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Media Advisory of Press Conference: Bill 22 Stands to Increase the Opioid Crisis and Youth Deaths; Bill 22 Must be Withdrawn

WHAT: The Union of BC Indian Chiefs, Health Justice, and BC Civil Liberties Association are hosting a press conference urging the provincial government to withdraw Bill 22. Bill 22 proposes amendments to BC's *Mental Health Act* to create a new form of detention and involuntary health care in BC for youth who have experienced an overdose.

Speakers will address key concerns with Bill 22, including:

- Involuntary detention, including use of restraints, of youth for up to 7 days following an overdose, without the consent of a youth or a parent/guardian.
- Lack of comprehensive and meaningful engagement with Indigenous peoples, contrary to the principles of the *United Nations Declaration on the Rights of Indigenous Peoples*.
- Harmful impacts of coercive healthcare on youth who use substances during an opioid overdose health crisis.
- Establishing a comprehensive voluntary system of substance use services throughout BC.

WHEN: Monday July 27, 2020 at 10 a.m. PST

WHERE: Via Zoom [here](#), media registration opens at 9:45 am.
Simultaneous livestream through [UBCIC Facebook page](#).

Full Media Kit & Backgrounder available as a PDF [here](#).

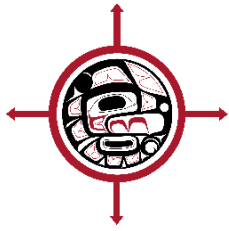
SPEAKERS:

- **Jennifer Charlesworth:** BC's Representative for Children and Youth
- **Kukpi7 Judy Wilson:** Union of BC Indian Chiefs
- **Kali Sedgemore:** member of 'Namgis First Nation, OPS youth peer and outreach worker
- **Hawkfeather Peterson:** BC/Yukon Association of Drug War Survivors
- **Garth Mullins:** Vancouver Area Network of Drug Users, Crackdown Podcast
- **Laura Johnston:** Health Justice
- **Meghan McDermott:** BC Civil Liberties Association

Media contact:

Iman Baobeid: iman@bccla.org or 604-401-4517

Ellena Neel: eneel@ubcic.bc.ca or 778-866-0548



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Media Kit: Statements of Organizations and Independent Offices

To see this legislation tabled during a time when the reality of systemic and blatant racism towards Indigenous peoples and other people of colour is undeniable, is extremely troubling and emblematic of a system that seeks to oppress rather than to support. Our families and communities require culturally-safe, wraparound services – not additional legal mechanisms to detain our youth and ignore our rights. We will not accept unilateral processes imposed by provincial government that places additional risks on our children’s lives, including increased fatalities and the further intrusion of child welfare agencies.

Kukpi7 Judy Wilson of the Union of BC Indian Chiefs.

The child welfare system is already overinvolved in the lives of Indigenous children and youth: the detainment of Indigenous children in hospitals will undoubtedly lead to greater child welfare involvement in our children’s lives and those of their families. This legislation could replicate the effects of the recently phased out birth alert system whereby hospital workers trigger child welfare involvement often resulting in removals. These effects, paired with known systemic racism in BC’s healthcare system, will harm – not help – Indigenous children. Under the proposed legislation Indigenous youth will also be less likely to call emergency services out of fear that they will be detained, or their friends and relatives will be detained. This is disturbing to me.

Mary Teegee (Maaxw Gibuu), Takla Nation, Chair of the First Nation Directors Forum

While there is no evidence that coerced substance use treatment is more effective than voluntary treatment, there is evidence from other jurisdictions that involuntary care has a disproportionately negative impact on Indigenous youth. The risk of (re)traumatizing Indigenous youth is high, given the staggering rates at which Indigenous youth are already being detained through the criminal justice and child welfare systems – as well as the racism commonly experienced in health care. Clearly, incarceration has become standardized across all government funded services and racism is as rampant as ever. Hence the prospect of hospitals being designated as ‘stabilization facilities’ is very alarming.

Despite BC’s recent endorsement of UNDRIP, the provincial government continues to disregard the historical and ongoing oppression of Indigenous people in past and new legislation. The unethical and inhumane warehousing of Indigenous youth is a continuation of colonial policies that is – albeit not surprising – abhorrent, ignorant and absolutely unacceptable in 2020.

Dr. Sharon McIvor President, BC Association of Aboriginal Friendship Centres

Without an established evidence-based, accessible system of substance-use treatment services, I am concerned there is the potential for serious unintended consequences as a result of these legislative amendments, including the potential for an increase in fatalities.

BC Coroners Service, Read full [Chief coroner's statement on proposed amendments to the Mental Health Act](#), June 23, 2020

I want to express my concerns about the lack of balance that the provincial government has taken in its approach to the problem of harmful substance use by youth with the introduction of Bill 22-2020, Mental Health Amendment Act – in particular, the lack of accompanying focus on establishing a full array of voluntary substance use treatment and harm reduction services for youth.

Representative for Children and Youth, Read full [Representative’s Statement in response to government’s proposed changes to the Mental Health Act](#), June 23, 2020

The BCCSU has reviewed the scarce evidence behind the concept and practice [of secure care], and has expressed concerns that as practised in Canada, harms may outweigh benefits.

British Columbia Centre on Substance Use, Read full [BC Centre on Substance Use statement on proposed amendments to the Mental Health Act](#), June 29, 2020

Involuntary hospitalization may contribute to overdose deaths, deter 911 calls, and may create trauma and negative impacts that negatively impact trust in health care system.

Harm Reduction Nurses Association, Read full [Letter to Minister of Mental Health and Addictions](#), June 30, 2020

In addition to the illogical public policy approach being taken – due to the inherent risk of increased fatalities – the proposed law imposes a coercive treatment regime on youth, which is unacceptable. Involuntary interventions and health care detention should only be used as a last resort. We are incredibly concerned that Indigenous youth will be disproportionately impacted by this model, as is the case in other jurisdictions.

