

2021 deadliest-ever year for drug overdose deaths in British Columbia

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9 January 2022

British Columbia, Canada's third-most populous province, recorded its highest-ever number of drug overdose deaths in 2021. According to the most recent available province-wide statistics, just in the first 10 months of last year, there were 1,782 drug overdose deaths surpassing the 1,760 registered throughout 2020.

BC has been in the grip of a deadly opioid crisis for years—driven by a combination of capitalist austerity, a drastic decline in social conditions and living standards, and the callous indifference of all the establishment parties to the plight of the working poor and most oppressed sections of the population. In April of 2016, then-BC Public Health Officer Dr. Perry Kendall declared British Columbia's first public health emergency under the Public Health Act in response to the ever-escalating number of people who were overdosing and dying from illicit drugs.

The same year the emergency was declared, 990 opioid deaths were registered across the province. The 1,782 deaths recorded for the first 10 months of 2021 means that the death toll has essentially doubled within five years. During 2021, fewer people were officially recorded as having died from COVID-19 than from a drug overdose. Another indication of the scale of the crisis was provided by a recent Angus Reid poll, which revealed that over 10 percent of the province's approximately 5 million inhabitants knew someone who has died of an overdose.

The illegal drug supply became deadlier as fentanyl, a synthetic opioid that is 100 times more powerful than morphine and 50 times more powerful than heroin, became more prevalent on the illegal drug scene. In 2012, only 5 percent of illicit drug toxicity investigations detected fentanyl in the victim's system. By 2020, there had been a dramatic and tragic increase, with over 85 percent of people who had succumbed to drug overdose deaths having fentanyl in their system.

By 2021, Fentanyl had replaced heroin as the opioid of choice for street users in British Columbia. For people who use opioids, fentanyl is cheaper and more potent than heroin, and for dealers the profit margins are higher and the logistics in terms of smuggling are simpler because of its size. Besides replacing heroin, traces of the drug have also been found in cocaine, MDMA, and crystal meth.

In the Downtown Eastside of Vancouver, the slang "Toe Tag" referring to the piece of cardboard attached with string to the big toe of an unidentified dead person in a morgue, is the macabre term used for fentanyl.

Over recent years, the provincial government and local health

authorities have adopted certain mitigation measures in response to the unfolding crisis. They rapidly expanded the availability of take-home naloxone kits, which have a high efficacy in reversing the deadly effects of fentanyl. They also improved and promoted education and training regarding overdose prevention and provided real-time information on overdoses so people would be aware when drugs of unusually high toxicity were circulating on the streets.

But these limited measures, which at best are Band-Aids on a gaping wound, have done little to stem the tide of deaths. The funerals and memorials have continued to mount, with over 7,700 people, at an average age of 43, prematurely going to their graves since the public health emergency was announced.

The pandemic has exacerbated the drug overdose epidemic because social services have been scaled back due to social-distancing measures and because scarce health care resources have been diverted to fight COVID-19. As a result, users have been left to fend for themselves.

Prior to the emergence of COVID-19, opioid fatalities had declined for the first time, year-over-year. In 2019, 982 people died, compared to 1,551 in 2018. The pandemic caused drug supply chains to be disrupted, resulting in illicit drugs becoming even more toxic, unpredictable and expensive. At the same time, social distancing guidelines led to more drug users using alone, heightening the risk of death.

As a result of the surge in fatalities, toxic drugs are now the leading cause of death for people between 19 and 39 and the fourth-highest cause overall in BC. First Nations people are five-times more likely to experience an overdose and three-times more likely to die than non-native British Columbians.

The epidemic of drug-related fatalities is the product of decades of savage attacks on working people and the neglect of burning social problems by successive provincial and federal governments, whether led by the Liberals, New Democrats, or Conservatives. In 1994, the Chief Coroner of the Province of British Columbia, Vince Cain, wrote a report regarding the inordinately high number of people who were overdosing. In his 118-page report, "Illicit Narcotic Overdose Deaths in British Columbia," he clearly stated that the overdose problem was a public health and social issue. He recommended the decriminalization of simple possession and a safe supply to prevent unnecessary deaths. He called for addiction to be dealt with through a "medical model," not a "criminal model," and charged that cuts to social programs had led to

increased levels of poverty resulting in more drug usage out of despair. Cain also called for a commission to review drug policies and social determinants related to addiction.

Twenty-eight years later, British Columbians are still waiting for that review.

By implementing these two recommendations, decriminalizing simple possession and providing a safe supply, many thousands of people would still be alive today. Instead, the 331 deaths deemed “inordinately high” in 1993 were surpassed in only the first sixty days of 2021 (with over 350 people perishing.)

