

Responding to British Columbia's Drug Poisoning Crisis

Progress Update
January to July 2021

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Background

Drug Poisoning Crisis

British Columbians are experiencing unprecedented rates of illicit drug toxicity-related harms due to an unregulated, unpredictable, and highly toxic drug supply that has claimed the lives of over 7,500 people since being declared a public health emergency in April 2016.¹ In March of 2020, an additional public health emergency was declared due to the onset of the novel coronavirus – COVID-19.

The intersection of these emergencies has amplified the effects on people who use drugs, exacerbating the ongoing risk of drug poisoning and other harms due to an increasingly toxic street drug supply. While deaths due to illicit drug toxicity decreased in 2019 (984 compared to 1,549 in 2018), since March 2020, the number and severity of both fatal and non-fatal overdoses has increased alarmingly. British Columbia (B.C.) experienced 1,733 illicit drug toxicity deaths in 2020 - more overdose deaths than in any other year – and with 1,011 illicit drug toxicity deaths between January and June 2021 is on track to exceed that record.²

Despite escalated efforts across the province, British Columbians continue to experience high rates of drug toxicity-related harm, including death, due to an unregulated drug supply that is unpredictable and highly toxic. Moreover, illicit drug toxicity poisoning continues to be the leading cause of unnatural death, surpassing homicides, suicides, and motor vehicle collisions combined³ and life expectancy at birth is declining in British Columbia largely due to the overdose crisis.⁴

The drug poisoning crisis combined with the COVID-19 pandemic necessitates a comprehensive response that includes both innovation and evidence-informed approaches. This report provides an update of recent actions between January and July 2021, led by the Ministry of Mental Health and Addictions (MMHA) working in collaboration with key partners including the Office of the Provincial Health Officer, Ministry of Health, other ministries, regional and provincial health authorities, First Nations Health Authority (FNHA), Indigenous led organizations, non-governmental organizations, and people with lived and living experience.

Illicit Drug Toxicity Events and COVID-19

Drug toxicity-related deaths and paramedic-attended events have increased since the onset of the COVID-19 pandemic. The increase is occurring across the province, across populations, and despite additional measures intended to mitigate harms to people who use drugs.

Before COVID-19, people who used substances could reduce the risk of harms by accessing social networks and nearby services. While these services have been considered essential services throughout the pandemic, the introduction of COVID-19 response measures impacted service delivery and disrupted the settings and context of drug use, which along with an increasingly toxic drug supply, contributed to an increase in overdose events and deaths.

[Attendance at overdose prevention and supervised consumption services](#) was down by over 50

¹ BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2011 – June 30, 2021*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

² Ibid

³ Ibid

⁴ Statistics Canada. (2020) *Life tables, 2016/2018*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>

per cent in April and May 2020 and continued to be down 25 per cent up to December 2020 compared to the same month in 2019.⁵ As of June 2021, visits were approaching 2019 numbers with 63,811 visits in June 2021 compared to 66,091 in June 2019, and up 40% from the 38,268 visits in June 2020.

Other impacting factors include reduced community drug checking services and reduced ability to use the “buddy system” due to physical distancing measures recommended in response to COVID-19. Additionally, social and economic/income situations were compromised, which created additional mental distress and increased substance use due to decreased employment, loss of income and housing security, and increased social isolation.

Increased Toxicity of the Drug Supply

One of primary drivers of increased deaths is the growing toxicity and unpredictability of the street supply of drugs. The BC Coroners Service found a greater number of deaths due to illicit drugs demonstrated extreme fentanyl concentrations (>50ug/L [micrograms/litre]) in April 2020 to June 2021 compared with previous months. From April 2020 to June 2021, approximately 14 per cent of cases had extreme fentanyl concentrations as compared to 8 per cent from January 2019 to March 2020.⁶ In addition, carfentanil was detected in 96 suspected illicit drug toxicity deaths in the first six months of 2021, compared to 65 such deaths in 2020.⁷

Since late March 2020, there has been a widespread increase in community drug alerting across BC, both in urban areas and small to mid-sized communities. Recent reports cite extreme toxicity; prolonged sedation and difficulty reviving people due to mixtures of fentanyl and sedatives; and a need for increased naloxone doses to revive people.