Meghan McDermott, Senior Staff Counsel, British Columbia Civil Liberties Association.

BC is one of the few provinces in Canada that does not provide access to independent legal advice and assistance for people detained under the Mental Health Act. This government committed to establishing that service last year – not only has government failed to fulfill that commitment, it is moving to create yet another form of detention for youth with no way to access legal advice and assistance.

Laura Johnston, Legal Director, Health Justice.

Concerned it may result in detention of young persons without due process, such as safeguards to challenge detention and access to independent legal advice services.

Disability Alliance BC, Read full [DABC's response to Bill 22-2020, Mental Health Amendment Act](#), July 2, 2020

[T]his prioritizes detention and non-consensual measures, and there are insufficient safeguards, such as lack of independent legal advice for those detained.

Community Legal Assistance Society, Read full [Letter to Minister Dix and Minister Darcy Re: Bill 22 – 2020 – Mental Health Amendment Act](#), July 3, 2020

Compulsory detention and drug treatment are not evidence-based, heightened risk of withdrawal and fatal overdose following short-term detention, chilling effect on overdose calls to 911, and Charter rights violations.

Pivot Legal Society, Canadian Drug Policy Coalition, Read full [Letter to BC Ministers Urging Against Bill 22's Passage into Law](#), July 3, 2020

This amendment on involuntary care was drafted with little or no collaboration from stakeholders - families and youth - and will likely have serious negative, unintended consequences for the young people it aims to help.

Moms Stop the Harm, Read full [MSTH families strongly object to proposed involuntary care of youths in BC](#), July 9, 2020

Bill-22 threatens to erase all of the efforts that have gone towards laying the groundwork for equitable care and safety. Along with all the studies showing that incarcerating youth after an overdose [48 hours to 7 days] is unsafe, inhumane and unsuccessful it also threatens to teach drug users at a young age that they can not trust health institutions with their autonomy and freedom.

[Open Heart Collaborative \(Peer-led drug user group in Nanaimo\)](#), July 23, 2020



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Media Backgrounder: Quick Facts About Bill 22 Provided by Health Justice, July 15, 2020

Bill 22 was introduced in the Legislative Assembly on June 23, 2020. It proposes amendments to the BC Mental Health Act (“MHA”). If it is passed, it will create a new form of detention and involuntary health care in BC for youth who have experienced an overdose.

Youth can be detained for up to 7 days following an overdose

Bill 22 would authorize detaining youth for up to 7 days when:

- the youth is or appears to be under the age of 19;
- the youth was admitted to an emergency department as a result of an overdose that requires overdose reversal medication, intubation, resuscitation, or another type of health care to prevent imminent death; and
- a physician is of the opinion that the youth is engaged in severe problematic substance use and is not stable. (ss. 1, 49, 64)

That means... only youth who are already in the emergency room in the hospital can be detained – youth cannot be apprehended in the community and brought into hospital.

Youth will be detained in existing hospitals

Bill 22 says that the Minister of Health will pick wards or other defined areas in a public hospital that is already a designated facility under the Mental Health Act. The government says there are currently 51 hospitals that could be chosen where youth could be detained for stabilization care. (ss. 1, 68)

That means... Bill 22 does not create any new facilities – youth will be detained at hospitals where youth and adults are already being detained under the Mental Health Act.

The facility can choose which adults in a youth's life to notify of detention

Bill 22 would permit facilities to select which adults to notify of the youth's detention:

- The director may select one or more of the following persons who the director believes will act in the youth's best interests to notify: a parent or guardian of the youth OR an adult with whom the youth has a meaningful relationship. (s. 46)

That means... facilities could choose not to notify a youth's parent/guardian that the youth has been detained.

Health care can be given without consent of a youth or a parent/guardian

Bill 22 would authorize facilities to provide stabilization care to a youth "without the consent of the youth or any other person":

- "Stabilization care" includes health care provided to address immediate medical needs.
- "Immediate medical needs" is not limited to health care related to the youth's substance use. Health care is defined as "anything that is done for a therapeutic, preventive or diagnostic purpose, and a course of care".
- Facilities must not begin a course of long-term health care for a youth's engagement in problematic substance use without the youth's consent. (ss. 1, 44, 54, 55)

That means... facilities could administer involuntary physical, mental, or short-term substance use health care for immediate medical needs without consent from the youth or a parent/guardian who would normally be making health care decisions.

The facility is authorized to use restraints with youth

Bill 22 says facility staff may detain a youth in the facility by use of any chemical, electronic, mechanical, physical or other means to control or restrict the youth's freedom of movement if:

- it's necessary to protect the youth or others from harm, OR
- to accommodate the youth in a locked ward or other defined area. (s. 55)

That means... facilities can use measures like mechanical restraints, sedatives, or seclusion rooms to prevent harm or to keep a youth in a specific area of the hospital.

If youth want to challenge their detention, a doctor at the facility can conduct the review

Bill 22 would authorize detention reviews to be conducted by:

- "a physician other than the recommending physician who made the certificate" to detain, if one is "reasonably available", which could be a colleague at the same facility, OR
- if another physician is not "reasonably available" the same physician who recommended detention conducts the review of her/his own decision. (s. 63)

That means... Bill 22 does not provide a way to review or challenge detention to someone independent of the facility, like a tribunal or court.

There is no provision for youth to access legal advice and assistance

Everyone in Canada has a constitutional right to legal advice and assistance when they are detained. But Bill 22 does not have a provision for youth to access a legal advice and advocacy service.

That means... when the facility notifies youth that they have the right to legal advice and assistance, there is no service being established for youth to call or meet with for help.