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**Aug. 25, 2022**

**For Immediate Release**

Since April 2016, when the province first declared it a Public Health Emergency, the devastating effects of the toxic drug crisis on British Columbia have grown more apparent by the month. Illicit drug overdoses are now overwhelmingly the leading cause of unnatural deaths in this province, far eclipsing other causes such as motor vehicle accidents and homicides. With more than 2,200 toxic drug deaths in 2021 alone – and more than 10,000 in total since April 2016 – this has sadly become common knowledge among British Columbians.

But what is less recognized is the damaging effect that the toxic drug supply is having on our children and youth. As B.C.'s Representative for Children and Youth, I am compelled to provide that focus, which I did during last week's media release of toxic drug fatality statistics for the first six months of this year by the BC Coroners Service.

According to the Coroners Service, in 2021, 29 people in B.C. under the age of 19 died due to toxic drug poisoning. That is the highest total on record and nearly 2½ times the number of children who died of overdoses in 2016, the year the province declared the Public Health Emergency. Over the first six months of 2022, 16 people under the age of 19 died due to toxic drug poisoning.

In addition, a record 330 people between 19 and 29 – the ages that comprise the upper echelon of what we generally consider “youth” – died from toxic drug poisoning in B.C. in 2021, a nearly 62 per cent per cent increase over 2016.

While older age categories account for the majority of overdose deaths among British Columbians, these are, nevertheless, significant numbers for our province's

youngest and most vulnerable population. And they don't tell the entire story of the negative effects that the toxic drug crisis is having on young people in B.C.

My Office, an Independent Office of the Legislature, receives a "reportable" whenever a child or youth in care or receiving certain public services dies or experiences a critical injury. We review every child's story that is reflected in these reportables, and analyze them to determine emerging trends and interrogate observed trends (e.g., increases in injury types, regional or care status variation) that are contributing to these critical injuries and deaths. The damage being inflicted on children and youth by the toxic drug supply is a trend we cannot ignore.

Of the 99 child and youth deaths reported to our Office that occurred in 2021, 21 were substance-related. This represents an increase of almost 62 per cent over 2020. In addition to those death reports, RCY received 120 critical injury reports of illicit drug overdoses among children and youth in 2021. The overall number of substance-related injuries we receive is also increasing over time.

In 2021, our Office also received 158 reports of emotional harm injuries experienced by children and youth as the result of the substance-related death of a parent, primary caregiver or close sibling. This is undoubtedly an undercount, as details regarding the cause of death of a loved one are not always available, and the practice of reporting these losses as injuries is still evolving. In addition to deep and lasting emotional harm, the death of a parent or caregiver may result in significant change and additional trauma for a young person including, in some cases, having to come into government care, losing contact with friends and family, losing cultural and community connections, or having to relocate to a different community or school. Unaddressed loss and grief is a significant theme that we see in the work that we do with and for children and youth at the RCY.

All of this is occurring while services for children and youth who use substances and their families remain fragmented and inadequate in B.C. In November 2018, RCY released the report *Time to Listen: Youth Voices on Substance Use*, which made recommendations to improve such services. The main recommendation from that report called for the Ministry of Mental Health and Addictions and the Ministry of Health – in association with other relevant partners – "to lead the development of, and

*ensure funding of, a comprehensive system of substance use services capable of consistently meeting the diverse needs of all youth, . . . with specific attention given to the development of culturally relevant and culturally safe services and supports for First Nations, Indigenous, Métis and Inuit youth and their families.”* Although significant investments have been made, this recommendation remains “in progress” while the pace of change with the toxic drug supply and the needs of young people continue to outstrip the capacity of health and social care systems to meaningfully respond.

There are myriad holes in the current ‘system’, including barriers to entry such as age restrictions for substance use programs; lack of availability of these programs in all areas of the province, particularly rural or remote areas; lack of community support services once a child or youth has completed a program; lack of harm reduction approaches offered on a province-wide basis; and lack of culturally appropriate services for First Nations, Métis, Inuit and Urban Indigenous children and youth and their families. Too often, there is also a lack of coordination between services, which leaves children and youth who have complex and intersecting needs without sufficient support.

Harm reduction for children and youth is a critically important piece of the solution. It is an uncomfortable topic for many, but we have to blow up the myth that harm reduction somehow “encourages” or “condones” substance use.

What must be understood is that substances often serve a purpose in a young person’s life. They can be a coping mechanism for unaddressed or ongoing trauma, for example. Harm reduction – especially safe supply – can be the bridge to addressing such issues and pain while keeping children alive. Many youth are not yet able or ready to engage in treatment programs and, until such time as they are ready, they need to be safe. Harm reduction efforts can help with that.

Our RCY Advocates frequently take calls from desperate families who are finding no suitable help for their children or being put on wait lists that are several months long. We are seeing many instances in our injury reportables of repeated overdoses by the same children and youth who clearly aren’t getting the help they need and residential resources that are not equipped to deal with young people struggling with addiction and mental health concerns. And when it comes to the individual

deaths on which RCY has conducted full investigations in recent years, all have involved substance use and the lack of adequate services as significant factors.

Child and youth substance use is one of RCY's priority concerns for the next year and beyond. In addition to monitoring and pressing for full implementation of the recommendations from *Time to Listen*, we are collaborating with Drs. Brittany Barker, Karen Urbanoski and Bernie Pauly of the Canadian Institute for Substance Use Research at the University of Victoria on a study of substance use, harm reduction and safer supply among young people who use drugs in B.C. We will use this research – which will be informed by youth voice – along with other RCY work to continue to advocate for necessary systemic change in the province. RCY is also working on a number of projects that recognize the interconnectedness between substance use and other challenges that youth experience such as mental illness, housing instability, grief and loss, and violence.

We are also planning an RCY social media and knowledge mobilization campaign to raise greater awareness of the toxic drug crisis in B.C., how it is affecting our children and youth, and the desperate need for change. As B.C.'s Representative for Children and Youth, shining a brighter spotlight on this troubling issue is my responsibility.

Sincerely,

A handwritten signature in blue ink that reads "J Charlesworth". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Jennifer Charlesworth  
Representative for Children and Youth