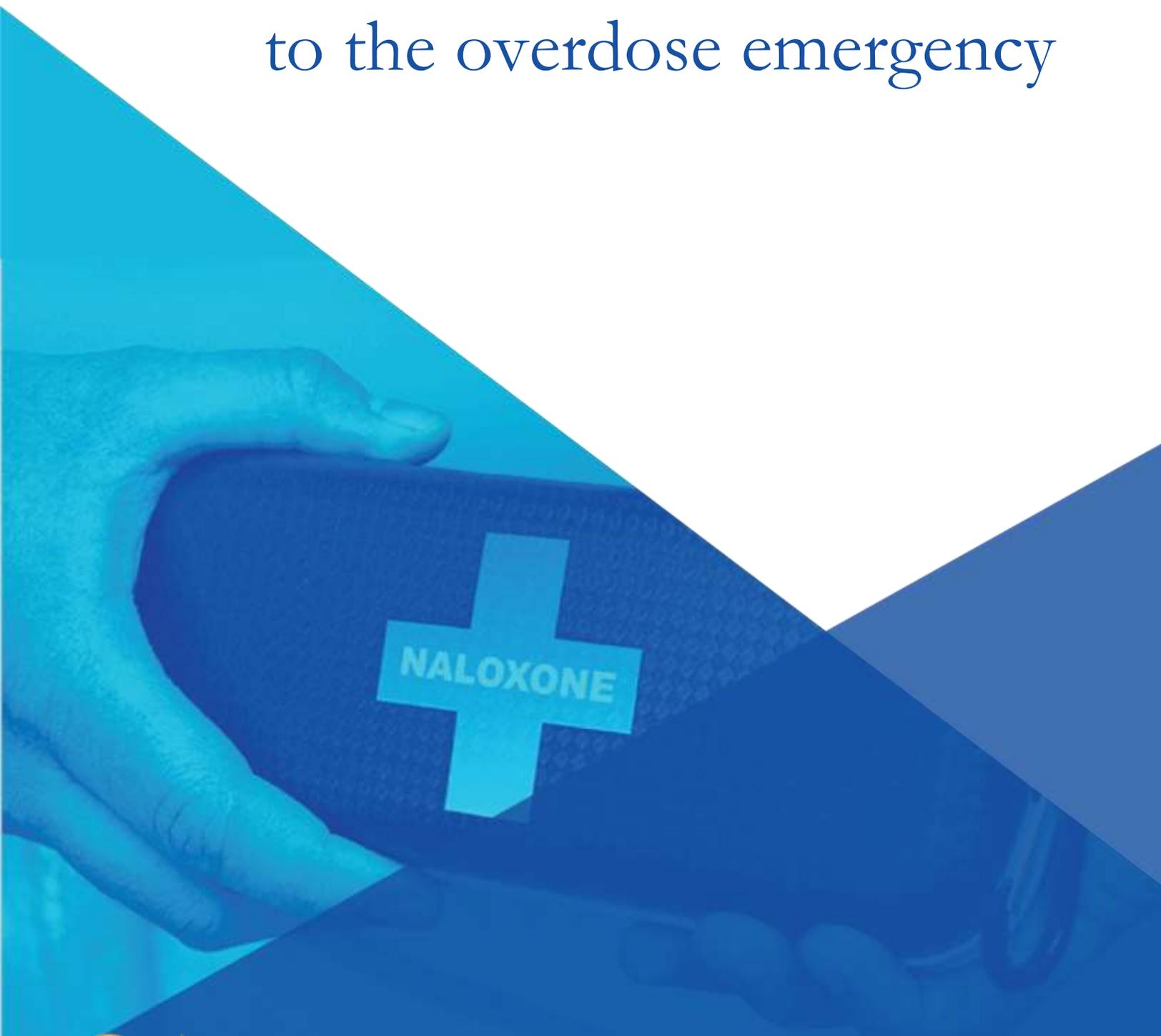


Escalating BC's response to the overdose emergency



Executive Summary

The Province of British Columbia continues to respond to a public health emergency that is claiming four lives every day. The province continues to experience the highest number of overdose deaths among Canadian jurisdictions in a crisis that extends well beyond provincial borders.

In September 2017, the provincial government announced a three-year, \$322 million investment for comprehensive interventions focused on saving lives, connecting people to treatment and recovery, and addressing some of the root cause issues connected to problematic substance use, such as stigma. A series of initiatives have been launched, and through the hard work and dedication of key partners and first responders, many lives have been saved.

The response focuses on six key areas:

1. Saving lives
2. Ending stigma
3. Building a network of treatment and recovery services
4. Creating a supportive environment
5. Advancing prevention
6. Improving public safety

Available data clearly highlight the need for an escalated response to the public health emergency. Building on previous actions and guided by evidence, forthcoming actions will include a focus on:

- Addressing the need for a safer drug supply
- Expanding community-based harm reduction services
- Ensuring the availability of naloxone
- Proactively identifying and supporting people at risk of overdose
- Connecting people with a substance use disorder to appropriate treatment and recovery services.

Health authorities will continue to work on improving access to medication like injectable hydromorphone and the expansion of drug-checking pilot projects. The focus over the next year will include improving access to treatment for opioid use disorder with opioid agonist treatment (OAT).

This means identifying people with opioid use disorder through screening and referral; providing a central point of access to engage in care; supporting people in starting OAT and ensuring a wide range of OAT and other options meet individual needs.

It also means investing in vital social supports such as housing and child care, and other poverty reduction measures essential to ensuring that people with a substance use disorder are engaged and retained in treatment and care.

