

# **Joint Progress Update to the BC Coroners Service**

## **Death Review Panel: A Review of Illicit Drug Overdoses**

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**Ministry of Mental Health and Addictions  
Ministry of Health  
Ministry of Public Safety and Solicitor General**

**Fall 2018**

## Introduction

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On April 14, 2016, the Provincial Health Officer declared a public health emergency under the *Public Health Act* in response to an unprecedented increase in overdose-related harms in British Columbia due to a highly-toxic illegal drug supply.<sup>1</sup> The BC Coroners Service (BCCS) reports that at least 1,452 people died from a suspected illicit drug overdose in 2017.<sup>2</sup> This represents nearly one-third of all apparent opioid overdose deaths in Canada in 2017.<sup>3</sup>

On October 11, 2017, the BCCS convened a death review panel consisting of professionals with expertise in public health, health services, substance use, mental health, Indigenous health, child welfare, education, income assistance, regulatory colleges, corrections, and policing. The panel analyzed the facts and circumstances associated with 1,854 overdose deaths occurring between January 1, 2016, and July 31, 2017, to provide the BC Chief Coroner with advice on medical, legal, social welfare, and other matters concerning public health and safety, and prevention of deaths.

The panel identified three areas of focus to reduce drug overdose deaths:

1. The need to provincially regulate and appropriately oversee treatment and recovery programs and facilities to ensure that they provide evidence-based quality care and that outcomes are closely monitored and evaluated.
2. The need to expand access to evidence-based addiction care across the continuum including improved access to opioid agonist treatment (OAT) and injectable opioid agonist treatment (iOAT) as well as full spectrum of recovery supports.
3. The need to improve safer drug-use through the creation of accessible provincial drug checking services using validated technologies.

These findings served as the basis for 3 recommendations including 11 priority actions directed to the Ministry of Health (MoH), Ministry of Mental Health and Addictions (MMHA) and Ministry of Public Safety and Solicitor General (PSSG). The report and recommendations were released on April 5, 2018.

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

<sup>2</sup> BC Coroners Service. (2018). Illicit Drug Overdose Deaths in BC: January 1, 2008 – August 31, 2018. Retrieved from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

<sup>3</sup> Special Advisory Committee on the Epidemic of Opioid Overdoses. (2018, June). National report: Apparent opioid-related deaths in Canada (January 2016 to December 2017). Web-based Report. Ottawa: Public Health Agency of Canada.

The three recommendations included were:

1. Ensure accountability for the substance use system of care
2. Expand OAT and assessment of substance use disorders
3. Expand drug use safety options

### **Timeline of key dates related to the overdose response and the Death Review Panel on Illicit Drug Overdoses**

January 1, 2016 – July 31, 2017

Period of overdose deaths analyzed  
by the Coroners Death Review Panel



Figure 1: Key dates related to the Public Health Emergency and the Death Review Panel on Illicit Drug Overdoses. Not inclusive of all overdose emergency response dates.

The Government of British Columbia accepted all of the recommendations and established an Assistant Deputy Minister Committee (the Committee) chaired by MMHA and consisting of standing members from MoH, and PSSG to oversee the implementation of the priority actions with participation from the First Nations Health Authority, the Overdose Emergency Response Centre (OERC), the Provincial Health Officer and the Provincial Health Services Authority (PHSA).

The Ministries committed to providing regular updates to the BC Chief Coroner on the implementation status of the recommendations and priority actions. This report provides the first status update highlighting activities underway and progress thus far.



## **Recommendation 1: Ensure Accountability for the Substance Use System of Care**

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### **Priority Action 1**

**By April 2019, the Ministry of Health and the Ministry of Mental Health and Addictions in collaboration with the Regional Health Authority CEOs will establish dedicated clinical and operational leadership groups dedicated to addiction services within each of the five regional health authorities.**

### **Context of the Recommendation:**

The complex nature of substance use disorders and the challenges associated with providing treatment and recovery services means that providers must hold specialized knowledge and clinical expertise. An accountable substance use system of care requires dedicated clinical and operational leads with close links to primary care, public health, the medical system, and the mental health system.

### **Current Status:**

All regional health authorities have taken steps to strengthen their dedicated clinical and operational addiction medicine leadership capacity. Each regional health authority has identified a dedicated lead responsible for the overdose emergency. Also, three health authorities have established a clinical addiction medicine lead for substance use while two other health authorities have a clinical lead for the combined areas of substance use and mental health.

