

April 14, 2023

Sent via email: All Municipalities in Interior Health

Dear Municipal Partners,

This letter is in follow up to the recent exemption in B.C. to the Controlled Drug and Substances Act granted by Health Canada. This exemption is to decriminalize adults in possession of small amounts of certain controlled substances. Decriminalization is an evidence-based strategy to reduce the harms currently associated with using substances.

Decriminalization does not change or condone the criminality of specific unwanted and unsafe behaviours such as intoxication, violence, or theft in the community. Although decriminalization allows people to have a certain amount of illegal substances with them, decriminalization is not expected to change substance use behaviours. Evidence from other countries that have implemented decriminalization show **that it is not associated with increases in drug use, drug-related harm or crime** (1; 2; 3; 4; 5; 6; 7; 8; 9; 10).

Interior Health Medical Health Officers do not promote substance use in public spaces, as you will know from our work on tobacco and alcohol. However, punitive approaches (usually ticketing/fines, which can escalate to jail if someone cannot afford to pay (11)) would be perpetuating the harms we are trying to reduce with this exemption (12). These harms also include stigma and shame that force people to conceal their substance use and use alone, increasing their risk of dying from substance poisoning.

People from all walks of life use substances, both the ones that are illegal (heroin, cocaine, fentanyl, etc.) and those that are legal (alcohol, cannabis, caffeine, prescribed fentanyl, etc.). The vast majority of people consume their substances either in private (e.g. at home or at a friend's house) or in a designated consumption space (e.g. bars/restaurants, supervised consumption sites).

A small group may be forced to consume their substances in more public spaces, typically because they do not have access to alternative spaces (e.g. they are houseless, they have an unsafe home environment, or supervised consumption isn't available for their substance or at the time they need to access it). As such, one important strategy to decrease consumption in public places is to offer safe and appropriate consumption spaces such as overdose prevention sites or supervised consumption services.

Interventions that address the reasons people use in public spaces are an evidence-based approach to preventing or addressing public substance use. These interventions are broad and are usually implemented by health authorities or provincial programs, but they are much more likely to be successful with municipal support:

1. **Ensuring there are appropriate places to use,**
2. **Strengthening social programs and housing,**
3. **Peer support programs and peer lead initiatives and solutions** (e.g. community clean-up teams (12)).

It is important to note that while some communities do have overdose prevention sites, the hours are usually limited to weekday business hours, which may not reflect the times that people want or need to use substances. In addition, most communities in the Southern Interior do not have an overdose prevention sites that supports inhalation or smoking, which is the most common mode of consumption leading to substance poisoning.

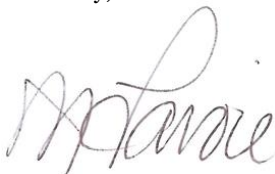
We, Interior Health Medical Health Officers recommend a six-month observation period to monitor the effects of decriminalization on public consumption **before implementing new bylaws or modifying existing ones**. This

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would allow staff to monitor the situation to determine if there is in fact an increase in public drug use and give council the time to seek sound public health advice. This letter does not replace formal consultation with your local Medical Health Officer on a proposed bylaw related to substance use in public areas.

The Interior Health Medical Health Officers remain available for consultation and are able to support conversations specific to local needs.

Sincerely,



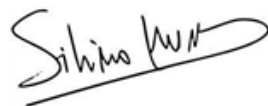
Dr. Martin Lavoie
Interim Chief Medical Health Officer



Dr. Carol Fenton
Medical Health Officer



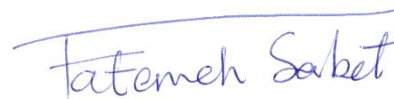
Dr. Jonathan Malo
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Dr. Silvana Mema
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Dr. Sue Pollock
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