Through consultation, research and action it is clear that the province needs to bring everything to bear on this crisis. Saving lives and connecting people to treatment and recovery means moving beyond past approaches. There is no one pathway to hope; there are thousands. Not everyone walks the same path at the same speed. That journey may start with harm reduction. It may include a strong spiritual component. For Indigenous people, that path often involves reconnecting to land and family and culture. The important thing is that when someone is ready to walk their path, they do not walk it alone. – Judy Darcy, Minister of Mental Health and Addictions

An unprecedented public health emergency

On April 14, 2016, British Columbia's Provincial Health Officer declared the first-ever public health emergency following an unprecedented increase in overdose harms including death.¹ The BC Coroners Service reports that at least 1,486 people died from a suspected illicit drug overdose in 2017, and at least 1,380 died in the first 11 months of 2018.² In just a few years, the number of overdose deaths has surpassed the combined total of suicides, homicides, and deaths due to motor vehicle collisions; they are now the leading cause of unnatural death in BC. For the first time in decades, life expectancy at birth in British Columbia has declined due to the rise in overdose deaths.³

The emergency is the result of an unpredictable, highly toxic drug supply. Toxicology examinations show that the rate of fentanyl detection in overdose deaths increased from 4% in 2012 to 85% in 2018.⁴

The overdose emergency continues to have a staggering impact on individuals, families, and communities across the province. While marginalized people living in poverty are over-represented in this crisis, it has impacted people from all walks of life, nearly all ages, education levels, professions, and incomes, from every region in BC.

The emergency declaration allowed for the collection of more robust, real-time information on overdoses to take proactive action to warn and protect people who use drugs and to identify those most at risk of overdose. Available data highlight the disproportionate effect of the emergency on different groups, particularly men, those between the ages of 30 and 59, and First Nations people. For example, First Nations people are five times more likely to experience an overdose than other residents and three times more likely to experience a fatal overdose.

On September 27, 2018, the BC Coroners Service released the findings from an enhanced analysis of investigations into overdose deaths. Key findings include:

- 79% had contact with health services in the year preceding death. Over half of these people had contacts for pain-related issues
- 77% were regular users of drugs
- 69% used drugs alone
- 52% were reported to have had a clinical diagnosis or anecdotal evidence of a mental health disorder
- 44% were employed at the time of overdose death. Of those who were employed, 55% worked in the trades or transport industry
- 13% lived in social or supportive housing

¹ Government of British Columbia. (2016, April 14). *Provincial health officer declares public health emergency*. Retrieved from: <https://news.gov.bc.ca/releases/2016hlth0026-000568>.

² BC Coroners Service. (2018). *Illicit Drug Overdose Deaths in BC January 1, 2008 – November 30, 2018*. Retrieved from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

³ Ye, X., Sutherland, J., Henry, B., Tyndall, M., and Kendall, P. (2018). At-a-glance – Impact of drug overdose-related deaths on life expectancy at birth in British Columbia. *Health Promotion and Chronic Disease Prevention in Canada*, 38(6): 248-251.

⁴ BC Coroners Service. (2018). *Fentanyl-Detected Illicit Drug: Overdose Deaths January 1, 2012 to September 30, 2018*. Retrieved from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/fentanyl-detected-overdose.pdf>.

- 9% were unsheltered (experiencing homelessness).⁵

Available data also demonstrates some of the risk factors associated with overdose deaths. Most deaths have occurred when people have consumed drugs alone indoors. In 2018, 58% of overdose deaths occurred in private residences and 29% of deaths occurred in locations such as hotels, motels, rooming houses, or shelters.⁶ The likelihood of surviving an overdose is much higher for those who call 911.

As tragic as the numbers are, the toll would be much higher if not for the work of service providers, peers, first responders, and community volunteers on the front lines throughout BC. They have reversed thousands of overdoses using naloxone – and they have worked tirelessly to advocate for urgent measures to save lives.

Mobilizing for collaboration: BC's response

An emergency on this scale demands an equally unprecedented response: not only province-wide, but working across borders and jurisdictions, in partnership with First Nations and Indigenous communities, and drawing on the knowledge and experience of frontline workers, researchers, and people with lived experience.

One of the first actions the new government took was to **create a Ministry of Mental Health and Addictions** – the first of its kind in North America – to lead the provincial government's response to the overdose emergency, and to transform BC's network of mental health and addiction services and supports.⁷

The next step was to **fund the most urgent parts of that work**. In September 2017, the provincial government allocated \$322 million over three years – in addition to the investments already being made in additional care and support – to support actions that:

- Save lives
- End stigma
- Build a network of treatment and recovery services

Collaboration and coordination are at the heart of the BC approach. We know government cannot solve this emergency alone; we need everyone working together over the long term. This means working with the federal government, coordinating efforts among all areas affected within the provincial government, and working in partnership with communities, service providers and people with lived experience to develop a comprehensive response to the overdose emergency. That includes crucial investments and improvements for treatment and support services.

It also means ongoing collaboration with Indigenous partners, including First Nations communities, Métis members, and Indigenous health service organizations. The Ministry of Mental Health and Addictions (MMHA) has developed close partnerships with the First Nations

⁵ BC Coroners Service. (2018, September 27). *Illicit Drug Overdose Deaths in BC – Findings of Coroners' Investigations*. Retrieved from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicitdrugoverdosedeadsinbc-findingsofcoronersinvestigations-final.pdf>

⁶ BC Coroners Service. (2018). *Illicit Drug Overdose Deaths in BC: January 1, 2008 – November 30, 2018*. Retrieved from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

⁷ Mandate Letter for the Honourable Judy Darcy, July 18, 2017.

Health Authority (FNHA), First Nations Health Council, and Métis Nation British Columbia. Taking a collaborative approach with Indigenous partners, the Ministry is reinforcing and advancing the principles of reconciliation through concrete action, such as supporting culturally-safe mental health and wellness initiatives that are informed by Indigenous experiences, needs, and priorities. The Ministry is actively involved in the Tripartite Partnership to Improve Mental Health and Wellness⁸, which takes a community-driven, Nation-based approach to the planning, design, and delivery of mental health and wellness services and supports for Indigenous individuals, families, and communities. This approach aligns with the provincial mandate to fully adopt and implement the Truth and Reconciliation Commission's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples, and guidance to operate in accordance with the Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples.

