

NATIONAL POST

B.C. to introduce involuntary care for people with concurrent addiction, mental disorders, premier says

[Andrea Woo](#) and [Mike Hager](#) - Vancouver



B.C. Premier David Eby speaks during a news conference about improving access to mental-health and addiction care for people in the Downtown Eastside in Vancouver, on May 31. ETHAN CAIRNS/The Canadian Press

British Columbia will introduce involuntary care for people with concurrent addiction, mental illness and acquired brain injuries, as well as legislation to compel youth to receive care if they are unable to seek it themselves, Premier David Eby announced Sunday.

The intervention will be offered through correctional facilities, “highly secure regional facilities” and hospitals, the [Premier](#) said, adding that changes are needed because the current approach in dealing with people with these three overlapping conditions is not working.

“It is costly for the people struggling with these conditions; they are not safe,” the Premier told reporters at a news conference at Vancouver City Hall, a month before October’s provincial election. “And, increasingly, I’m concerned that the way that they are interacting in our communities is making everybody less safe.”

The issue of forcing people into treatment has gained traction in recent years as municipalities across Canada grapple with the symptoms of a runaway drug crisis and street disorder that can be attributed to substance use along with a host of other social issues. [Alberta has been eyeing involuntary treatment](#), for which legislation could be tabled as early as this fall, while New Brunswick has shelved a similar bill, which was expected to be introduced last spring, until after that province’s fall election.

Federally, Conservative Leader Pierre Poilievre opposes harm reduction and has said he wants “everybody who is on drugs to be in treatment,” but added that he would need to see more evidence before taking a position on involuntary care.

In [B.C.](#), where the provincial election campaign officially begins Sept. 21, BC Conservative Leader John Rustad promised just last week to introduce involuntary care for “those at serious risk due to addiction, including youths and adults.”

The full scope of Mr. Eby’s plan would hinge on his party’s re-election.

At Sunday’s announcement, Mr. Eby was joined by Attorney-General Niki Sharma, Vancouver Mayor Ken Sim, Musqueam Indian Band Chief Wayne Sparrow, Squamish Nation general councillor and spokesperson Sxwíxwtn Wilson Williams, and Daniel Vigo, who was appointed B.C.’s chief scientific adviser for psychiatry, toxic drugs and concurrent disorders in June.

Mr. Sim commended Mr. Eby for his willingness to pivot on issues such as this, and drug decriminalization, saying it shows a commitment to change. Mr. Williams spoke to Indigenous people being disproportionately affected by substance use, incarceration, suicide and other social issues, and called Sunday’s announcement a “significant step forward for all.”

The first correctional facility would be Surrey Pretrial Services Centre, which would have a 10-bed unit for people being held on remand or sentenced, while the first secure housing and care facility would be on the grounds of the Alouette Correctional Centre in Maple Ridge. Other sites across B.C. are being identified.

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Dr. Vigo, whose recommendations formed the basis of Sunday’s announcement, said a memo will be circulated provincially clarifying how people can and should be treated, with respect to involuntary admissions, under the existing Mental Health Act. The next step will be to review the legal framework and develop new legislation to ensure involuntary care “remains available despite challenges and controversies, and that it is humanely provided,” he said Sunday.

“Despite the best clinical efforts, some patients remain unable to engage in the usual, desirable process of voluntary care,” Dr. Vigo said, calling involuntary care a life-saving tool in a minority of cases.

“Patients with concurrent disorders are not receiving the quantity or quality of care that they need, and their brains, and our communities, are paying the price for it. These changes will change both the scarcity and the disjointed nature of mental health and substance use services for this population.”

Mr. Eby has said for more than a year that, when someone is severely impaired by serious mental health and substance use issues and at high risk of harm, he does not consider it to be compassionate to release them on to the street.

However, involuntary treatment is [not well backed by evidence](#) and critics cite ethical and civil liberties concerns. As well, involuntary treatment for substance use disorder is linked to [increased overdose risk upon discharge](#) because of lowered tolerance – a risk exacerbated by today’s volatile drug supply. A negative experience in involuntary care can also deter people from voluntarily seeking care.

Legislation that would force young people with severe substance use issues into care has been [tabled several times](#) throughout the years, by both the BC NDP and BC Liberals, but never enacted, owing to critics raising such concerns.

On Sunday, Mr. Rustad issued a statement saying the Premier’s flip-flopping on the issue exposed a lack of leadership.

Mr. Eby said the possibility that forced care could deter young people from seeking help has been a “massive counterweight to the instinctive and intuitive understanding we all have that when a kid’s struggling with addiction, we’ve got to just take them and support them with it, whatever they need, even if they say they don’t want it.”

The two experts commissioned by the province to write a report two years ago into repeat offenders and random stranger attacks welcomed Sunday’s news.

Doug LePard, former chief of the Metro Vancouver Transit Police and former deputy chief of the Vancouver Police Department, said creating more capacity to give this type of secure care was a key recommendation of his report with Simon Fraser University criminologist Amanda Butler.

“I’m very pleased to see the government taking decisive action and that it has the support of prominent First Nations leaders,” Mr. LePard told The Globe and Mail.

Dr. Butler said their report did not make recommendations on using this type of involuntary care on minors so she has no comment on the youth-focused rules, but said she was also pleased the province plans to establish secure regional facilities for adults because they will fill critical gaps in the system.

She also wants to hear more about how the provincial government will improve public psychiatric care for those who want it.

“We stressed that all voluntary options should be exhausted before involuntary forms of care are considered,” she told The Globe.

Tyson Singh Kelsall, an outreach-based social worker in Vancouver’s Downtown Eastside and a PhD candidate in the Faculty of Health Sciences at Simon Fraser University, called the apprehension of people in crisis “an extremely violent and dangerous covering up of the issues impacting

communities: a poisoned drug supply of street drugs, a social housing wait list that is thousands long, and a monthly welfare rate that couldn't rent somebody a couch in this province.”