### **Next Steps:**

The OERC is working with the BC Centre on Substance Use (BCCSU) and regional health authorities to identify and monitor addictions medicine capacity building in each region. Ongoing monitoring will occur to ensure that dedicated funding continues to support regional addictions medicine leadership across the province.

### **Priority Action 2**

**By September 2019, the Ministry of Health and the Ministry of Mental Health and Addictions in collaboration with First Nations Health Authority will develop and or revise provincial regulations for public and private addiction treatment facilities and services to set standards for provision of evidence-based treatment and require that these programs be systematically evaluated and monitored to ensure compliance.**

### **Priority Action 3**

**By April 2019, the Ministry of Health and Ministry of Mental Health and Addictions will establish a provincial registry of licenced, regulated addiction programs and facilities.**

### **Context of the Recommendations:**

There is a recognized need and opportunity to strengthen the quality and regulatory oversight of supportive recovery assisted living services in BC through the development of Assisted Living Regulations and Standards specific to supportive recovery.

### **Current Status:**

The Province has identified the following priorities to address this recommendation:

- Improve the safety and quality of care in supportive recovery homes; and
- Enhance consistency and understanding for all stakeholders including clients and families about the definition and objectives of supportive recovery services and its role in the continuum of care.

In 2016, the Province amended the *Community Care and Assisted Living Act* (CCALA) to increase the regulatory authority for the assisted living registrar; these changes are not currently in force. This amendment significantly changed criteria for licensed and registered services by removing the limit on the number of services provided by registered assisted living services and established new criteria based on client factors such as:

- An individual's ability to make decisions necessary to live safely,
- The ability to recognize, take steps or follow direction in an emergency,
- Behaves in a manner that does not jeopardize the health and safety of others, and
- Does not require unscheduled professional health services on a regular basis.

A further change to the CCALA came into force in September 2018 which increased the publicly available information and transparency of registered and licensed services by ensuring information on the services and substantiated complaints. In addition, where persons have been found to be operating unlawfully (without a required licence or registration) this information will now be posted on a public website.



Policy analysis of the additional scope of work related to the quality of care and consistency is also underway.

### **Next Steps:**

The Ministry of Health and the Ministry of Mental Health and Addictions has begun updating its policies and developing regulations to address the issues raised by the Death Review Panel including opportunities to improve oversight of assisted living residences and enhance protections for residents. Previous consultation highlighted areas of concern such as the experience and other qualifications required by those who own and work in registered services.

In addition, MoH and MMHA have formed an advisory committee to oversee the development of specific standards for publicly funded supportive recovery services to help ensure quality and consistency and enhance understanding of services across the province.

### **Priority Action 4**

**By September 2018, the Ministry of Mental Health and Addictions will consult and engage on an ongoing basis with persons who use substances, persons in recovery and affected families in the planning for addiction systems of care and adhering to the principles of cultural safety and humility.**

### **Context of the Recommendation:**

People with lived experience of problematic substance use including people who use drugs, persons in recovery, and affected families hold specialized knowledge related to the overdose emergency and are acutely aware of any gaps in the substance use system of care. Consulting and engaging people with lived experience regarding the design and delivery of substance use services on an ongoing basis can help ensure that care is delivered in a manner that meets the diverse needs of those with substance use disorders while adhering to the principles of cultural safety and humility.

### **Current Status**

The OERC regularly engages people with lived experience to help inform the design and delivery of services related to the overdose emergency response, this includes participation in the Treatment Task Group which focuses on coordinating and advancing provincial efforts to improve the substance use treatment system.

Measures have also been taken to ensure that community-level actions and strategic planning related to the overdose emergency are also informed by people with lived experience and families. For example, community action teams have been established in 20 priority

communities across the province. It is a requirement that these teams involve people with lived experience.

MMHA hosted targeted consultations with people with lived experience including those adversely affected by the overdose emergency throughout 2018 to support the development of its mental health and addictions strategy. The strategy will guide the transformation of BC's mental health and addictions care system.

MMHA and provincial response partners continue to consult and engage people with lived experience including people who use drugs, persons in recovery, and affected families. Ongoing consultation and engagement take place through many forums, including the Drug Overdose Alert Partnership, the Drug Overdose Alert Intersectoral Partnership; the Harm Reduction Strategies and Services Committee, and the BCCSU Peer Engagement Network. The purposes of these forums vary considerably, however, each of these forums aim to ensure that people with lived experience can provide input into policy development, program design, and service delivery in areas that affect them directly and can obtain regular updates on provincial activities related to the overdose emergency response and substance use services.