It also includes acting on the best available evidence and advice available. In April 2018, the BC Coroners Service released the report *BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses* that provided a comprehensive review of the circumstances and risk factors associated with fatal overdoses.⁹ That report included a broad range of recommendations for action to ensure an accountable substance use system of care, expand opioid agonist treatment and assessment of substance use disorders, and expand drug use safety options. The Ministry of Mental Health and Addictions, the Ministry of Health, and the Ministry of Public Safety and Solicitor General accepted all of these recommendations and committed to implementing a series of priority actions related to each recommendation.¹⁰ We provided a progress update in Fall 2018, and future updates will be available in April 2019 and September 2019.

In December 2017, the Ministry of Mental Health and Addictions further escalated BC's response by launching the Overdose Emergency Response Centre (OERC) to spearhead urgent actions to save lives and help connect people living with substance use disorders to treatment and recovery services.¹¹

The OERC consists of a core team of experts and full-time staff to coordinate provincial, health authority, Indigenous, and other resources to address the overdose emergency at a community level. To optimize local impact, the OERC works closely with five Regional Response Teams and 20 Community Action Teams to co-ordinate and strengthen substance use and overdose prevention programs on the ground. Other key functions of the OERC include:

- Generating and gathering data from a wide range of sources, and reporting in real time to understand both the immediate impact of the emergency and its underlying issues
- Identifying gaps in provincial, regional, and local responses and taking action to address them

⁸ Memorandum of Understanding – Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness. <http://fnhc.ca/wp-content/uploads/MoU-Tripartite-Partnership-to-Improve-Mental-Health-and-Wellness-Services-and-Achieve-Progress-on-the-SDOH.pdf>

⁹ BC Coroners Service. (2018, April). *BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses*. Retrieved from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/bccs_illicit_drug_overdose_drp_report.pdf.

¹⁰ Interim response letter to BC Chief Coroner Lisa Lapointe, July 29, 2018.

¹¹ Ministry of Mental Health and Addictions. (2017, December 1). *Province escalates overdose emergency response to save lives, support people with addictions*. Retrieved from: <https://news.gov.bc.ca/releases/2017MH0008-002003>.

- Developing new approaches and tools, both to improve the information we gather and to help target responses to the emergency, tailored to local strengths and challenges
- Evaluating new and emerging interventions, so everyone can rely on the most up-to-date and effective strategies and evidence-informed approaches.

The OERC works to ensure that communities have access to a comprehensive package of essential health sector interventions including naloxone, overdose prevention services, treatment and recovery services, acute overdose risk case management. To support the optimization of the interventions included in the comprehensive package, the OERC has identified a set of essential strategies for a supportive environment including: social stabilization; peer empowerment and employment; cultural safety and human rights; and addressing stigma, discrimination, and human rights.

The OERC supports Regional Response Teams to develop comprehensive regional action plans, integrating actions and policies, tailoring them to regional needs and responding to changing conditions in their communities.

Regional Response Teams work with dedicated local Community Action Teams in the 20 communities among those most affected by the emergency to spearhead local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities.

Community Action Teams include representation from municipal government, Indigenous partners, first responders, front-line community agencies, Divisions of Family Practice, people and families with lived experience, and local provincial ministry offices providing housing, children and family, and poverty reduction services. Teams have been established in Abbotsford, Burnaby, Campbell River, Chilliwack, Duncan, Fort St. John, Kamloops, Kelowna, Langley, Maple Ridge, Nanaimo, New Westminster, Port Alberni, Powell River, Prince George, Richmond, Surrey, Vancouver, Vernon, and Victoria.

Community Crisis Innovation Fund: giving communities the resources to respond

To ensure immediate impact across BC through nimble, innovative, community-based actions, the province launched the Community Crisis Innovation Fund in September 2017. The government set aside \$3 million in funding for its first year and \$6 million in each of 2018-19 and 2019-20. In the first year, those funds have been made available through:

- Community Action Team Grants: The fund included \$2 million for the initial 20 Community Action Teams in the communities with the most urgent need. Each team received up to \$100,000 in one-time funding to facilitate life-saving responses and early intervention, and support people in getting evidenced-based treatment.
- Community Crisis Innovation Fund – Stream 2 Innovation Grants: Grants totalling approximately \$1.7 million were provided to 27 communities and organizations in BC to support local action to save lives, address stigma and connect more people to treatment and recovery. Examples of funded projects range from peers taking an active leadership role in the development and delivery of overdose prevention services in Quesnel, to involving peers in partnerships around single-room-occupancy resources to support socially isolated people in Vancouver.¹²

¹² Ministry of Mental Health and Addictions. (2018, October 12). Community innovation grants awarded to address overdose crisis at the local level. Retrieved from: <https://news.gov.bc.ca/releases/2018MMHA0057-001992>.

Partnering with Indigenous organizations

Substance use is common among people throughout BC and around the world. And the overdose emergency has struck every community in our province. The impacts of intergenerational trauma and internalized racism associated with colonization continue to result in early loss of life and other health outcome disparities for First Nations people.

In August 2017, FNHA released its Framework for Action calling for a system-wide public health response to the overdose emergency for First Nations in BC focussed on four priority areas of action:

- Prevent people who overdose from dying;
- Keep people safe when using substances;
- Create an accessible range of treatment options; and
- Support people on their healing journeys.