Benzodiazepines and their relative - [etizolam](#) - have increasingly been identified in illicit drug toxicity deaths and in the illicit drug supply. Amongst illicit drug toxicity deaths where expedited toxicology testing was undertaken, the detection rate of benzodiazepines increased from 15% of samples in July 2020 to 60% of samples in May 2021.⁸ In June 2021, benzodiazepines were detected in 47% of those decedents who underwent expedited toxicology testing. From July 2020 – June 2021, etizolam has been found in 40% of illicit drug toxicity deaths who have undergone expedited testing.⁹ Drug checking data from overdose prevention and supervised consumption services identified 10% of samples adulterated with etizolam.¹⁰ This trend is of concern as naloxone, which is normally used to reverse opioid-related overdoses, is less effective in [reversing overdoses](#) due to these sedatives and, when combined with opioids, these substances increase the likelihood of drug poisoning.

Illicit Drug Toxicity Death Statistics

In the first six months of 2021, B.C. is likely to lose more lives due to illicit drug toxicity than in any other year, exceeding the previous record from 2020. According to the [BC Coroners](#)

⁵ BC Centre for Disease Control. (2021). *Overdose Response Indicators*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#OPS>

⁶ BC Coroners Service. (2021). *Illicit Drug Toxicity Type of Drug Data, Data to June 30, 2021*. . Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

⁷ Ibid.

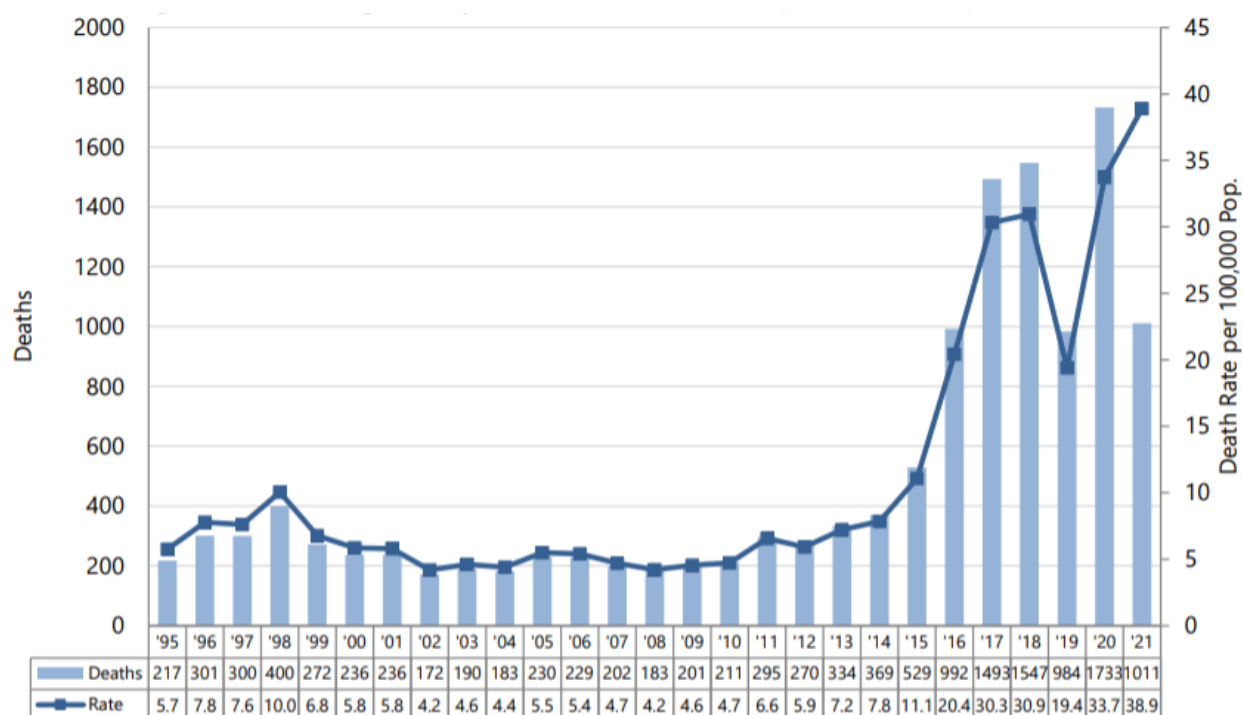
⁸ BC Coroners Service. (2021). *Illicit Drug Toxicity: Type of Drug Data*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

⁹ Ibid

¹⁰ BC Centre for Disease Control. (2021). *Etizolam in British Columbia's Illicit Drug Market*. Available at: <https://towardtheheart.com/assets/uploads/1609977106OOyN2HFTikYYKxfbZi8XL6s1NfTIHl0ejSYqQnt.pdf>

Service, there have been a record 1,011 confirmed or suspected deaths from drug toxicity so far in 2021. This represents more deaths than in all of 2019.

