

MOTION

6. Mental Health and Addiction Reform: An Expert-Led Cross-Jurisdictional Task Force

At the Council meeting on September 15, 2020, Council referred the following motion to the Standing Committee on City Finance and Services meeting on September 16, 2020, in order to hear from speakers.

Submitted by: Councillor Lisa Dominato

WHEREAS

1. Amid the ongoing COVID-19 global pandemic, Canada and the world are in the grips of an ongoing mental health and addiction crisis – one that ruins health, threatens lives, and hurts economies. The magnitude of this mental health and addiction crisis, on a societal and on a personal level, is profoundly overwhelming and continues to frustrate and defy most efforts to arrive at effective solutions and achieve more successful outcomes;
2. Mental illness and addiction affect people of all ages and backgrounds. The Centre for Addiction and Mental Health (CAMH) – Canada's largest mental health teaching hospital and one of the world's leading research centres in its field – cites statistics that show mental illness will affect approximately 1 in 5 Canadians in any given year, and that, by the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness. Approximately 4,000 Canadians per year die by suicide – an average of nearly 11 suicides a day;
3. The City of Vancouver is home to residents who continue to struggle with mental illness and/or addiction. Many lack the necessary supports within our housing and social services systems to thrive, especially amid the societal disruption resulting from COVID-19;
4. The City of Vancouver has taken various steps to reduce the harm caused by alcohol and drug use – and ensure that people get treatment – without sacrificing personal security. Council is working to:
 - promote healthy families and communities and protect child development;
 - make sure individuals have access to services that help them lead healthier lives
 - reduce the spread of deadly communicable diseases, and prevent drug overdose deaths;
 - recognize the need for peace and quiet, public order, and safety;
5. Much has been written, discussed, studied, announced, debated, attempted, actioned and/or implemented over the course of several decades to address the challenge of our city's – and our country's – persistent and increasingly complex struggle with mental health and addiction issues, including the related struggle to provide affordable, safe housing across the housing spectrum in our city. Numerous examples of these actions, measures, plans, and strategies exist, and many people have noted and questioned the apparent lack of effectiveness and/or significant results flowing from past solutions and actions. Many see the approach as fragmentary and incomplete and are calling for

significant change, particularly the need for governments at all levels to radically rethink how we deliver social services across the spectrum;

6. A representative (though not exhaustive) list of examples of the measures and actions taken and/or considered/recommended over the course of several decades in response to our city's longstanding and increasingly desperate mental health and addiction issues ranges from the Four Pillars Drug Strategy in the 1990s to the creation of the provincial government's Ministry of Mental Health and Addictions in 2017 to the more recent emergency measures surrounding the unsafe and deadly supply of street drugs and the resulting need for greater access to a safer supply of opioids for those suffering chronic addiction (NOTE: an expanded list of illustrative examples is included below in the endnotes);ⁱ
7. Despite the many response efforts to-date, we continue to have people living on the margins of life and death in our city who are in desperate need of better supports – those who are homeless or precariously housed, some struggling with personal trauma, untreated mental illness, addiction, and chronic health issues – while others in our city are increasingly feeling unsafe in their neighbourhoods, grappling with increased crime, threats and needles in parks and streets. Health experts and police alike continue to advocate that we have a public health crisis on our hands and as Chief Palmer recently noted, *“Addiction issues should best be handled through a health-care system, not a criminal justice system,”*;
8. Members of the public, frontline service providers, advocates, police, health, and housing leaders are increasingly and consistently calling for mental health and addiction treatment reforms that will address the urgent public health crisis, along with the increasing public safety concerns, including:
 - System navigation to connect vulnerable residents to appropriate services;
 - Integration of wraparound supports and services as part of our housing framework;
 - More treatment beds and a system for bridging the transition gap from detox to treatment, where long waitlists are reported;
 - Increased treatment and recovery pathways;
 - A centralized registry to enhance information sharing between agencies serving individuals who are homeless, accessing detox, seeking treatment etc.;
 - A full spectrum of safer supply that is accessible to all;
 - Decriminalization of drugs as a public-health response;
9. On July 31, 2020, Councillor Dominato wrote to the Honourable John Horgan, Premier of British Columbia, expressing deep concern over “The growing challenge of homelessness, mental health, and addiction related issues in Vancouver” and the “emerging tensions” playing out in a number of downtown area Vancouver neighbourhoods. Her letter noted the ongoing struggle to find effective solutions which “obliges governments at all levels to radically rethink how we deliver social services across the spectrum.” In the letter, she made two urgent requests of the Premier and Provincial Cabinet to consider:
 - to expedite recently announced navigation centres to provide emergency shelter and wrap around services to people who are currently in need, and increase the proposed capacity of the centre from 60 spaces to 200 spaces;