Those healing journeys include opportunities to reclaim wellness through ensuring culturally-safe health and social services; emphasizing a connection to land, culture, and traditional healing; reducing the stigma around substance use; and providing alternatives to abstinence-only healing approaches.

FNHA is a key partner in every aspect of the provincial response. A signed Letter of Understanding formalizes this close working relationship, setting out a clear set of shared commitments and principles and placing FNHA at the heart of the overdose response. FNHA is an OERC member and is embedded in all levels of the response. And provincial agencies such as the BC Coroner's Service are collaborating closely with FNHA and supporting the Declaration of Commitment to Cultural Safety and Humility.

The Ministry of Mental Health and Addictions also partners with other First Nations and Indigenous organizations, including Métis Nation BC and BC Association of Aboriginal Friendship Centres. Those partnerships aim to ensure that the provincial response meets the needs of Indigenous peoples. Working in a spirit of reciprocal accountability and cultural humility, provincial, regional, and local partners will collaborate with the First Nations Health Authority and other Indigenous organizations to: support communities and urban areas of particular concern. Together, they will develop and implement actions, campaigns, and resources to support the safety of First Nations and Indigenous peoples, at home and away from home, and collaboratively design service improvements for better, culturally-safe access to treatment and care.

Escalating our response: BC's six key goals

BC's escalated response to the overdose emergency has six key goals:

1. **Save lives:** Take urgent steps to stop overdoses from happening, and reverse more of those that do.
2. **End stigma:** Encourage more British Columbians to recognize substance use disorders as a legitimate health issue, not a failure of character.
3. **Build an evidence-based network of treatment and recovery services:** Ensure everyone can get the integrated services they need as soon as they need them.

4. **Create a supportive environment:** Provide the social and economic supports that can help reduce problematic substance use and maintain recovery.
5. **Advance prevention:** Deliver the early intervention and education that can help keep childhood trauma and other mental health issues from driving substance use disorders.
6. **Improve public safety:** Disrupt drug trafficking and the crime and violence that accompany it.

Each of these goals depends on the others and involve related measures and interdependent outcomes. BC cannot pursue any of them in isolation; our success depends on making steady progress toward each of them in tandem.

Goal 1: Saving Lives

Harm reduction initiatives such as naloxone, supervised consumption services (SCS) and overdose prevention services (OPS), and drug checking services are evidence-based interventions shown to prevent overdose death and provide opportunities to engage people at risk of overdose with the health system.

Action so far:

- Responding immediately when an overdose occurs is crucial to saving lives and mitigating harm. Naloxone is a life-saving medication that can reverse the effects of opioid overdose. BC has rapidly improved access to naloxone across the province in a variety of settings including all emergency departments, public health units, and corrections facilities as well as many community pharmacies and many First Nations communities. MMHA and Save-On-Foods have partnered in a provincial campaign resulting in all Save-On-Foods pharmacies offering free naloxone kits and overdose recognition and response training.
- As of December 15, 2018, 126,953 naloxone kits have been provided to people at risk of overdose and those most likely to witness and respond to an overdose through the BC Take Home Naloxone program. Naloxone kits are available free of charge at 1,453 locations throughout the province. Publicly funded naloxone kits have been reported as used to reverse more than 32,923 overdoses.¹³
- As of December 15, 2018, there are 558 Facility Overdose Response Box (FORB) sites across the province. The FORB program provides overdose response boxes containing naloxone and other emergency first aid supplies for employees at community-based organizations working with populations at risk of overdose (e.g., emergency shelters). There have been 758 overdose reversals reported at FORB sites.¹⁴
- BC has received nine exemptions from Health Canada authorizing the establishment and delivery of SCS including exemptions for two mobile services operating at four locations.¹⁵
- BC has established 20 standalone sites providing OPS. Additionally, there are other forms of OPS based in a wide range of settings. For example, in the Vancouver Coastal Health region, there are over 25 sites providing OPS that are based in housing settings.

¹³ BC Centre for Disease Control. (2018, December 15). Take Home Naloxone Program in BC. Retrieved from: <https://towardtheheart.com/thn-in-bc-infograph>.

¹⁴ BC Centre for Disease Control. (2018, December 15). Facility Overdose Response Box Program in BC. Retrieved from: <https://towardtheheart.com/forb-infograph>.

¹⁵ Health Canada. (2018). Supervised consumption sites: status of applications. Retrieved September from: <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/status-application.html>.

- Locations providing SCS and OPS had more than 514,069 visits during the first nine months of 2018, with 3,108 overdoses survived. There has never been a death at a SCS or OPS site in BC.
- Drug checking services piloted in Vancouver in 2016-2017 have now been expanded to all SCS and OPS locations in BC. The City of Vancouver provided funding to the BC Centre on Substance Use (BCCSU) to purchase a Fourier-Transform Infrared Spectrometer to rapidly test drug samples at Insite and the Powell Street Getaway SCS locations. The result: people who are about to use a tested drug are now better informed about what is actually present in the drugs they intend to consume – which has been shown to influence the decisions they make and reduce the risk of overdose.
- In September 2017, FNHA received \$20 million over three years to support First Nations communities and Indigenous Peoples to address the ongoing effects of the overdose emergency. FNHA has allocated \$2.4 million of year one funding to support 55 community-driven, Nation-based innovative and culturally relevant projects in response to the overdose emergency, both on- and off-reserve through FNHA Indigenous harm reduction grants. Successful projects are supporting a range of non-judgmental approaches and strategies to enhance the knowledge, skills, resources and supports for individuals, their families, and communities to make informed decisions to be safer and healthier.¹⁶
- In May 2017 the government introduced the Provincial Overdose Mobile Response Team (MRT), a provincial health resource providing education and crisis response services for those responding to overdoses and overdose deaths. The MRT provides psychosocial educational training sessions, materials and resources, and introduces peer-led support tools and debriefing strategies to individuals and groups. In its first year, MRT has supported more than 280 agencies and over 6,000 first responders, frontline workers, and people with lived experience across the province.

