Twitter Thread by Hakique Virani

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The idea that CERB basic income payments *caused* an increase in population overdose deaths isn't an idea that deserves analysis, but humour me? What if we applied some of Bradford Hill's criteria of causation?

THREAD.

(Spoiler: It makes the notion even more ridiculous)

> Income support doesn't cause overdose. Income support doesn't cause overdose. Income support doesn't cause overdose. Income support doesn't cause overdose. Income support doesn't cause overdose. Income support doesn't cause overdose.
> Income
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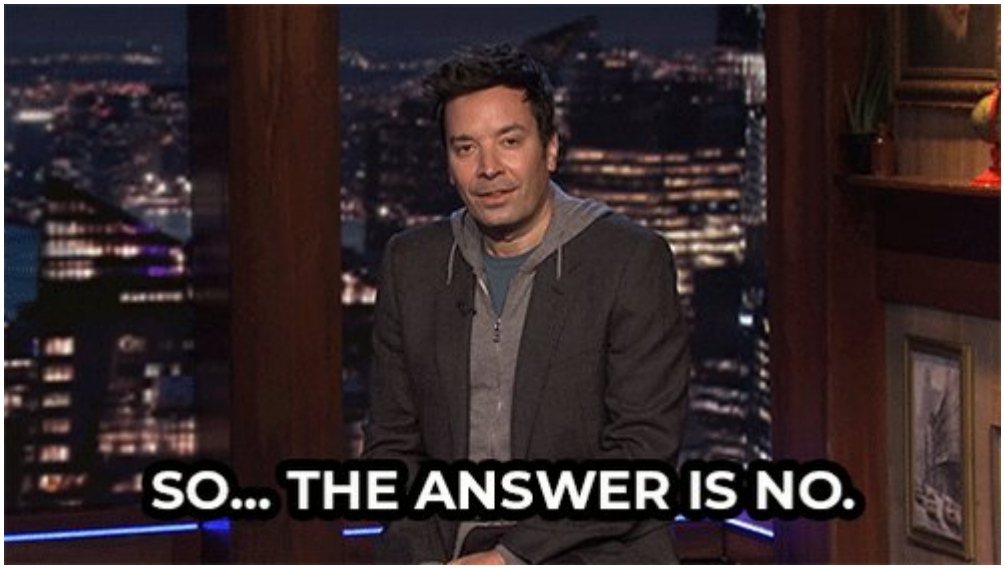
> overdose.
>
> — Hakique Virani (@hakique) December 18, 2020

Temporality?

If CERB caused an increase in fatal ODs, the program had to come *before* the increase. The surge clearly started in *March*.

Compared to Feb:
AB: 43%■■
BC: 53%■■
ON: 19%■■

You couldn't even apply for CERB till *April 6*, and payments didn't come till mid-April.



Dose-response?

In causal relationships, there's■■incidence where there's■■exposure.

In April when people started getting CERB OD deaths went up in:
AB by 26%
BC by 4.3%
ON by 29%

But the proportion of people getting CERB was statistically *the same* (~23.5%) in each province.

Coherence with established evidence?

The literature shows financial *insecurity*, not financial support, contributes to higher risk substance use and poorer health outcomes. The "CERB made ODs go up" narrative isn't just inconsistent with the science. It's *opposite* to it.

