

B.C. NDP premier can't escape his many 'harm reduction' failures

In a desperate bid to hold onto power, David Eby is suddenly championing involuntary treatment as a solution to drug addiction

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Scenes from 109 E Hastings in Vancouver, B.C., on March 13, 2023. Photo by NICK PROCAYLO/PNG

British Columbia's provincial election is roughly a month away, and our New Democratic premier, David Eby, is campaigning like a rat fleeing the sinking ship of his own party's failed policies.

Eby's latest — and [most hypocritical](#) — about-face is his suspiciously timed announcement that he intends to implement involuntary treatment for persons with brain injuries or mental health disorders, along with a concurrent substance use disorder (drug addiction). He had no scruples about the province's approach to managing the filth, chaos and misery of Vancouver's Downtown Eastside (DTES), which hosts Canada's largest concentrated population of homeless and often

mentally ill addicts. As premier, he threw money, support services, money, needles, crack pipes, anti-stigma campaigns and more money at the problem — until now, in the 11th hour of his provincial reign. It's not the first time he has demonstrated a willingness to abandon his principles, however.

Eby toyed with involuntary care once before, but didn't follow through. It was when he was campaigning for party leadership in 2022. This reversal landed him in a position that was so far removed from his history of advocacy, including as the executive director of the B.C. Civil Liberties Association (BCCLA), that the organization [called Eby out](#) for political avarice: "The BCCLA condemns BC Attorney General David Eby for throwing human rights, civil liberties, and evidence under the bus... This attempt to score political points for his leadership campaign is misleading, immoral, and reckless." Savage.

Much of his work and advocacy to this point has been about "harm reduction" and enabling vulnerable addicts to stay exactly as they are, mired in self-destruction and despair. But he was doing it — as all harm reductionists claim — to "save lives." One could have easily mistaken Eby for a True Believer. And as a believer, he demonstrated callous disregard for the rest of us, left to deal with the fallout of his disastrous policies. Any honest person who spends a single minute in Vancouver's DTES can see that harm reduction has utterly failed.

It didn't matter to Eby that our streets were increasingly violent, or that shoplifting was pervasive, that women's bodies were being trafficked and sold (addicts must pay for their habits), that shops in the DTES can't have indoor tables and chairs — because addicts use them as personal drug spaces — or even that thousands of citizens were dying of opioid overdoses each year. Recently, a 13-year-old girl died of a suspected overdose in a homeless tent encampment in his province, leaving behind a bereft family that had begged provincial health authorities to treat her. They gave her "harm reduction" instead. All along, Eby was a crusader for this cause. Until suddenly he wasn't.

This is not Eby's first policy flip-flop. [Previously, he reversed](#) his drug "decriminalization" pilot project after public outcry reached a fever pitch. (As it happens, the public at large is not groovy with addicts using fentanyl on the playgrounds where we take our children.) And then this month, he claimed he would scrap B.C.'s provincial carbon tax — an improbable move from a party that [refers to their current election rival](#), and the man who first promised to kill the same carbon tax, as a "climate change denier." Also under Eby's watch, B.C. Provincial Health Officer Dr. Bonnie Henry, with the apparent intent to help the NDP with hold onto power for another term, [rescinded her public health order](#) that saw nurses and doctors fired for refusing COVID-19 vaccines. Power, not principle. That is Eby's motto.

There was a time when we could say that our premier was misguided and wrong, but principled. That time is over.

The problem is not that Eby intends to legislate a broadened involuntary treatment landscape. Yes, there are arguments to be made about the infringement on our Charter rights when we hold and treat people against their will — a practice applied daily to mentally ill citizens under the B.C. Mental Health Act (and even, already, to persons with concurrent disorders and with the intent to get them sober, though the physicians doing this would likely never admit to it). We already have a [Mental Health Review Board](#) and strong protections for patients who wish to challenge their involuntary treatment under the law.

The problem is that Eby switched sides in a culture war where the warring teams hold diametrically opposed values, and wherein one side — the “harm reductionists” — have largely abandoned evidence in favour of ideology. In doing so, many have become fervent believers (or at least pretend to be) that their cause is the moral choice, the compassionate choice and the only path forward. They thumb their noses at addiction treatment, involuntary or otherwise, as an “oppressive” and “stigmatizing” intervention that doesn’t deserve more funding. They refuse to look their failure in the eye and change course.

Eby must admit that he is now playing for the opposite team for one of three reasons: it was a wanton choice, devoid of thought or care; he genuinely changed his mind on the credibility of “harm reduction”; or, most likely, that he is desperately hanging on to power — and that he is a man who will sacrifice his principles to do so.

Would you trust a man like that? I know my answer.