What comes next:

- MMHA through the OERC and the BC Centre for Disease Control (BCCDC), will continue to ensure access to overdose recognition and response training and publicly-funded naloxone kits through the BC THN and the FORB programs.
- MMHA through the OERC and in partnership with FNHA, the BCCDC will continue to expand access to publicly-funded naloxone kits in First Nations communities and ensure that the BC Take Home Naloxone program is delivered in a culturally safe and relevant manner.
- FNHA will continue to implement the three-year \$20-million community program to support actions aligned with the Framework for Action.
- Regional health authorities, in partnership with MMHA and the OERC, will continue to ensure access to SCS and OPS.
- MMHA and the OERC will continue to explore additional opportunities to improve access to drug checking services including establishing community-based drug checking services and supporting the use of fentanyl test strips in other settings.
- Regional Response Teams will work with local shelter and supportive housing providers to implement overdose prevention services where needed.

¹⁶ First Nations Health Authority. (2018, February 8). *\$20 Million to Support Community-Driven Solutions to Overdose Emergency*. Retrieved from: <http://www.fnha.ca/about/news-and-events/news/twenty-million-to-support-community-driven-solutions-to-overdose-emergency>.

- MMHA will work with partners to increase access to outreach-based emergency overdose response services in rural and remote areas, including First Nations communities.
- MMHA, through the Mobile Response Team, will ensure that volunteers, staff, and peers at community organizations throughout the province can access psychosocial supports and training to foster resilience and help sustain their response efforts.
- The Government of British Columbia will continue to support the engagement of people with lived experience and peer-based organizations – including in rural and remote areas and First Nations communities – in knowledge exchange, policy development, program design, and service delivery.

Goal 2: End Stigma

Stigma is often experienced as shame and blame associated with using drugs. Isolation, fear, and judgement can result in people using drugs alone or not contacting 9-1-1 when an overdose occurs, two of the greatest risk factors for fatal overdose. Stigma prevents people from accessing health and social services such as OPS and treatment for opioid use disorder. Efforts to incorporate peer workers and other people who use drugs into care models are an important step toward reducing stigma and building trust. There is much work to be done to break down the walls of silence that keep people from reaching out to their support networks and to accessing health care services including treatment.

Actions so far:

- In January 2018, the Province of BC launched an overdose awareness social marketing campaign aiming to knock down walls and stereotypes that stigmatize people who use drug. It encourages citizens to see people who use drugs as real people such as family, friends and co-workers – and to strike up courageous and compassionate conversations about substance use with friends, family members, and co-workers.
- The campaign leverages key partnerships – most notably with the Vancouver Canucks and BC Lions – and opportunities to expand the reach of its message through television, radio, digital, and social media.
- The campaign’s website, www.stopoverdoseBC.ca, features life-saving information about how to get involved, get informed and get help to stem the tide of the overdose emergency.
- In 2017, the BCCDC released guidelines for engaging with peer groups of people who use drugs, developed with peers and providers across the province. As part of this project, the BCCDC also developed Compassionate Engagement Modules, a series of interactive case studies developed to address stigma and discrimination experienced by people who use drugs.

What comes next:

- MMHA will continue to work with private- and public-sector partners to deliver overdose awareness messages to reduce stigma and discrimination, and to increase public education and awareness.
- MMHA will continue to explore opportunities to reduce stigma through partnerships with the Government of Canada, FNHA, and First Nations and Indigenous organizations.
- MMHA will continue to support health authority-led anti-stigma and anti-discrimination campaigns targeted at health care providers.

- The OERC will identify legislation, regulation and policies that may inhibit people at risk of overdose from accessing health and social services, and make recommendations for changes.
- Ministries across government, including the Ministry of Children and Family Development, will continue to provide training to staff members on Indigenous Cultural Safety; the impacts of intergenerational trauma arising from historical colonial policies and practices; and how that informs the work they do.
- MMHA, in partnership with the OERC and other organizations, will continue efforts to better understand the social conditions in which people use drugs alone, through research involving people with lived experience, using the results to inform innovative initiatives.

Goal 3: Build a Network of Treatment and Recovery Services

Dedicated individuals, agencies, and organizations have worked for years to provide services and community supports so British Columbians can get help with substance use disorders. But until now, they have often had to work in isolation, within a fragmented system where people can all too easily fall through the cracks and not receive the care and attention that they require.

With the most urgent life-saving measures now in place, the provincial response is now broadening to develop a coordinated, comprehensive network of community supports and substance use treatment and recovery services. The goal is for every British Columbian to get help where and when they need it. This includes rapid access to the full spectrum of opioid agonist treatment, evidence-informed treatment programs and recovery-oriented services, and intensive follow-up supports for people at high risk.

Treatment also includes early intervention. In many cases, unaddressed early-childhood trauma can express itself later in substance use and mental health problems. Taking action early in life with the right supports and interventions – before those problems become entrenched – is evidence-based and ethical, and can avoid much higher health and social costs in later years.

Early intervention includes such measures as providing early parenting supports at home, taking action when social and emotional problems are observed at school, and providing additional supports through early adulthood for youth transitioning from care. The key is intervening early to address problems and promote healthy development.

Actions so far:

- The BCCSU released guidelines¹⁷ for primary care health providers, supporting the use of buprenorphine/naloxone (known commercially as Suboxone™) as first-line treatment for the management of opioid use disorder.
- In October 2017, the Minister of Mental Health and Addictions approved the BCCSU Guidance Document¹⁸ on injectable opioid agonist treatment (iOAT), for treatment of people with severe opioid use disorder who do not respond to other treatment options. It includes an overview of the evidence on iOAT, potential models of care, operational requirements, and recommendations for clinical practice.

