



**Statement from the Right Reverend John Stephens, Bishop of the Diocese of New Westminster Regarding Opioid Overdose Deaths in British Columbia**

**(Prepared with files from the Reverend Matthew Johnson, Street Priest, Street Outreach Initiative, St. James', Vancouver)**

So far, 2021 has already been the deadliest year on record for illicit-drug overdoses in British Columbia.

According to the British Columbia Coroners Service, here are some of the facts as presented:

- 1,782 suspected illicit drug toxicity deaths occurred between January and October 2021. These are the highest ever recorded in a calendar year.
- The number of illicit drug toxicity deaths in October 2021 (201 in total) equates to about 6.5 deaths per day.
- In 2021, 71% of those dying were aged 30 to 59, and 79% were male.
- No deaths have been reported at supervised consumptions or drug overdose prevention sites.
- There is no indication that prescribed safe supply is contributing to illicit drug deaths
- Most people have died in a private residence (55.0%) or some other form of residence, which includes hotels, motels, rooming houses, etc. (25.5%).
- Illicit fentanyl (and analogues) was involved in the illicit drug toxicity deaths approximately 84% of the time

In 2016, British Columbia declared a public health emergency related to the poisoned drug supply. In 2016 the rate of overdose deaths per 100,000 people was 20.4. That rate in 2021 is now 41.2 deaths per 100,000 people.

These are the statistics and they are incredibly disturbing. Each number represents a person; someone who had family, loved ones, those who cared deeply about them. These are not mere numbers, they are our neighbours, friends, colleagues and family.

Although we are all desperate for one, a quick solution for the epidemic of overdose deaths is not around the corner. This is partly because we need to treat the *cause* of the crisis—addiction—as well as its disastrous outcome in overdose death.

In seeking to reduce deaths, one way forward is the medical provision of pharmaceutically manufactured opioids—through diagnosis, treatment planning, and prescription, along with licensed pharmaceutical provision of the substance. This shows enormous promise for those currently addicted to opioids. Pharmaceutical provision requires absolute rigour, and is the work of physicians, nurses, nurse practitioners, pharmacists, and licensed medical assistants.

In our rightful preoccupation with preventing overdose deaths, we have at the same time neglected to offer anything close to adequate care for those who seek treatment and recovery from addiction. We must do both.

And in our rightful effort to avoid stigmatizing the addicted, we have avoided discussing the destructive realities and collateral harms involved in a life of active addiction. To avoid these truths, is to block out a major part of the reality we as a society are seeking so desperately to address.

Addiction to drugs and alcohol is not a neutral phenomenon. It is destructive of the self. Addiction is a disorder characterized by physiological, psychiatric, and neurological morbidities and deterioration—no matter how pure the supply. Addiction is universally associated with diminished wellbeing of the whole person.

Symptoms and sequelae include: alteration of an individual's personality, alteration of values and behaviour, estrangement from or loss of familial and life-long relationships, loss of contact with children, loss of careers and vocations, loss of accumulated wealth, permanent cognitive impairment, exacerbation of mental illness, malnutrition, lack of self-care, self-isolation, and use of progressively larger doses to overcome tolerance.

Some argue that these challenges are not caused by addiction per se, but by society's stigmatization and marginalization of addicted people. Stigmatization certainly exists. But in truth, these morbidities and sequelae are not the result of stigmatization. They are inherent to the addiction process itself—across separate cultures, societies, and social strata. These unavoidable results are the result, not of stigmatization, but of a progressive medical disorder.

Given this toll of suffering, when an addicted British Columbian makes the choice to seek help and treatment, the available options are few and wait times are enormous, with few exceptions. Tragically, for someone in active addiction, the moment of clarity and desire for change, does not last long.

Apart from the for-profit treatment sector, options for detox, treatment and recovery programmes are limited. A bed at a detox facility takes weeks to acquire. Access times to treatment centres vary, but wait times are in months. Six or more months is not unusual for specific or specialized programmes. Some treatment centres are well resourced and operated, others are under-resourced, constantly at maximum capacity, and of insufficient duration. And the quality of programming and outcomes is uneven.

We can and must cooperate and act to end preventable deaths. Yet we must act equally, in investing in human life and human freedom. Providing genuine options and available resources, for all who seek healing from addiction.

Collectively, we must compel elected representatives, government ministers, and policy makers, to attend to the absolute priority of providing, not simply purer drugs, but medical treatment of addiction itself. All of us have a role to play—voters, the media, church members, religious leaders, and all individuals of conscience, who exercise corporate or financial or political influence.

Compassion is our sacred obligation to our neighbour.

*Holy and gracious God, in this complicated and at times heart-broken world, we pray to you for guidance and new compassion. We pray for all who have died as result of drug overdose, we pray for their families and friends, that they may know your gracious love upon them. For you call us to love one another, and we invite you to help us to see beyond the limitations of our sight, to be voices of compassion and hope. May we be part of bringing change to this tragedy taking place daily in our province. May we not stand idly by but be willing to see Christ's presence in the hungry, the thirsty, the forgotten, the searching, the addicted. For we pray this in Jesus' name. Amen*