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population



- The 1,011 suspected illicit drug toxicity deaths between January and June 2021 are the highest ever recorded in the first six months of a calendar year and represent a 34% increase over the number of deaths recorded between January and June 2020 (757).
- The number of illicit drug toxicity deaths in June 2021 equates to about 5.3 deaths per day.
- In 2021, 71% of those dying were aged 30 to 59. Males accounted for 80% of deaths in 2021.
- The townships experiencing the highest number of illicit drug toxicity deaths in 2021 continue to be Vancouver, Surrey, and Victoria.
- In 2021, 85% of illicit drug toxicity deaths occurred inside (56% in private residences and 29% in other residences including social and supportive housing, single-room-occupancy hotels, shelters, and hotels and other indoor locations) and 14% occurred outside in vehicles, sidewalks, streets, parks, etc.
- Between 2018 and 2021, in Vancouver Coastal, other residences (48%) were the most common place of illicit drug toxicity death followed by private residences (35%).¹¹

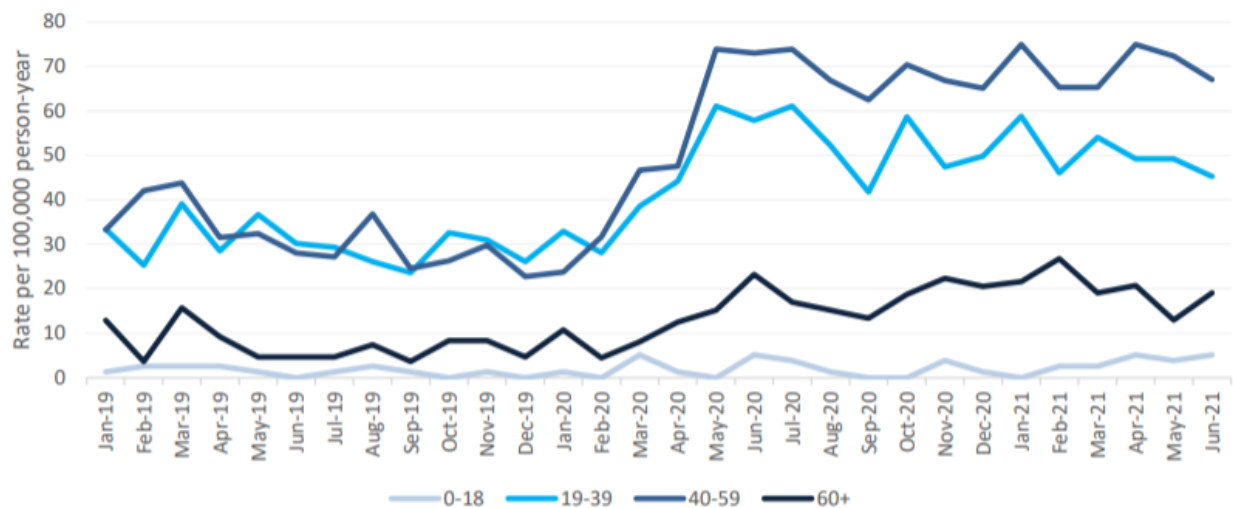
¹¹ All data in this section, including the graph is from: BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2011 – June 30, 2021*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

Trends in BC

Illicit Drug Toxicity Death Rates by Age

- Illicit drug toxicity death rates among those 19 years and over have remained high.
- Rates among those 50+ years have steadily increased year over year for the past six years. In 2021, 40% of deaths were amongst those aged 50 and over.
- Rates among those 0-18 years remain low.¹²