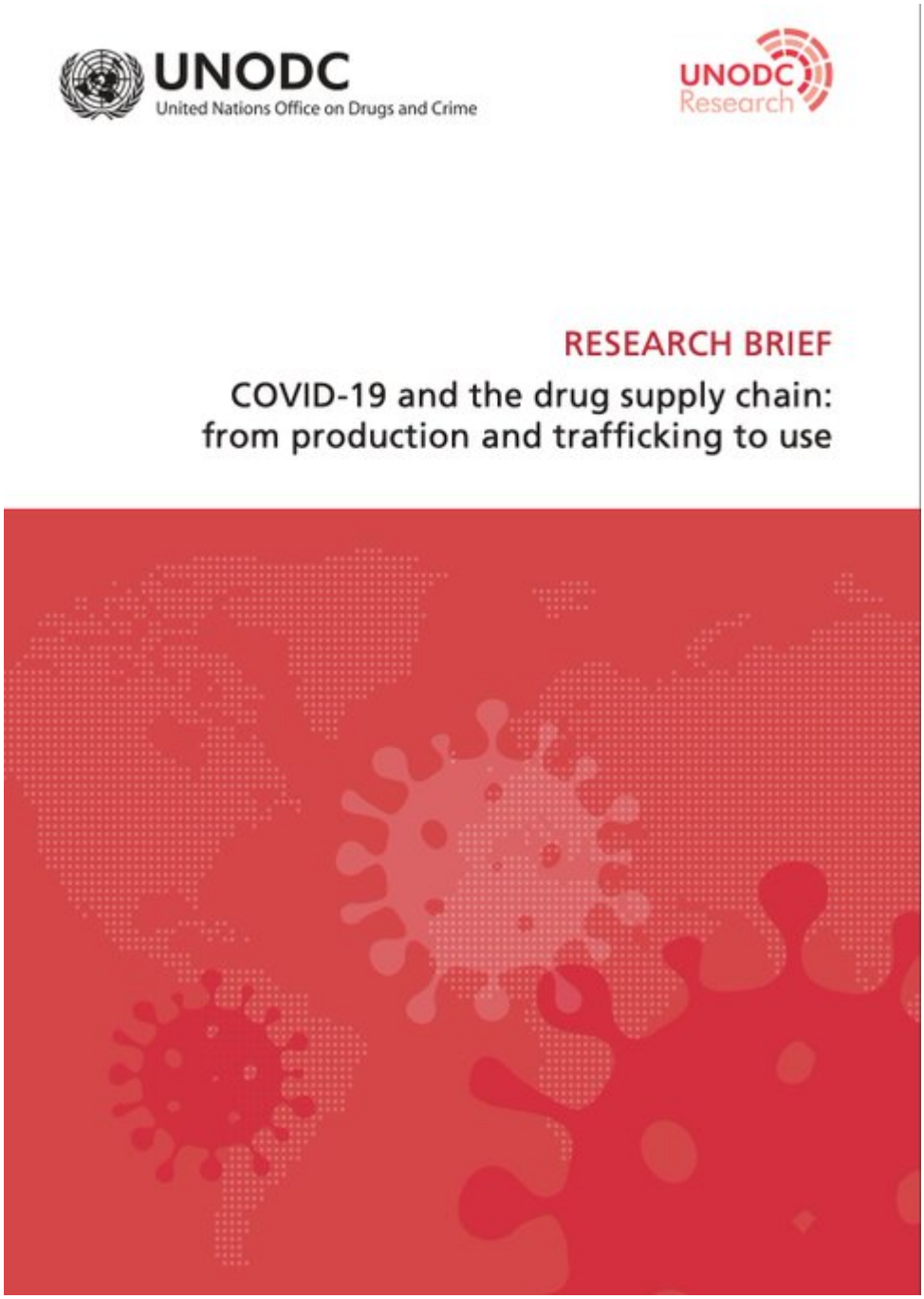
More plausible than other explanations?

The mechanism suggested for the "CERB effect" is that when you give extra money to people previously living on less than we need to survive (that's the *actual* problem), they buy a bunch of drugs and die. So fatality rates go up.

This simplistic logic may appeal to people who value rare anecdotes over population-level evidence or to those who believe poor people are somehow unable to make "good" financial decisions.

But there is a far more likely explanation for the rise in fatal ODs than "CERB did it."

COVID-19 disrupted drug supply chains. The United Nations Office on Drugs and Crime saw it. The Canadian Community Epidemiology Network on Drug Use saw it. Dr. @EHyshka saw it (which is basically the most important thing to know). https://t.co/aAXzP4nmaz



> Many experts are worried that COVID-19 related illegal drug supply disruptions, as documented by the United Nations Office on Drugs and Crime, will combine with physical distancing and other countermeasures to make an already dangerous situation worse. https://t.co/Ug7zerYKAG pic.twitter.com/JYOnsyjVkW
>
> — Elaine Hyshka (@ehyshka) May 26, 2020

Just like when OxyContin was reformulated into a tamper-deterrent product, the illegal drug market resorted to new ways of procuring and synthesizing other, necessarily more potent opioids that are easier to traffic. The result? A less predictable, more toxic supply.

This explanation is consistent with post-mortem toxicology findings of higher concentrations of opioids, and our clinical observation of more fentanyl analogs in higher concentrations in urine specimens of people seeking treatment for substance use conditions.

It is also consistent with reports from patients that, increasingly, drugs from the street have a less predictable effect than before, which is an even greater concern given the increased likelihood of using alone during the pandemic.

This isn't to say that there can't have been unintended harms associated in time with a fleeting income supplement like CERB. But stories like that do *not* demonstrate causation, nor are they legitimate arguments against basic income support (including for people who use drugs).

Facts: Income support reduces crime, and improves quality of life and health outcomes, including substance use outcomes on a population level.

Can abrupt improvements in financial situation have some temporary impacts in counter-intuitive directions for some individuals? Maybe.

But that just tells us income support should never have been $750/month in the first place, not that *CERB* caused problems because it was $2000/month.

So let's be done with this absurd idea that income support increases OD rates and instead put all efforts into addressing the *actual* problems of an even more toxic drug supply and worse isolation?

Safer supply
Harm reduction services everywhere
Treatment for those who want it

Summary (ICYMI):

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