¹⁷ BC Centre on Substance Use. (2017). A guideline for the clinical management of opioid use disorder. Retrieved from: http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

¹⁸ BC Centre on Substance Use. (2017). Guidance for injectable opioid agonist treatment for opioid use disorder. Retrieved from: http://www.bccsu.ca/wp-content/uploads/2018/05/BC_iOAT_Guideline.pdf.

- The BCCSU is also developing and delivering integrated professional training initiatives to health professionals, and many others who are employed or volunteer in a wide range of roles across health and social services in BC. Since the launch of these training initiatives in the summer of 2017, nearly 4,700 individuals have enrolled in online certificate training, with over 400 graduates already. Fellowships and other intensive training opportunities are at capacity, and future placements are proving highly competitive.
- The number of providers who can prescribe opioid agonist treatment, the number of patients on opioid agonist treatment, and the number of pharmacies that dispense opioid agonist treatment continues to increase.
- The provincial government has increased the reach of opioid agonist treatment by expanding the scope of practice for nurse practitioners, who can now prescribe opioid agonist treatment for patients.
- Earlier this year, the Ministry of Health launched an online resource that can help people make better, more informed choices about supportive recovery services. Using the online map individuals and families can access reliable information on services, inspections, and substantiated complaints.
- In September 2018, BC entered into an agreement with Health Canada to receive \$33.98 million in funding from the federal Emergency Treatment Fund to enhance treatment services for opioid use disorder and improve connections to care for people living with opioid use disorder.

What comes next:

- MMHA, in partnership with key health system partners, will implement the initiatives outlined in the Canada-British Columbia Emergency Treatment Fund Bilateral Agreement¹⁹ including:
 - Expanding treatment capacity across all Foundry sites in the province to support youth with problematic opioid use.
 - Expanding access to injectable Opiate Agonist Therapy in all health regions
 - Maintaining 25 residential treatment beds
 - Establishing HOPE Initiatives to ensure robust post-overdose support and to facilitate community-level linkages to appropriate supports, resources, and referrals to services such as harm reduction, SCS, treatment, supportive housing, income assistance, and transportation for individuals at high risk of overdose
 - Building capacity to improve access to treatment services through creating and promoting additional education and training opportunities, improving supports for treatment providers so they can deliver evidence-based care for the treatment of substance use disorders, and engaging people with lived experience to inform system enhancements
 - Enhancing treatment services across all health authorities to reduce inequities in access to treatment and care
 - Supporting the implementation of a new regulatory framework related to residential supportive recovery programs
- In collaboration with all levels of government, our partners, and stakeholders, MMHA will work together to develop a strategy to guide the transformation of BC's system of mental

¹⁹ Canada-British Columbia Emergency Treatment Fund Bilateral Agreement. Retrieved from: <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/responding-canada-opioid-crisis/emergency-treatment-fund/british-columbia-2018.html>.

health and addiction services, with a focus on improving access, investing in early intervention services and supports, and a focus on children and youth and Indigenous peoples.

- MMHA, in collaboration with key health system partners, will work to improve access to OAT through such measures as:
 - Facilitating more locations to offer OAT including hospitals, correctional facilities, physicians' offices, health authority clinics and programs, SCS and OPS, and rural and First Nations communities
 - Providing continuing care to people in provincial corrections facilities who require OAT, following their release into the community
 - Extending the operating hours of existing health authority addictions clinics
 - Improving access to iOAT medication and slow-release oral morphine for individuals who do not respond to other oral treatments
- The OERC and health authorities will work together to establish interdisciplinary substance use leadership in health authorities involving primary care, addiction medicine, and recovery service providers.
- MMHA will collaborate with health authorities to ensure they can provide follow-up for individuals who have experienced or are at risk of overdose and connect them seamlessly to care.
- MMHA will work with key health system partners including the BCCSU to develop and promote training, resources, and tools to give health care providers the knowledge and skills they need to deliver evidence-based care for substance use disorder treatment, and provide the trained workforce our expanded addiction services will require.
- MMHA will work with our partners to expand and coordinate services for people who have concurrent chronic pain and substance use disorder everywhere in the system of care, from doctors' offices to non-government organizations. And we will train health care providers to assess, treat, and support those patients.
- MMHA will collaborate with health providers to establish a *cascade of care* for opioid use disorder: mapping patient journeys through the health system, identifying where and how patients disengage from care, and developing ways to re-engage them back into care and address gaps and barriers. This supports health system partners to understand what populations disengage from OAT, and work is underway now to design new approaches to offer OAT and to ensure that adequate supports are in place to enable British Columbians to stay engaged in treatment.
- Working with our partners throughout BC, MMHA will develop robust tools for data collection and analysis so we can better understand how to reach individuals at risk within communities, improve opioid agonist treatment outcomes, and ensure that those at risk have follow-up connection to care.
- New standards will be developed to strengthen the quality and consistency of care provided in supportive recovery homes throughout B.C. In addition, legislative changes to the *Community Care and Assisted Living Act* will increase the Province's ability to monitor and inspect supportive recovery residences, and to create additional regulations in order to hold operators accountable.
- New Foundry centres will open for a total of 11 centres in the province, to expand access to substance use care for youth.