Figure 2: Illicit Drug Toxicity Death Rates by Age Group and Month, 2019-2021



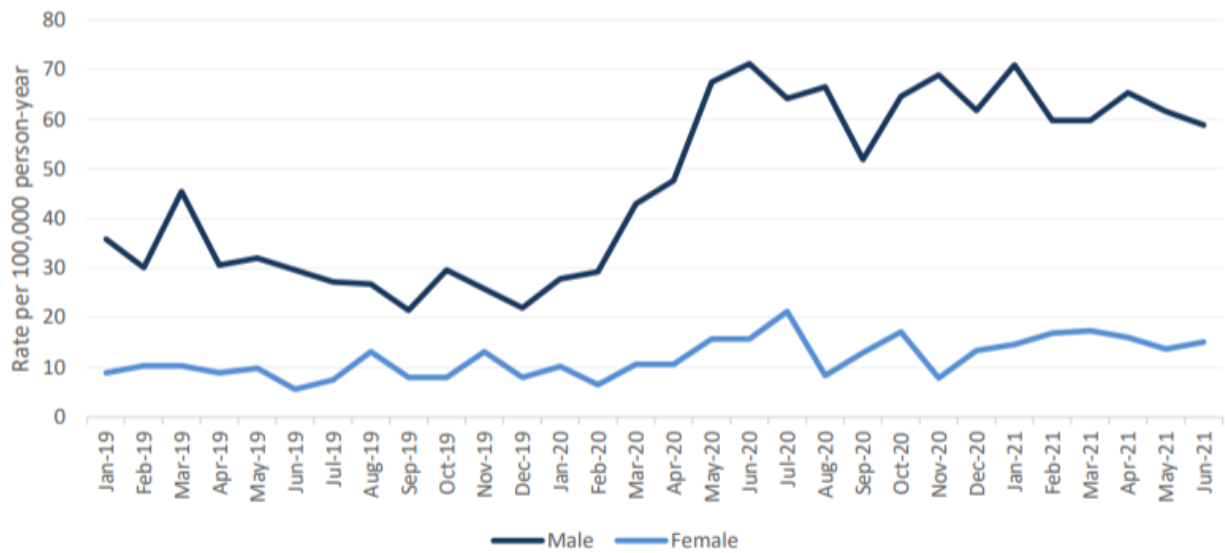
Illicit Drug Toxicity Death Rates by Sex

- Among males, illicit drug toxicity death rates per 100,000 population have remained high, while rates among females have remained relatively stable.¹³

¹² Ibid. Chart from BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2011 – June 30, 2020*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

¹³ Ibid. Chart from: BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2011 – June 30, 2021*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

