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Vancouver, BC

Vancouver BIAs Demand Expansion of Opioid Treatment Options

The Vancouver BIA Partnership represents 22 Business Improvement Areas, which together represent thousands of businesses and property owners in the City of Vancouver. Our members are on the front lines when it comes to property crime, cleanliness, and disorder on our commercial streets. Over the past several years, our province, and Vancouver, predominantly, have been overwhelmed by the deadly opioid crisis, now claiming over four deaths per day in BC.ⁱ During this period, however, the strain this has placed on Vancouver's business operators and employees has largely gone unnoticed.

In addition to our city's overstretched first responders, businesses are finding it increasingly difficult to deal with the effects of this provincial health crisis. Our business owners and frontline staff are finding overdose victims in their washrooms or on their doorsteps on a daily basis, and even more are dealing with the increasing disorder of rampant public urination, defecation, and the hazardous materials discarded on and around our commercial streets and laneways. As proud and active stewards of our communities, the 22 BIAs, in partnership with the City of Vancouver, are taking considerable measures to pick up discarded needles and educate our staff, customers, visitors, and families alike on proper safety procedures for dealing with overdoses, but these short-term solutions are still not enough.

There is growing consensus from healthcare based community partners, as well as the Federal Government that, for drug users who do not respond well to traditional treatments, injectable opioid assisted treatment reduces the use of illicit drugs, and thus, reduces the likelihood of death by overdose. These treatment optionsⁱⁱ are radically underfunded, yet have incredible potential to curb the overdose crisis, improve our addictions system of care, and save taxpayer money. The average patient at Crosstown Clinic costs \$27,000 per year, while that person would cost taxpayers an estimated \$45,000 a year in petty crime, policing and court costs, jail time and reactive health care costs.ⁱⁱⁱ

The Vancouver BIA Partnership supports an immediate expansion of opioid treatment options, including injectable therapy programs like those at the Crosstown Clinic. The Partnership has sent a letter to Premier John Horgan, Minister of Health, Adrian Dix, and Minister of Mental Health and Addiction, Judy Darcy demanding immediate action. Taking these measures will dramatically improve the health and long-term wellbeing of local drug users, making our world class city and the businesses that bolster our communities safer for everyone.

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ⁱ BC Coroners Service, <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

ⁱⁱ Injectable therapy also reduces incidence of criminal activity (including property crime) and incarceration by up to 67 per cent, and improves pro-social functioning, physical, and mental health. It has also been shown to keep patients engaged in treatment over the long term with some studies showing retention



rates as high as 87 per cent. Moreover, many patients on injectable treatment have been observed switching to other, less costly treatments like methadone or abstinence-based treatments once stabilized. While most studies on injectable opioid assisted therapy have focused on heroin-assisted treatment, research conducted in the SALOME study based at Vancouver's Crosstown Clinic has demonstrated similar success with hydromorphone treatments. Here, researchers compared diacetylmorphine (prescription heroin) with hydromorphone, another opioid. Researchers found hydromorphone to be just as safe and effective as prescription heroin treatments.

Eugenia Oviedo-Joekes, et al. *The New England Journal of Medicine*,
<http://www.nejm.org/doi/pdf/10.1056/NEJMoa0810635>

Eugenia Oviedo-Joekes, et al. *The New York Academy of Medicine*,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2587648/>

Eugenia Oviedo-Joekes, et al. *The New England Journal of Medicine*,
<http://www.nejm.org/doi/pdf/10.1056/NEJMoa0810635>

ⁱⁱⁱ Eugenia Oviedo-Joekes, et al. *JAMA Psychiatry*,
<http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2512237>