A stronger commitment to cultural safety and humility

- MMHA and FNHA will continue executing our Letter of Understanding 2017/18 – 2018/19. We will work together to create an action plan with biannual reporting to the Tripartite Committee on First Nations Health to help fulfill our responsibilities under the Declaration of Commitment on Cultural Safety and Humility,
- MMHA will continue to work with key health system partners to incorporate the First Nations Perspective on Health and Wellness – a tool developed by FNHA and the Traditional Wellness Working Group – into the mental health and substance use continuum of care.
- MMHA will continue to support the Tripartite Agreement between the Government of British Columbia, the Government of Canada, and the First Nations Health Council to improve mental health and wellness among First Nations living in British Columbia.
- In partnership with FNHA and key stakeholders, MMHA will promote a spectrum of culturally-based, culturally-safe and trauma-informed substance use treatment and recovery services, including First Nations and Indigenous land-based detox and treatment services. We will ensure that all programs and services are consistent with joint mental health and wellness principles: person-and family-centred, wellness-focused and recovery-oriented, trauma-informed and responsive, aligned with cultural safety and humility, and culture- and community-centred.
- MMHA will continue to work with health system partners to promote the use findings from client journey mapping sessions involving First Nations and Indigenous service providers, Elders and people with lived experience with substance use to inform culturally-safe and trauma-informed approaches to service delivery.

Goal 4: Create a Supportive Environment

While the focus of the first three goals is on addressing problematic substance use directly, there are larger factors to deal with as well. Overall health is largely determined by life circumstances and other social, economic, and environmental factors. Substance use disorder is no exception. Where we live, the state of our environment, the ongoing legacy of colonialism, our genetic inheritance, our income and education level, our relationships with friends and family – these all have considerable impacts on our health. And this is especially true for vulnerable members of society, including people who use drugs.

Ensuring more social inclusion, pursuing a prosperous and equitable economy, and securing social supports such as housing are all policy goals with implications well outside the scope of mental health and substance use, but their impact in those areas can be profound. Social investments are every bit as critical to prevention and recovery as more direct interventions.

The province's response, then, must include ensuring individuals who are at risk of overdose or a substance use disorder, or who have embarked on a course of treatment, have access to safe, culturally-appropriate, and evidence-aligned social supports. And those supports must link in turn to intervention and treatment services.

Actions so far:

- The Government of British Columbia has taken steps on a wide range of affordable housing initiatives including:

- Committing to build 4,500 modular housing units for people experiencing homelessness including people living with mental illness and/or substance use disorders. Development is already underway on more than 1,200 of those homes.
- Investing an additional \$170 million over three years to provide people living in modular housing with around-the-clock staffing and support services, including life and employment skills programs.
- In June 2018, the Government of British Columbia announced a 10-year Indigenous Housing Fund to build and operate 1,750 units of affordable housing both on- and off-reserve.
- The Government of BC has taken steps to improve household incomes for those living in poverty including:
 - Increasing income assistance rates from \$610 per month to \$710, and disability assistance to \$1,133 per month.
 - Increasing the minimum wage to \$12.65 per hour and committing to increase the wage to at least \$15.20 by 2021.

What comes next:

- The Government of British Columbia's housing plan, announced in Budget 2018, includes investments of more than \$6 billion over the next 10 years toward affordable housing, and increases rental assistance available for low-income families and seniors.
- The Government of British Columbia is investing \$1 billion over the next three years in affordable child care and early learning including a new child care benefit, child care fee reduction program and the creation of more than 22,000 child care spaces throughout the province.
- The Government of British Columbia is investing an additional \$6 million over three years to enhance services for people who receive social assistance.
- Following consultations with First Nations and Indigenous organizations, the Government of British Columbia is investing \$201 million over three years to support Indigenous Peoples access housing and skills training, and to support Aboriginal Friendship Centres.
- Increase follow up and connections to support and treatment for people at high risk of overdose through strengthened system coordination, and expanded capacity for outreach and community-based case management.
- The Employment Program of BC will continue to deliver a pathway to employment through training, supportive employment, and other services.
- People living with a substance use disorder will continue to have access to income assistance or disability assistance if required, including general and health supplements.
- BC's Poverty Reduction Strategy will incorporate the perspectives of people who use drugs and their families, friends, and communities. And across the government, we will work to ensure that services are rooted in understanding and respect.
- MMHA, in partnership with the Ministry of Health and other key stakeholders, will prioritize safety by aligning supportive recovery services and supportive housing with provincial guidelines and culturally-safe, evidence-based care.

Goal 5: Advance Prevention

One of the core principles of public health is that prevention is better than treatment. It leads to healthier outcomes and has benefits for everyone: patients do not have to suffer from a disorder,

our health care system does not have to pay for treatment and recovery, and society does not have to shoulder social and economic costs.

That is especially true when it comes to mental health and substance use; even small early interventions can make all the difference. By building on successful BC initiatives and drawing on experience from outside our province, we can design a series of prevention programs geared to meeting the needs of British Columbians throughout their lives.

Actions so far:

- Investments announced in Budget 2018 support several areas that increase opportunities for effective interventions and prevention including:
 - Providing more support for youth aging out of care
 - Child care and K-12 education
 - Supportive housing
 - Enhancing the Agreements with Young Adults Program to cover eligible people up to their 27th birthday and increase needs-based funding by \$250 and up to a maximum of \$1,250 per month for those eligible
 - Partnerships with Indigenous people on Nation-based and community-driven projects
- The Nurse-Family Partnership supports a small number of first time, young pregnant women living in poverty during their pregnancy and the first two years of their child's life by providing individualized supports – the kind of intervention which can reduce the risk of problematic substance use later in life.