Much like the COVID-19 pandemic, where the ruling elite has deemed working people dispensable and forced them into life-threatening working conditions with insufficient protections so as to safeguard corporate profits, governments have refused to take any serious action to deal with the overdose crisis because it disproportionately affects the working poor.

When a person in the top 10 percent income bracket uses drugs on a regular basis, they generally have a safe supply, often pharmaceutical grade, and can afford their drug of choice and pay for the necessities, shelter, food, cell phone etc. If things get out of hand, they can check themselves into privately run treatment centers charging exorbitant fees, where they receive professional care and guidance.

The conditions facing a person on welfare following a workplace accident (\$935 a month) in the city of Vancouver, where a one bedroom on average rents for \$1,800 per month, could hardly be more different. Perhaps they became addicted to their prescribed oxytocin and now, the prescription having expired, they rely on \$30 of fentanyl to make it through the day. Someone in this situation would consider themselves lucky to be living out of their car.

The BC government is currently led by the NDP, which has upheld the austerity policies imposed by the previous provincial Liberal governments of Gordon Campbell and Christy Clark. The NDP is part of a ruling class consensus based on the gutting of social programs and privatization of public services initiated in the early 1980s by Thatcher in the UK, Reagan in the US, and Brian Mulroney in Canada. Programs and institutions that provided medical care, education, pensions, cheap transportation and communication options, affordable housing, work at reasonable wages, and adequate child care were dismantled.

In Vancouver, homelessness went from being a minor issue in the early 1980s to a chronic social crisis, with the 2020 one-day count identifying over 3,600 people without a place to live, undoubtedly an underestimation. On the other side of the social divide, the average price of a house rose from \$116,000 in 1984 to over \$1,300,000 in 2021. With governments at all levels—federal, provincial and municipal—executing cuts to social programs, deep poverty has increased exponentially, causing people to lose hope and turn to drugs out of despair.

The social problems underlying the overdose epidemic find particularly sharp expression in Vancouver’s Downtown Eastside (DTES). In the early 1980s, this neighborhood was an edgy but relatively calm place to live. Woodward’s, an iconic Canadian department store, anchored a vibrant retail marketplace, bustling Chinatown was right next door, many of the cafes and restaurants

were family-run, and schools and hospitals were close by.

The area’s rapid descent began in the mid-1980s when owners of residential hotels were permitted and encouraged by the city to evict between 800 and 1,000 of the city’s poorest tenants to make room for tourists to enjoy Expo 86. As the poor tenants were replaced by affluent tourists, the police stopped arresting individual drug users, and dealers introduced and sold expensive high-purity cocaine and heroin to a now more upscale clientele. While the police cracked down on prostitution in other areas of the city, they turned a blind eye when it resurfaced in the DTES.

Meanwhile, in 1985 the provincial government turned against the mentally ill with a policy of de-institutionalization. This led to the mass discharging of patients, with the promise that they would be integrated into the community. Many people with mental health problems moved to the DTES after being deinstitutionalized, attracted by the accepting culture and low-cost housing. However, they floundered without adequate treatment and support and soon became addicted to the neighborhood’s readily available drugs. Former mayor of Vancouver Larry Campbell bluntly summed up the responsibility of the political establishment for this social policy failure, declaring, “When we deinstitutionalized, we promised people that we would put them into the community and give them the support they needed. But we lied. I think it’s one of the worst things we ever did.”

In the 1990s, the situation in the DTES deteriorated further on several fronts. Woodward’s closed in 1993 and was redeveloped into high-end condos with devastating effect on the formerly bustling retail district. The supply of low-income housing shrank, partly because of the continued conversion of buildings into more expensive condominiums or hotels. More fundamentally, however, the federal government stopped funding for social housing in 1993, and the rate of building dropped by two-thirds despite rising demand. By 1995, reports emerged of homeless people sleeping in parks, alleyways, and abandoned buildings. Cuts to the provincial welfare program in 2002 caused further hardship for the poor and homeless.

Lacking any economic or social perspective, a drug economy proliferated among the neighbourhood’s poor, with an accompanying increase in crime. Crack cocaine arrived in Vancouver in 1995, and crystal methamphetamine started to appear in the DTES in 2003. In 1997, the local health authority declared a public health emergency as the rates of HIV infection, spread by needle-sharing amongst drug users, were worse than anywhere in the world outside Sub-Saharan Africa, and deaths from drug overdoses were skyrocketing.



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