

Evacuation Centre Policies During British Columbia's Overdose Public Health Emergency

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Introduction

British Columbia (BC) has been the most impacted by the overdose crisis of all the provinces and territories in Canada (Statistics Canada, 2019). Illegal substance mortality rates per 100,000 remain historically high in urban, suburban and rural communities across the province (Toward the Heart, 2019). Emergency Support Services (ESS) are responsible for sheltering displaced communities in the province following large-scale disasters, such as floods or wildfires. Evidence-based harm reduction strategies are top priority for public safety and health ministries responding to the crisis, while ESS operates using prohibition-based policies and procedures (Emergency Management British Columbia [EMBC], 2010). This is proven to magnify harms associated with illegal substance use, including stigma and mortality, while having no impact on reducing the rate of substance use (BC Provincial Health Officer [PHO], 2019a). The research question therefore is: What benefits, if any, would come from developing new ESS policies to address evacuees and illegal substance possession, substance use or substance overdose?

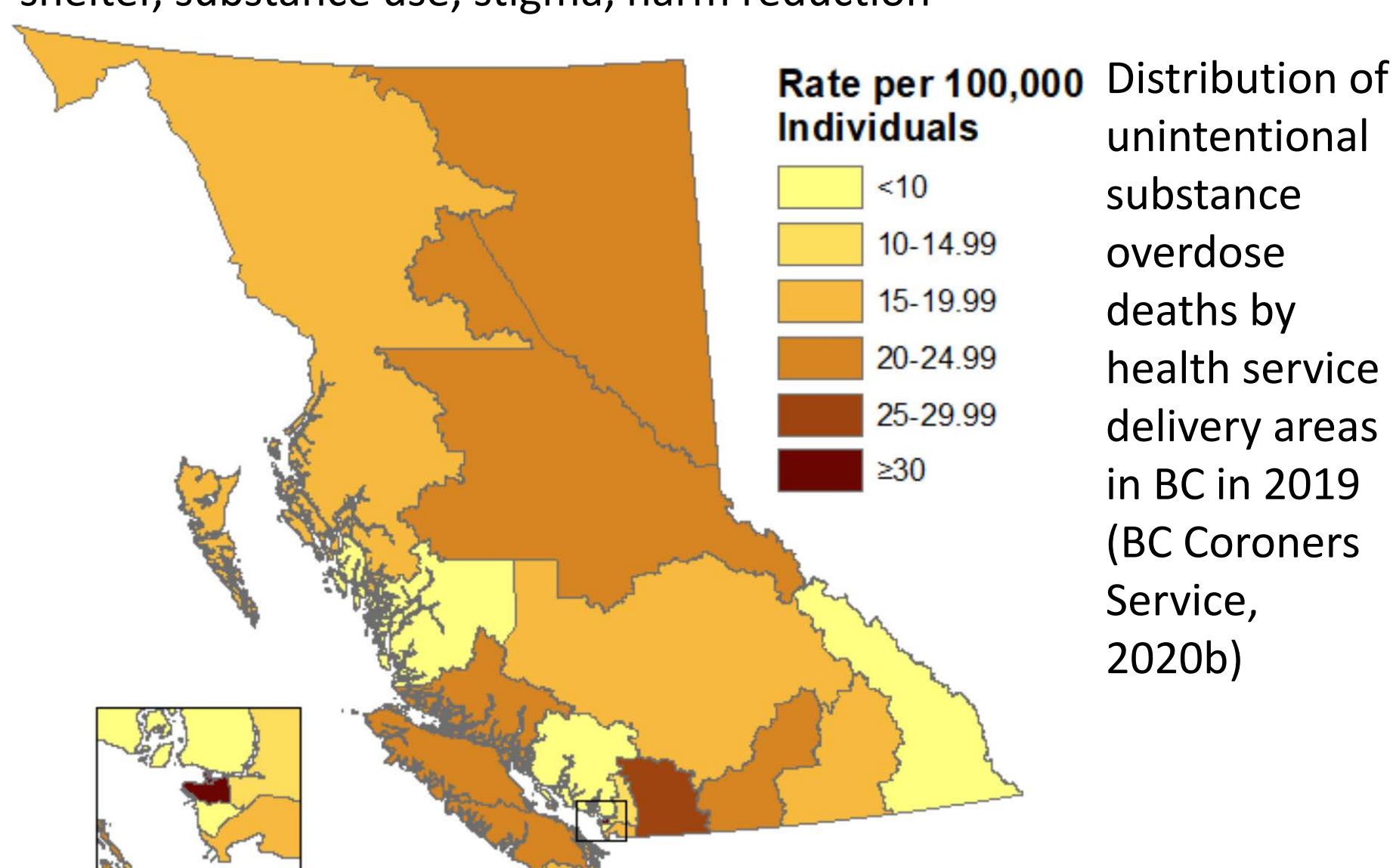
Background

The illegal substance market in BC has become saturated with highly-toxic, synthetic opioids, raising rates of harm and mortality to unprecedented highs throughout communities in every region (Ministry of Mental Health and Addiction [MMHA], 2019; Toward the Heart, 2019). In 2016, the situation was historically declared the province's first public health emergency (MMHA, 2019). Meanwhile, large-scale disasters such as floods and wildfires are rising in frequency and severity, increasing needs for BC residents to evacuate and find shelter through ESS evacuation centres, referred to operationally as reception centres and group lodgings. In 2017, for example, the province had the worst wildfire season in its history, resulting in many communities establishing reception centres and group lodgings to accommodate over 48,000 registered evacuees (PHO, 2019b). Overlapping conditions of the public health emergency and disasters causing mass evacuations highlight gaps in current zero-tolerance policies against illegal substances and related health issues which place both evacuees and ESS stakeholders at risk of preventable harm.

Methods

This study was conducted using a mixed-methods approach based on transformative paradigm theory (Creswell, 2014). Peer-reviewed literature was examined for one of four themes: the effects of disasters and community displacement on illegal substance use and illegal substance markets; challenges and lessons learned by emergency service providers responding to similar opioid overdose crises; harm reduction principles and strategies being implemented in other types of emergency shelter; or relationships between the opioid epidemic and public policymaking. This information was cross-referenced with data on the impacts of the public health emergency in BC and the progress of ministries, research centres and non-government organizations escalating their responses. Personal communications were conducted with ESS stakeholders from Surrey and Prince George to confirm current policies and procedures. Census data on those cities was then compared with risk indicators to determine stakeholder groups at increased risk.

