefits of more integrated, community centric models, such as the Insite supervised consumption site.

Going Forward: Community Responses

This paper has identified the root causes of the overdose crisis entrenched in intersections of structural issues such as poverty, trauma and isolation. We've also scrutinized the current solutions landscape and come to understand that in addressing overdose crisis - whose roots lie in the sabotage of healthy community structures – the most effective vessel can be the community itself (Dasgupta, 2018, p.184). Therefore, actions on the overdose crisis should be framed in a process of community development, which is, as discussed earlier, action by the community, for the community. We can see the strength of community development frameworks, such as Rothman's model, when we look at projects such as the Insite safe injection facility.

Using Rothman's model of community development, onecan analyze the evolution of the Insite safe injection site through a community development lens. Rothman's model consists of three structural phases locality development, social planning and social action (Brown, 2020), as defined earlier. While these categories do not always flow together, in the case of one of the more effective solution models to the drug overdose crisis, Insite's supervised consumption site, we see all three categories play a role.

While talking about the first phase of the model, locality development, the evolution of the initiation of Insite's facility is of importance to discuss. The concept of Insite was originally initiated by a small group of Vancouver based individuals, some who used drugs and others who did not: Dean Wilson was president of the Vancouver Area Network of Drug Users, along with community organizer Ann Livingston, poet and activist Bud Osborn and community service nonprofit executives Liz Evans, Mark Townsend and Dan Small (Woo, 2023, para. 4). This group was rooted in the shared responsibility they felt as community members of Vancouver. Through cooperation and empowerment

of each other and the community they were part of, they advocated for the inclusion of their peers as advisors in the social planning process, Rothman's second category of development. This inclusion meant that the final product, Insite's consumption site, was informed by those utilizing it, and therefore actually helpful to those same individuals.

While discussing the second phase of Rothman's model, social planning, the contribution of Chris Buchner, who was hired as Vancouver Coastal Health's new manager for HIV and harm reduction in 2002, was noteworthy in this process. His primary task was to plan a supervised consumption site (Woo, 2023, para. 10), which was the response to efforts by Phillip Owen, Vancouver's mayor from 1993-2002, who having experienced the fallout of drug overdose personally after a friend's daughter died, had explored the idea of safe consumption. He connected with community members like Dean Wilson and became an advocate for harm reduction (Woo, 2023, para. 8). As discussed, a critique of the social planning process is a disconnect from the community, as it is a politicized process. In this case, however, while the project became a government facilitated development, at every step we see community members directing the action.

The third and final phase of the Rothman's model is that of social action. In the case of Insite, in the beginning its very concept was illegal, and therefore any action pertaining to it also fell under the same category. Ann Livingston, one of the key members of the community group who initiated Insite, also took it upon herself to implement several non-sanctioned consumption sites in the beginning, asserting, "without civil disobedience, you get absolutely nothing" (Woo, 2023, para. 12). Indeed in this case, it seems that civil disobedience, but also the willingness of this community to tirelessly work through and with the bureaucratic and governmental channels available, made Insite what it is today and planted the seed for the first safe consumption site, not just in British Columbia, but in North America (Woo, 2023, para 2).

Critical Discussion/Conclusion

This comprehensive review analyzed the root causes of the drug overdose crisis in British Columbia, Canada and surveyed the current solutions landscape, including policies and programs.Root causes originate not only in the high rate of prescription in earlier decades, but in the space between social divides, such as poverty

and gender. Current British Columbian programs and policies addressing the crisis generally fall under the umbrella of harm reduction, taking the form of safe supply and safe consumption sites. One sees, however, a lack of community informed connection between the different agencies and programs operating, leading to gaps in the province's response to the crisis. The solutions to the drug overdose crisis in the province require a human-centered, community driven approach which is informed by community members themselves, such as the Insite project (Woo, 2023). Substance dependency and overdose mortality are signs of social injustice and lack of healthy systems in place to mitigate harm, as evidenced in the excessive prescription practices of the early 2000s and the subsequent fallout of skyrocketing mortality (Fischer et al., 2018). To effectively reduce harm, we cannot be simply reactive, we must also reduce the factors - poverty, gender stereotyping, dysfunctional health systems - which intersect in overdose mortality to create harm. Rothman's model presents an effective structure with which to address the crisis. In future, this model could be a viable approach to solutions construction, in building integrated systems informed by and sustained by the community itself.

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