

The BC Greens believe that every drug death is a policy failure. We can end preventable drug deaths through evidence-based policies and solutions grounded in dignity and care.

5 people die every day from the toxic drug crisis in British Columbia¹. We are in an unprecedented public health emergency that has lasted ten years and taken far too many lives. This is a crisis that has affected everyone in British Columbia; from families dealing with death, grief and ongoing injuries, to frontline workers who spend every day dealing with trauma and harms inside a system with inadequate supports, and communities who are left to carry the burden of a crisis that is politicised and never solved.

Harm reduction is under attack. This crisis will not be addressed through half-measures and short-term pilot programs. It will not be solved by expanding a punitive system that leads to more overdoses and a reduction in trust in health services. It will not be solved by unnecessary involvement with the criminal justice system. The toxic drug crisis will only be solved when politicians are willing to show leadership; when regulated alternatives are available, when voluntary treatment is available when people need it, and when people who use drugs have the same access to resources, medical care, housing, dignity and respect as anyone else does.

The ongoing prohibition and war on drugs have exacerbated the crisis by increasing the toxicity of the unregulated drug supply, which now regularly includes medetomidine². The rising presence of benzodiazepines in the illicit supply has further complicated overdose reversals, harming both people with opioid use disorder (addiction to opioids), and recreational users. Combined with a cost-of-living crisis and a housing crisis, leading to significant increases in the number of people homeless across BC, the toxic drug crisis is now highly visible.

On 29 September, the BC Supreme Court found that our current legislative settings around controlled substances are unconstitutional, with Judge Murray finding that “a non-medical safe supply is urgently needed to save lives” and “the DULF compassion club reduced the harms associated with the toxic drug crisis and did not negatively impact the community or public safety³.”

Successive actions by the NDP Government has contributed to a worsening of this crisis. The rollback of the decriminalization pilot has increased stigma and the number of people using

¹ <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

² Medetomidine is a potent sedative, predominantly used by veterinarians, that can cause low heart rate (bradycardia), changes to blood pressure, and prolonged sedation. It can cause sleepiness or unconsciousness, increasing the risk of drug poisoning.

<https://www.bccdc.ca/about/news-stories/stories/2026/bc-drug-poisonings>

³ https://www.bccourts.ca/jdb-txt/sc/26/18/2026BCSC1855.htm#_Toc241558733 [para 249]

alone, and therefore the likelihood of death; in 2026, 81% of unregulated drug deaths occurred inside⁴. Evidence shows that fear of criminal sanctions can prevent people from access services, and involvement with the criminal legal system can drive harms like losing housing or employment and increasing risk of overdose⁵.

After more than 6.6 million visits in the ten years to January 2026, there have been two deaths at supervised consumption sites and overdose prevention sites in British Columbia⁶; we know what works, but the government lacks the willpower to make the changes necessary.

The BC Greens will:

- Provide regulated, pharmaceutical alternatives to the illicit drug supply to reduce fatalities associated with substance use. Our main priority must be keeping people alive. The supply must be based on advice from health professionals and advocacy groups.
- Enhance access to supervised consumption sites and overdose prevention sites. Ensure that they have the capacity for safe inhalation spaces to reduce harm and public drug use, and support public safety. Ensure these spaces are connection points for detox, recovery, housing, and other supports.
- Increase access to transitional and public housing projects, with wrap-around healthcare and harm reduction principles.
- Match investments in bed-based care with a spectrum of community-based outpatient substance use treatment services.
- Treat drug use as a health and social issue, not a criminal one, by decriminalising possession of drugs for personal use. Alongside decriminalisation, implement the measures on housing, mental health, and voluntary care that the BC NDP failed to, to ensure people who use drugs have the full range of support needed.
- Ensure children and youth are educated about drug risks and supported by trusted adults to make informed decisions.
- Build out mobile and 24-hour overdose prevention sites.
- Allocate annual funding for existing drug-checking services to ensure their sustainability.
- Create an evidence-based standard of care for all substance use treatment services, informed by experts and community leaders.
- Ensure that individuals working on the frontlines and those with lived experiences of substance use are supported and valued in decision-making processes.

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<https://app.powerbi.com/view?r=eyJrljoiZmY3NTZjZDYtMjZmMy00YmZmLTgyZDAtZDI5ZjZlZmMl1OWM1IiwidCI6IjZmZGI1MjAwLTNkMGQtNGE4YS1iMDM2LWQzNjg1ZTM1OWFkYyJ9>

⁵ <https://drugpolicy.ca/bc-revives-criminalization/#6c569e8e-426f-4182-8ad9-b7fa17078b3e>

⁶ https://archive.news.gov.bc.ca/releases/news_releases_2024-2028/2026HLTH0037-000404.htm