#### **Next Steps:**

MMHA and provincial response partners will continue to consult and engage people with lived experience including using the existing forums noted and will continue to explore additional opportunities to strengthen its engagement and collaboration with people with living and lived experience of problematic substance use on the provincial overdose response.

## **Recommendation 2: Expand Opioid Agonist Treatment and Assessment of Substance Use Disorders**

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### **Priority Action 5**

**By April 2019, the Ministry of Health and Ministry of Mental Health and Addictions in partnership with health authorities will support physicians within emergency departments, hospitals and community settings to assess patients for substance use disorders, and develop and implement referral mechanisms to link patients at risk of overdose to evidence-based treatment services.**

#### **Context of the Recommendation:**

Informed assessments, strong referral pathways, and timely access to treatment are key elements of an effective response to the overdose emergency. This includes ensuring emergency departments have the ability to provide critical services to people in the immediate



moments after an overdose as they are uniquely positioned to help connect people with opioid use disorder to treatment and recovery services. Services in the community including family doctors must also have the ability and resources to assess and provide access to substance use care to reduce the risks and support clients to access treatment.

#### **Current Status:**

Budget Update September 2017 included funding to increase hospital staffing and outreach capacity in response to the overdose emergency. This includes developing capacity in hospitals and emergency departments to deliver OAT and to conduct follow-up care, transitioning individuals to treatment and other supports.

To-date, some significant progress has been made to enhance emergency department services. For example, Vancouver Island Health (VIHA) established the Addiction Medicine Consult Service to support clinical providers to develop care plans in three hospitals. VIHA also formalized and strengthened emergency department follow-up at three hospitals for clients who experience an overdose and standardized OAT protocol for emergency departments.

New models of care are also being implemented to provide dedicated, tailored and timely services to those attending emergency departments for mental health and substance use care. Two examples include the HUB and the Rapid Access Addictions Centre (RAAC) at St. Paul's Hospital, and the Vancouver Coastal Health's (VCH) Access and Assessment Centre (AAC) at Vancouver General Hospital. The HUB and RAAC divert mental health and substance use patients out of the regular flow of Emergency Department traffic, and redirect them to a new dedicated care setting, built on a model of rapid response and the co-location of acute and community resources. By diverting mental health and substance use patients to a dedicated setting, staff are able to quickly assess and direct the patient to appropriate care.

In the same way, VCH's Access and Assessment Centre takes pressure off of emergency departments by providing pathways for people and families to access mental health and substance-use services through a single point of access, which any adult in Vancouver with a non-life threatening mental health and/or substance-use problem can access either in-person, or over the phone.

#### **Next Steps:**

Increasing and enhancing connections to care is a priority for the Province going forward. The OERC is leading a working group which is exploring opportunities to expand regional capacity.



### Priority Action 6

By April 2019, the Ministry of Mental Health and Addictions and the Ministry of Health in partnership with health authorities will invest in health care provider training programs (e.g., continuing medical education, medical student training, fellowships) and support services to ensure the availability of opioid agonist therapies and injectable opioid agonist therapies for treatment of persons with opioid addiction not responsive to oral opioid agonist therapies, or at risk of overdose.

#### Context of the Recommendation:

Professional education and training is focused on ensuring OAT is accessible in all regions of the province to meet needs of British Columbians.

#### Current Status:

Training has expanded widely since the inception of the BCCSU, working to increase the reach of effective and evidence-based care.

In 2017, the BCCSU published guidelines for the clinical management of opioid use disorder that strongly recommends against a strategy involving withdrawal management alone, since this approach has been associated with elevated risk of HIV and hepatitis C transmission, elevated rates of overdose deaths in comparison to providing no treatment, and nearly universal relapse when implemented without plans for transition to long-term, evidence-based addiction treatment (e.g., OAT).<sup>4</sup> These guidelines have since been adopted nationally.