- to support the establishment of a municipal-provincial-federal task force on mental health and addiction, with a mandate to review the current service delivery and outreach framework, including the interdependencies and coordination between different levels of government;
10. In recent months, in response to the global COVID-19 pandemic, we have seen the positive impact that all levels of government can have when they work together with urgency, intention, and coordination. Our province has emerged as a leader in the race against time, successfully implementing measures to flatten our province's COVID-19 curve. Many observers have suggested a similar intentional and coordinated approach to mental health and addictions could be a game changer that would save lives and create pathways to greater health and resilience. Given the persistence and the crisis level of mental health and addiction issues in our city, our province, and our country, it is incumbent upon governments at all levels – now more than ever – to radically rethink how we deliver social services across the spectrum.

THEREFORE BE IT RESOLVED THAT Mayor and Council publicly call for, and endorse in principle, the establishment of an expert-led cross-jurisdictional (provincial-federal-municipal) emergency task force on mental health and addiction, the mandate of which will be to respond to the urgent public health and emerging public safety concerns manifesting in our communities and bring forward expert-informed (including lived experience), evidence-based, non-partisan recommendations and solutions;

FURTHER THAT the task force mandate shall specifically include an examination and review of the current service delivery and outreach frameworks, including harm reduction, treatment, and recovery services, as well as the intersectionality of these issues with housing, and shall include an examination and review of the coordination between the various jurisdictions that proactively and reactively deliver these services;

AND FURTHER THAT Council direct the Mayor, on behalf of Council, to write to Premier Horgan and Prime Minister Trudeau to seek their leadership in establishing a cross-jurisdictional task force as outlined above.

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ⁱ The following examples are representative and illustrative (although not exhaustive) of measures and actions taken and/or considered/recommended over the course of many decades in response to mental health and addiction issues and the challenges that frustratingly persist:

- Under former Vancouver Mayor Philip Owen, the Four Pillars Drug Strategy was adopted by the City in the 1990s.
- Flowing from the Four Pillars Drug Strategy, Council unanimously endorsed a drug policy prevention plan in November 2005: Preventing Harm from Psychoactive Substance Use. The plan was the result of extensive research and diverse community consultations and the first of its kind at the municipal level in Canada.
- In September 2013, the City of Vancouver, the Chief Constable of the Vancouver Police Department (VPD), and the Chair of the Vancouver Coastal Health (VCH) Board presented four urgent recommendations to the Premier and the Ministry of Health. This was to respond to a surge in people with severe, untreated mental illness and addictions at St. Paul's Hospital, a dramatic increase in people taken into police custody under the Mental Health Act, and several violent episodes that indicated a major crisis in the health care system.