What comes next:

- The Government of British Columbia will work with its partners to promote healthy pregnancies and positive parental attachment, and help prevent future problems by expanding the reach of services for pregnant women and new mothers who use drugs.
- MMHA will continue to work with the Ministry of Education to promote the use of evidence-based school interventions such as iMinds to support educators to engage young people in issues and dialogue related to substance use.
- MMHA, in partnership with the Ministry of Health and other key stakeholders, will expand access to mental health supports for children and youth in schools and in the community.
- MMHA will work with the education sector, including First Nations schools, to further promote meaningful dialogue in school and community settings, and build individual and community resilience.
- MMHA, in partnership with the Ministry of Health and other key stakeholders, will establish an enhanced provincial prescription monitoring program to allow for earlier identification of potential problematic prescribing and dispensing behaviours, while also ensuring those with opioid use disorder are not abruptly cut off of prescription opioids, which can increase their risk of overdose and death if they turn to the illegal supply.
- The College of Physicians and Surgeons, College of Registered Nurses the BC PharmaCare program, and the College of Pharmacists will continue initiatives to identify and educate high volume prescribers of opioids and other potentially harmful medications where there is a history of unsafe prescribing practices. This includes preventing prescription forgeries and inappropriate prescriptions for new patients.
- Investments will be made in education and services for patients with acute and chronic pain to provide alternatives to long term opioids.

Goal 6: Improve Public Safety

The damage from the trade and use of highly-toxic drugs affects all of us, from the impact on the health and well-being of people who use drugs to the widespread social and economic harm to our communities. Across North America and around the world, jurisdictions have been grappling for several years with pervasive contamination of the drug supply by fentanyl and its analogues. The challenge is global, and requires a concerted international response.

The scope and scale of that challenge are daunting, but they make the justice and public safety components of BC's response all the more urgent. While health officials work to address the immediate health needs related to the overdose emergency, police throughout the province are working diligently alongside them to disrupt drug trafficking.

Much of the authority for that work comes from the *Controlled Drugs and Substances Act*, Canada's federal drug control statute. It sets out which drugs and precursors (the substances used in manufacturing them) are restricted under Canadian law. It establishes penalties for possession and trafficking, and establishes enforcement powers including search, seizure, forfeiture, and detention.

Canada is both a destination for drugs and, to a lesser extent, a waypoint for substances destined for the United States. Fentanyl and its analogues — currently present in 84% of overdose deaths in British Columbia — tend to originate from mainland China or Hong Kong (although not exclusively). Law enforcement agencies in Canada work diligently with China's Ministry of Public Safety to address the issue.

Given our location, major international mail centre and busy ports, British Columbia has a significant role to play in intercepting these often-lethal drugs.

Actions so far:

- BC's police agencies have embraced a harm reduction approach to people with substance use disorders, and focus its enforcement efforts on those who import, manufacture, and traffic drugs.
- On November 27, 2017, the Ministry of Public Safety and Solicitor General announced the creation of a dedicated Anti-Trafficking Task Force at the Combined Forces Special Enforcement Unit – BC (CFSEU-BC), with funding of \$14 million over three years. Twenty-two existing officers and support staff have been integrated into the task force, where they focus on mid-level fentanyl traffickers, disrupting the drug supply line at the local level, and increasing drug dealer arrests and prosecution.
- In the same announcement, and for the same three-year period, the province provided \$5 million to the Provincial Tactical Enforcement Priority, an initiative that targets organized crime and drug violence. The funds will support integrated policing projects to increase enforcement against high-level organized crime, fentanyl importers, and drug traffickers, including the trafficking of firearms.
- The new *Pill Press and Related Equipment Control Act* restricts ownership, possession and use of equipment that can be used to make drugs, such as automated pill presses, gel cap machines and pharmaceutical mixers. It limits lawful ownership of pill presses, and other pharmaceutical equipment, to individuals and corporations authorized under the legislation, and sets out significant penalties for offences committed in relation to controlled equipment and activities.

- Since the declaration of the public health emergency, police officers have administered naloxone more than 400 times to people who have experienced an overdose. Provincial funding has allowed nearly 8,000 police force members (including civilians) to receive naloxone training.

What comes next:

- The province and its law enforcement partners will develop tools to enhance police ability to interdict the drug supply, including the use of specialized drug detection equipment.
- The province will increase its support to the Combined Forces Special Enforcement Unit – BC to target high-level drug traffickers.
- BC will work with the federal government and advocate higher penalties for opioid traffickers.
- Provincial investments in equipment and training will allow police experts to effectively and safely identify, dismantle, and process clandestine laboratories producing opioids.
- Police agencies will receive continued funding for naloxone and training in its use.
- The OERC will ensure smooth, clear communications with police agencies across BC, and help inform discussions on police relationships and activity in response to the crisis.
- Led by the OERC and working closely with local health care providers, in appropriate cases police agencies, beginning in three pilot communities, will refer individuals directly to treatment and support rather than into the criminal justice system.
- Community Action Teams will collaborate with multi-agency situation tables that will include local police representation, helping to ensure an integrated, coordinated approach at the local level.
- BC's police forces will expand their expertise on overdose issues and facilitate the sharing of best practices, such as the opioid conference for police leaders held in Vancouver in May 2018.

Moving forward: Pathways to hope

In the face of an extraordinary emergency, British Columbians have responded with remarkable commitment, dedication, and compassion. First responders, front-line workers, our recovery and harm-reduction communities, police officers, researchers, volunteers, and many more have saved thousands of lives.

The efforts outlined in this report represent an escalation in the province's response to the overdose emergency. They also represent a shift in emphasis: with the most urgent measures now in place, BC is working to knit together an integrated network of mental health and addiction services.

Nobody is under the illusion that we will end a global problem on our own, or that we will do it immediately. But British Columbians have been leaders in advancing innovative, evidence-based solutions – and the rest of the world is paying close attention. Our hard-won lessons here are now saving lives in other provinces and outside of Canada.

We will build on that leadership in the months and years to come. BC is eager to convene a conversation with our provincial and territorial counterparts and the federal government on ending the institutional and criminal stigma against people with substance use disorders. And we are more than ready to learn from successes outside of our borders as well.

As we grapple with these issues, and as we develop our broader, comprehensive mental health and addictions strategy, we will proceed to build and enhance the supports and services necessary to help save and create pathways to hope.



[StopOverdoseBC.ca](https://www.stopoverdosebc.ca)