Ensuring that OAT is available to all those who require the treatment requires qualified and trained prescribers across the province. Budget Update September 2017 included funding for training to support expanded access to OAT. Outcomes to date include:

- As of August 1, 2018, 2,339 clinicians have participated in seminars across the province.
- Since 2017, 604 British Columbians have received their diploma from the Online Addiction Medicine Diploma Program and 143 new authorizations to prescribe OAT have been processed.
- Since the free accredited Provincial Opioid Addiction Treatment Support Program (POATSP) was launched in July 2017, there have been 1,206 registrants.
- POATSP includes an iOAT training component with 111 prescribers completing the online modules to date.

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<sup>4</sup> BC Centre on Substance Use and BC Ministry of Health. (2017). A Guideline for the Clinical Management of Opioid Use Disorder. Retrieved from: [http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OD-Guidelines\\_June2017.pdf](http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OD-Guidelines_June2017.pdf).

Other recent actions to improve guidance for health care providers treating patients with opioid use disorder include:

- Released a provincial guidance document for the use of iOAT for the management of opioid use disorder.
- MoH has contracted the BC Pharmacy Association to develop a new pharmacist training program to help pharmacists deliver the best care for their patients and support new treatments for opioid use disorder.

#### **Next Steps:**

The Province continues to invest in training to increase the availability of evidence-based care for those at risk of overdose. The BCCSU and the OERC continue to meet regularly with each regional health authority to assess treatment education capacity and needs.

New resources such as Best Practices for the Clinical Management of Opioid Use Disorder in Incarcerated Individuals are also in development to support effective treatment for those at increased risk.

### **Recommendation 3: Expand Drug Use Safety Options**

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#### **Priority Action 7**

**By September 2018, BC Corrections in collaboration with the Provincial Health Services Authority and regional health authorities will ensure those released from incarceration have access to BC Take Home Naloxone kits, are aware of how to access drug checking services, and are linked to the spectrum of addiction services in their community, including opioid agonist therapy.**

#### **Priority Action 8**

**By April 2019, BC Corrections, in collaboration with the health authorities will ensure those on community supervision will have access to BC Take Home Naloxone kits, and are aware of how to access drug checking services, and, for sentenced offenders with identified addiction needs, are referred to available evidence-based addiction treatment.**

#### **Context of the Recommendations:**

The panel found a substantial number of overdose deaths occurred among persons with recent or previous involvement with BC Corrections. This finding highlights the need for improved supports for people with opioid use disorder when transitioning from custody to community and while under community supervision. In particular, people transitioning from custody as well



as people under community supervision require seamless access to harm reduction and treatment and recovery services.

#### **Current Status:**

All clients at risk of overdose or likely to witness and respond to an overdose are offered overdose recognition and response training and a publicly-funded naloxone kit before being discharged from a provincial correctional centre.

PHSA has established access transition nurse positions at all ten correctional centres to help clients transition and connect with substance use services in the community, including access to OAT and harm reduction services where appropriate.

PHSA is implementing enhanced community transition teams to support inmates who have been initiated on OAT while incarcerated, to transition to health services and supports upon release. Transition teams will be located in each of the five regional health authorities and will consist of social workers and peers. These teams will provide comprehensive case management and peer support to clients receiving OAT as they transition to the community. The enhanced community transition teams will also support clients under community supervision at risk of overdose to sustain transitions to health services and supports such as OAT.

Probation officers assess the needs of sentenced clients to identify those who may benefit from accessing substance use treatment. Clients with identified substance use needs are referred to the Substance Abuse Management (SAM) program, health authority programs, or to other resources approved by MMHA. SAM is a cognitive behavioural program facilitated by BC Corrections staff. An evaluation of this program has shown that, for men and women under community supervision and women in custody, successful completion of SAM was associated with a significant decrease in reoffending over two years.

BC Corrections is currently exploring options to increase awareness of drug checking services and to ensure that BC Take Home Naloxone kits are available to clients under community supervision who are at risk of overdose or likely to witness and respond to an overdose.

#### **Next Steps:**

The Province will be exploring opportunities to address additional barriers related to stigma associated with involvement in the criminal justice system that may be a barrier to accessing community-based services.