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- In September 2014, the Vancouver Mayor’s Task Force on Mental Health and Addictions completed the first phase of its work and outlined 23 priority actions in a report (Caring for All: Priority Actions to Address Mental Health and Addictions –September 10, 2014). This report was brought forward to Council on September 17, 2014.
 - In 2016, following a significant increase in opioid-related overdose deaths from drug poisoning, a public health emergency was declared in B.C. Since then, roughly 5,000 people have lost their lives to overdoses across the province.
 - The provincial government’s Ministry of Mental Health and Addictions was created in 2017 “to build a seamless, coordinated network of mental health and addictions services that works for everyone in B.C., as well as lead the response to the overdose crisis.” and in 2019 released a 10 year strategy: A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia;
 - On December 18, 2018, Council approved a series of recommendations flowing from the Mayor’s Overdose Emergency Task Force, including:
 - i. THAT Council commit the City of Vancouver to approaching the Provincial and Federal Governments to seek their commitment to enter into a new Vancouver Agreement that will provide an ongoing programmatic relationship and a shared commitment to a long term approach to addressing the overdose crisis. Within the context of this agreement, partners will work together to identify and plan changes to the health care system to enable a robust system of continuity of addiction treatment that includes culturally safe practices.
 - ii. THAT Council issue a formal statement of support for a clean drug supply and write the provincial and federal governments in support of health care system changes to enable this supply.
 - On July 24, 2019, City of Vancouver staff presented an update to Council on the implementation of the 31 Mayor’s Overdose Emergency Task Force recommendations approved in December 2018. The update showed completion of 14 proposed actions and progress on 16 proposed actions to that date, as well as eight new recommendations based on the ongoing engagement with the Vancouver Community Action Team (CAT) in response to the overdose crisis. A City of Vancouver media release states: “Despite the focused effort to prevent overdose deaths across the city, Vancouver continues to experience historically high numbers of drug poisonings as the overdose emergency continues.”
 - In April 2020, Health Canada proactively issued six-month class exemptions under the Controlled Drugs and Substances Act (CDSA) to all provinces and territories to establish new temporary Urgent Public Health Need Sites (also known as overdose prevention sites) within shelters or other temporary sites, as needed, to help people stay safe from overdose and respect physical distancing and self-isolation measures. The exemption provides provinces and territories with the flexibility to choose to establish other harm reduction activities with controlled substances, such as drug checking or virtual supervision of drug consumption to prevent overdose and overdose death.
 - On June 12, 2020, B.C.’s Minister of Public Safety and Solicitor General, the Honourable Mike Farnworth, released a statement in response to calls for reform of British Columbia’s Police Act. His statement noted that the 45-year-old act is out of step with the provincial government’s approach and the government’s work with police services on important issues including harm reduction and mental health. An all-party committee is engaging with communities and experts on how the 45-year-old act can be modernized and will examine the role of police with respect to complex social issues including mental health and wellness, addictions, and harm reduction; and in consideration of any appropriate changes to relevant sections of the Mental Health Act.
 - On July 9, 2020, the Canadian Association of Chiefs of Police (CACP) publicly called for the decriminalization of personal possession of illicit drugs and recommended that all police agencies in Canada recognize substance abuse and addiction as a public health issue. The CACP endorsement of decriminalization came in response to the fentanyl crisis and a poisoned drug supply that have devastated our communities and taken thousands of lives. CACP recommended that “enforcement for possession give way to an integrated health-focussed approach that requires partnerships between police, healthcare and all levels of government.” Similarly, they stated: “The compelling case for transformative change in Canada has been made by public health officials regarding how we respond to people experiencing a substance use disorder.”
 - On July 31, 2020, Councillor Dominato wrote to the Honourable John Horgan, Premier of British Columbia, expressing deep concern over “The growing challenge of homelessness, mental health, and addiction related issues in Vancouver” and the “emerging tensions” playing out in a number of downtown Vancouver neighbourhoods. Her

letter noted the ongoing struggle to find effective solutions which “obliges governments at all levels to radically rethink how we deliver social services across the spectrum.”

- On August 5, 2020, the preliminary results for the 2020 Metro Vancouver homeless count were released. The count took place on March 3 & 4 and found 2,095 residents who identified as homeless in Vancouver (547 people were living on the street and 1,548 people were living in sheltered locations, including emergency shelters, detox centres, safe houses, and hospitals, with no fixed address).
- On August 20, 2020, in response to the country’s increasingly toxic illegal drug supply, the Government of Canada announced more than \$582,000 in funding over a 10 month period for an “emergency safer supply project” to help people at risk of overdose during the COVID-19 outbreak. It will provide “pharmaceutical-grade medication to people experiencing severe opioid use disorder and connect patients with important health and social services, including treatment, which may be more difficult to access during the COVID-19 outbreak. Additional supports offered include a harm reduction drop-in program, evidence-based information, supplies, food and referrals to other service providers.”
- On August 25, 2020, the BC Coroners Service published updated reports on illicit drug toxicity deaths and fentanyl-detected drug deaths to the end of July 2020, with 175 illicit drug toxicity deaths reported in July – the third consecutive month with more than 170 suspected illicit drug deaths reported to the BC Coroners Service. The Chief Coroner noted deaths due to an unsafe drug supply continue to “surpass deaths due to homicides, motor vehicle incidents, suicides and COVID-19 combined.” To date, there have been 909 illicit drug deaths in 2020 in B.C. This compares to a total of 203 deaths (to August 25) in British Columbia due to COVID-19 since the beginning of the pandemic.
- On September 2, 2020, Prime Minister Justin Trudeau was quoted by the CBC as saying he would not back the decriminalization of drugs as a public-health response to the country’s escalating opioid crisis. He stated that the decriminalization approach (raised as an option by advocates and medical officials across the country) is not a “silver bullet” solution and further noted that the government is prioritizing other options such as greater access to a safe supply of opioids.