Figure 3: Illicit Drug Toxicity Death Rates by Sex and Month, 2019-2021



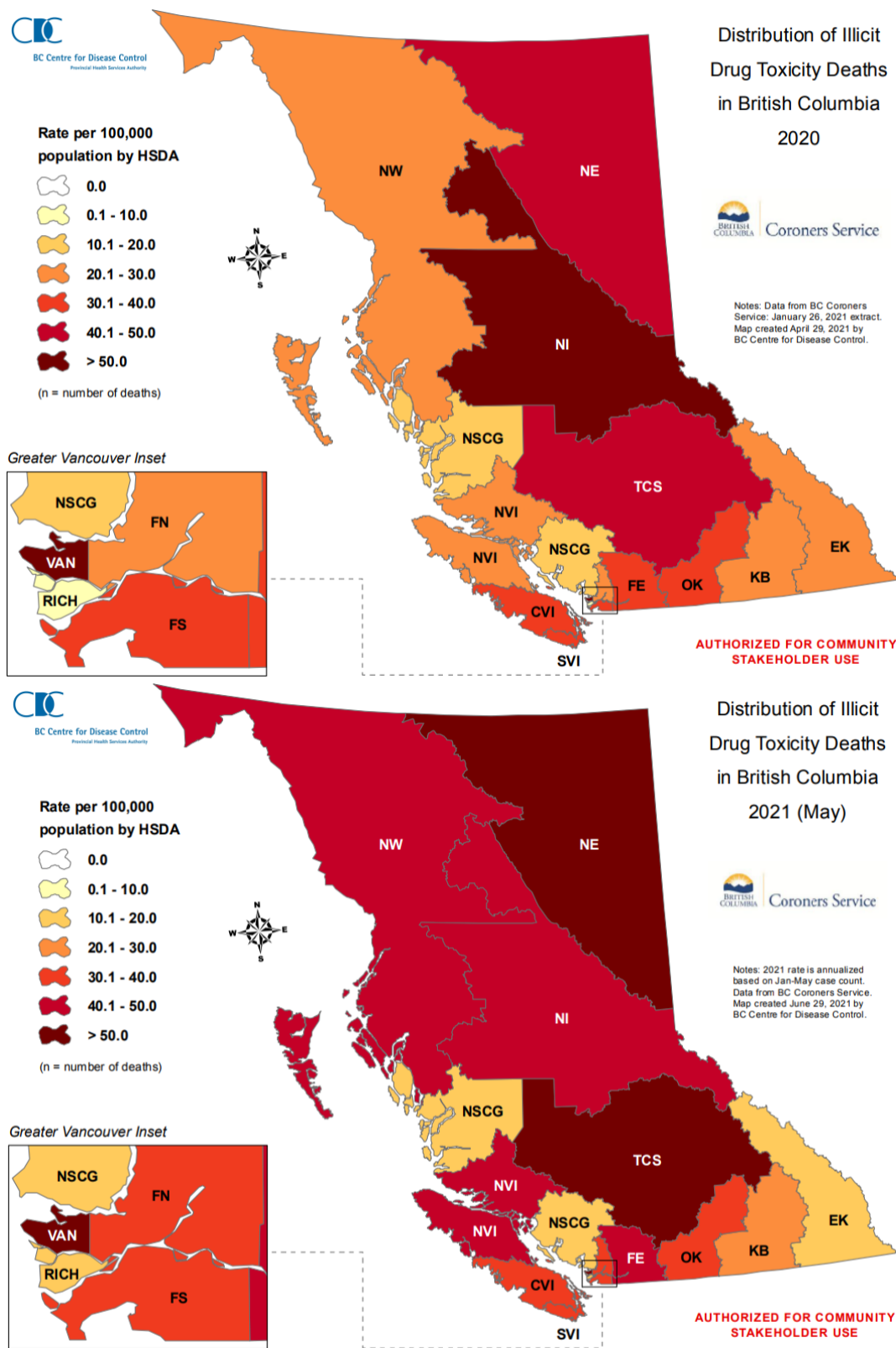
Illicit Drug Toxicity Death Rates by Health Authority Region

- Illicit drug toxicity death rates remain high across health authority regions.¹⁴
- The BCCDC maps in Figure 4 compare the annualized rate per 100,000 population by health service delivery area (HSDA) for 2020 to the rate in May 2021. It demonstrates that while some HSDA's have seen a decline in the annualized rate per 100,000 population (e.g., Northwest, Kootney-Boundary, Richmond), other areas of the province are seeing increases (e.g., Northern Vancouver Island).¹⁵

¹⁴ Ibid. Chart from: BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 – December 31, 2021*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

¹⁵ BC Centre for Disease Control. (2020). Geographic Distribution of Illicit Drug Overdose Deaths by Health Service Delivery Area. Available at: [cdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/Geographic_Distribution_IDD_HSDA_monthly_update.pdf](https://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/Geographic_Distribution_IDD_HSDA_monthly_update.pdf)

Figure 4: Distribution of Illicit Drug Toxicity Deaths by Health Service Delivery Area



Source: BCCDC. [Geographic Distribution of Illicit Drug Toxicity Deaths by Health Service Delivery Area](#).

Drug Toxicity Deaths Among First Nations People

- In 2020, toxic drug deaths reached a new high as compared to previous years. In 2020, 254 First Nations people lost their lives, more than double the 116 in 2019. The 2020 figures are also much higher than the 201 deaths in 2018, and 159 deaths in 2017.¹⁶
- First Nations people continue to be disproportionately impacted by the toxic drug supply. In 2020, First Nations people represented approximately 3.4% of the Province's population, yet accounted 14.7% of all overdose deaths, up from 11.8% in 2019. In 2020, First Nations people were also dying at a rate of 5.3 times that of other B.C. residents, up from a rate of 3.9 times the rate of other B.C. residents in 2019.
- First Nations women are experiencing even higher rates of toxic drug death. In 2020, First Nations women represented 32.3% of all First Nations people who died, more than double the 16.6% of toxic drug deaths amongst other women in B.C. In 2020, First Nations women were also dying at a rate of 9.9 times that of other B.C. women.

Drug Poisoning Calls to 9-1-1 and Paramedic Attended Overdose Events

In addition to record numbers of illicit drug toxicity deaths, 2021 is on pace to be a new record year for paramedic attended drug poisoning events. While most drug toxicity poisoning events that are attended by paramedics are survived, they may result in other harms, such as anoxic brain injury.