### Priority Action 9

**By April 2019, the Ministry of Mental Health and Addictions will establish and evaluate community-based drug checking services.**

#### Context of the Recommendation:

Drug checking services provide technology for people who use drugs to test the composition of the drugs they intend to consume to identify the presence of potential contaminants such as fentanyl. Examples of drug checking technology used in British Columbia include:

- Immunoassay fentanyl-detection test strips; and
- Fourier-Transform Infrared Spectrometer (FTIR)

A drug checking pilot study using fentanyl-detection strips conducted at Insite in Vancouver found that 79% of substances tested contained fentanyl. Evidence from the study also suggests that drug checking services can save lives as people who check their drugs before consumption and had a positive result for fentanyl are less likely to overdose due to changes in behaviour as a result of having useful information about the substance that they intended to consume.<sup>5</sup>

#### Current Status:

Expanding access to drug checking services remains a key priority in the provincial response to the overdose emergency. Fentanyl-detection strips are currently available at all supervised consumption and overdose prevention sites operating in British Columbia and drug checking services using an FTIR as a complementary service to fentanyl-detection strips are available at two supervised consumption sites as well as at select music festivals and other gatherings throughout the province.

Vancouver Coastal Health recently established a community drug checking site using both fentanyl-test strips and an FTIR machine at the Granville Inner-city Youth Clinic.

#### Next Steps:

The BCCSU is conducting an evaluation of the use of FTIR machines as a complementary service to fentanyl-test strips. This evaluation will provide additional information to improve understanding of the usefulness of drug checking services as a harm reduction intervention in the context of a contaminated illegal drug supply and support decision-making related to the possible expansion of this service.

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<sup>5</sup> Vancouver Coastal Health. (2017, May 15). Drug checking at Insite shows potential for preventing fentanyl-related overdoses. Retrieved from: [www.vch.ca/about-us/news/news-releases/drug-checking-at-insite-shows-potential-for-preventing-fentanyl-related-overdoses](http://www.vch.ca/about-us/news/news-releases/drug-checking-at-insite-shows-potential-for-preventing-fentanyl-related-overdoses).

Vancouver Coastal Health and Island Health are in the process of developing a demonstration project to determine the feasibility of providing take-home drug checking services using fentanyl-detection strips to people who use drugs. The project aims to determine whether this service is an effective way to reach those most at risk of overdose, specifically those who use alone.

The BC Centre for Disease Control plans to begin public reporting related to the utilization of drug checking services on its overdose data dashboard.

### **Priority Action 10**

**By September 2018, the Ministry of Health will ensure point of care access to PharmaNet medication information for all prescribers and dispensers of opioid medications and require prescribers and dispensers to check PharmaNet for at-risk use.**

#### **Context of the Recommendation:**

PharmaNet is a provincial network that links all pharmacies to a central data system. Every prescription dispensed in community pharmacies is entered into PharmaNet. Information available in PharmaNet helps improve prescription safety and support prescription claim processing.

#### **Current Status:**

Access to PharmaNet enables the delivery of prescription monitoring programs which are proven to enhance patient care and assist in the safe use of potentially harmful medications. Currently, access to PharmaNet by authorized individuals is voluntary with the following exceptions:

- Accessing PharmaNet is mandatory for community pharmacies under section 35(1) of the *Pharmacy Operations and Drug Scheduling Act*; and
- The College of Physicians and Surgeons of BC (CPSBC) mandates the review of PharmaNet in methadone clinics and it also requires it at walk-in, urgent care, and multi-physician clinics, if the physician is not providing long-term care to the patient.

#### **Next Steps:**

MoH and the OERC continues to work with the health care partners, CPSBC, College of Pharmacists of BC (CPBC) and the College of Registered Nurses (CRNBC)/Regulatory Colleges to reinforce that point of care access to PharmaNet medication information is available for all prescribers and dispensers of opioid medications.

In response to some practitioners' concerns about barriers to adoption of PharmaNet, such as the lack of integration with Electronic Medical Records (EMRs) and costs charged by vendors



(not Ministry) for the service, Ministry believes that some of the below initiatives in progress will address these concerns:

- **CareConnect** – in collaboration with PHSA, a clinical viewer (similar to an EMR) now includes PharmaNet to support physicians. Pilot work has started in VCHA, which does not charge for access to CareConnect, in support of Ministry's Primary Care Network sites. Additional sites will be added.
- **Health Authority Integration** – we are ensuring PharmaNet information can integrate with hospital Clinical Information Systems to support medication reconciliations for improved patient safety. This phase of the project is now active in Lower Mainland (CST), Island Health and Interior Health. Phase 2 plans to ensure drug information from the hospitals/Health Authorities flow back into PharmaNet to ensure community pharmacies and prescribers can view a complete patient profile in real-time. This includes capturing adverse drug events information. A pilot is now in early stages at VGH/VCHA.
- **PharmaNet Revisions for Information Management Enhancements (PRIME)** - developing a single, electronic system for enrolling clinical users for access to PharmaNet across the health sector, beginning in late 2020;
  - Improved processes for requesting access under the current Community Practice Access to PharmaNet program, including electronic documentation, are currently under development. These will improve the speed of request processing and support a larger number of applicants (e.g., from mandated physician access), until PRIME is fully operational in 2022.
- **EMR/PharmaNet Integration** – working with Stakeholders to leverage the ePrescribing proposal to facilitate and enhance PharmaNet integration.