Keywords: disaster, epidemic, evacuation, evacuees, emergency shelter, substance use, stigma, harm reduction



Discussion of Findings

Evidence suggests people who use illegal substances regularly and people who sell illegal substances will prioritize these activities during major disasters and often in contravention of orders to evacuate until the proximity of harm is too close to be ignored (Bennet, Golub & Dunlap 2011; Dunlap & Golub, 2011; Pouget, Sandoval, Nikolopolous & Friedman 2015). This indicates a city's drug trends are likely to remain consistent in the wake of calamity, and that the displacement of familiar connections to buy and sell illicit substances is not likely to reduce sales, although it is likely to increase related harms (Bennet et al., 2011; Dunlap & Golub, 2011).

There were 981 suspected illegal substance toxicity deaths in BC throughout 2019 (Coroners Service, 2020a). This is a 36 per cent decrease since 2018, however, it is virtually the same mortality rate recorded when the public health emergency was first declared, and emergency services continue to get called for more than 65 overdoses throughout the province every day (Coroners Service, 2020a). Personal communications confirmed ESS is operating with no strategic policy or protocols regarding the overdose crisis, although its organizational response goals are parallel with those of the MMHA leading the escalated provincial response (Government of British Columbia, 2016; MMHA, 2019). Looking closer at Surrey and Prince George, the most notable risk indicators were gender, industry of employment and marital status, finding males, individuals working in trade and transport, and individuals who have never been married and are not in a common-law relationship are most at risk (Coroners Service, 2018).

Recommendations

Integrating harm reduction principles into ESS policy reforms would benefit internal and external stakeholders in a manifold of ways. Related capacity building would improve resiliency among staff and volunteers by mitigating risks of psychological harm and vicarious trauma (Centre for Addictions of Research BC, 2017; MMHA, 2019; Toward the Heart, 2015; Toward the Heart 2017; Wallace, Barber & Pauly, 2017). Adopting harm reduction policies is proven to save lives, counter stigma, reduce suffering, and support public health and safety, while also enacting principles such as social justice and health equity (Centre for Addictions of Research BC, 2017; Ministry of Health [MH], 2005; MH, 2017; PHO, 2019a; Toward the Heart 2015, Toward the Heart, 2017a). Confronting stigma is among the top factors for meaningful change in response to the opioid epidemic, while some research suggests it is concurrent and symbiotic with the epidemic itself (Buchman, Lece and Orkin, 2017; Centre for Addictions of Research BC, 2017; MH, 2005; MMHA, 2019; Toward the Heart, 2015; Toward the Heart 2017; Tupper, 2012; Wallace et al., 2017). The overdose public health emergency should be responded to by ESS as a health issue, not a criminal one, as the BC Ministry of Health has repeatedly underscored the "ethical imperative to provide treatment (including medication) to assist people regardless of their drug use" (Centre for Addictions of Research BC, 2017; MH, 2005; MH, 2017; PHO, 2019a; Toward the Heart 2017).

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