**NOTE:** All above PharmaNet initiatives will require strong support from all stakeholders and capital funding to be successful.

### **Priority Action 11**

**By September 2018, the Ministry of Health will ensure access to PharmaNet medication information for all regulatory Colleges (i.e. the College of Physicians and Surgeons of BC, the College of Registered Nurses of BC, and the College of Pharmacists of BC) of health care professionals prescribing and dispensing opioid medications.**

### **Context of the Recommendation**

Providing regulatory bodies with access to PharmaNet information allows the Colleges to effectively monitor prescribing practices of health care providers.



Four programs currently address the prescribing of controlled medications in British Columbia:

- Controlled Prescription Program, requiring the use of two-part, tamper-proof prescription pads;
- PharmaNet, providing real-time access to individual patient medication profiles to prescribers and pharmacists and aggregated data to professional colleges;
- Restricted Claimant Program, restricting pre-identified patients to prescriptions from a single physician and/or dispensing pharmacy; and
- Prescription Review Program, involving a retrospective education and remedial program for individual physicians identified through prescription profile review.

#### **Current Status:**

MoH has provided the College of Physicians and Surgeons of BC (CPSBC), the College of Pharmacists of BC (CPBC), and the College of Registered Nurses of BC (CRNBC) with access to PharmaNet information for reviewing the professional practice of their registrants.

#### **Next Steps:**

The four existing programs provide valuable foundational tools to support the safe use of potentially harmful medications. However, a more comprehensive and collaborative approach is required for more efficient and effective monitoring and review of targeted problematic drugs.

Work with health care partners is underway to develop an “Enhanced Provincial Prescription Drug Monitoring Program” (Enhanced PMP) that will help identify and prevent problematic prescribing and dispensing of prescription opioids.

A contract with CPSBC is currently being finalized to lead the work with other regulatory colleges to develop and design the enhanced monitoring program. The CPSBC contract is expected to be completed before the end of 2018, after which work on building the Enhanced PMP can start. The expected early work on the Enhanced PMP will include establishing a PMP advisory committee and developing a full implementation work plan which will include identifying of the data, operational and applicable legislative needs. Full implementation and operations of an Enhanced PMP is expected in FY2019/20.

## **Moving Forward**

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The death review panel report provided valuable information regarding the circumstances and risk factors associated with overdose deaths in British Columbia. This information continues to support and guide the provincial response to the overdose emergency.

Considerable work is underway to implement the priority actions related to each of the recommendations. Collectively, the implementation of the priority actions identified by the death review panel will contribute to better outcomes for people at risk of overdose by ensuring accountability in the substance use system of care, expanding access to OAT and assessment of substance use disorders, and expanding drug use safety options.

MMHA, MoH and PSSG continue to jointly monitor actions taken to address each recommendation and will release a second progress update in April 2019 followed by a final report in September 2019.

## Appendix- Recommendation Themes and Priority Actions

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<b>A. ENSURE ACCOUNTABILITY FOR THE SUBSTANCE USE SYSTEM OF CARE</b>
1. Ensure dedicated clinical and operational leadership groups
2. Develop supportive recovery housing regulations
3. Create a registry of licenced, regulated addiction programs and facilities
4. Engage people with lived experience
<b>B. EXPAND OPIOID AGONIST TREATMENT AND ASSESSMENT OF SUBSTANCE USE DISORDERS</b>
5. Increase capacity to assess patients for SUDs and improve referral mechanisms
6. Invest in health care provider training and support service
<b>C. EXPAND DRUG USE SAFETY OPTIONS</b>
7. Support those transitioning from corrections
8. Services and supports available through BC Corrections community supervision
9. Expand access to drug checking
10. Ensure point of care access to Pharmanet
11. Support safer opioid prescribing practices