- Between January 1 and July 31, 2021, there were 19,556 drug poisoning calls. This is an increase of nearly 30%, as compared to 15,064 for the same seven-month period in 2020.
- In the first seven months of 2021, there was an average of over 92 calls per day, up from nearly 71 for the same period in 2020, or an average of 74 per day for the year 2020. For two months in 2021, there was an average of more than 100 calls per day.
- There were 13,403 paramedic attended events recorded in the first 7 months of 2021. This represents a 48% increase from the first 7 months of 2020. The 13,403 events in 2021 already represent more than three quarters (78%) of the 17,159 events that occurred in 2020, and over 99% of the 13,486 events that occurred in 2019.
- In the month of July 2021, paramedics responded to 3,606 drug poisoning calls, the highest number ever recorded in a single month. This surpassed the record set in the previous month's record 3,025 drug poisoning calls. Amongst the highest number of drug poisoning call volume days recorded, nine of the top 10 days occurred in 2021.¹⁷

Progress on Key Areas of Activity Since the Last Report

Since the last progress report which reported on data and actions from August to December 2020, the Overdose Emergency Response Centre at the Ministry of Mental Health and Addictions and its partners have continued and expanded work to address the drug toxicity crisis. This work is backed by an historic \$500 million investment through Budget 2021 to

¹⁶ [First Nations Health Authority \(FNHA\). COVID-19 Pandemic Results in a Dramatic Increase in Toxic Drug Deaths. May 27, 2021 \(Last visited: August 18, 2021\); FNHA. First Nations Illicit Drug Deaths Rise during COVID-19 Pandemic. July 6, 2020 \(Last visited: August 18, 2021\); FNHA. The Impact of the Opioid Crisis on First Nations in BC. May 27, 2019 \(Last visited: August 18, 2021\).](#)

¹⁷ Data obtained from internal sources.

continue the expansion of mental health and substance use supports to better connect people to culturally safe and effective care; including \$330 million to provide a full spectrum of substance-use treatment and recovery services, including opioid agonist treatment.

Supported by this investment, the provincial response to the toxic drug crisis continues work in the following areas, reflective of a comprehensive package of interventions designed to prevent overdose and its related harms.

Saving Lives

Services for people who use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.

Naloxone [Facility Overdose Response Boxes](#) (FORBs) contain naloxone and harm reduction supplies at no cost to not-for-profit community-based organizations where staff work with clients at risk of experiencing an opioid overdose.

- At the end of July 2021, there were 674 FORBs sites in BC. 13 of these have been added since December 2020.
- 2,172 overdoses reversals have been reported from FORB sites since the program began operating in 2016.
- 254 of these reversals have occurred in 2021.¹⁸

¹⁸ Toward the Heart (2021). *FORB in BC Infographic*. Available at: <https://towardtheheart.com/forb-infograph>

FACILITY OVERDOSE RESPONSE BOX

PROGRAM IN BC

To find out if your community organization is eligible to participate please visit: towardtheheart.com/forb

CALLING 911 IS THE FIRST & MOST CRITICAL STEP OF OVERDOSE RESPONSE

Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, fentanyl, morphine, oxycodone, dilaudid).

Facility Overdose Response Boxes (**FORB**) containing naloxone and supplies are free for not-for-profit community-based organizations where staff work with clients at risk of experiencing an opioid overdose.

The **FORB** program helps staff to be prepared to recognize and respond to an overdose in the workplace and to be supported following overdose response.

674
ACTIVE FORB
SITES IN BC

2,172
OVERDOSE
REVERSALS
REPORTED FROM
FORB SITES



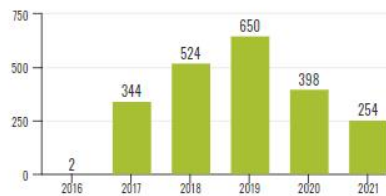
SERVICES OFFERED AT FORB SITES AT ENROLLMENT

*Services offered are not mutually exclusive

TAKE HOME NALOXONE KITS	21%	DROP IN	25%
HARM REDUCTION SUPPLIES	27%	SHELTER	15%
OUTREACH	29%	SUBSIDIZED HOUSING	18%
COUNSELLING	22%	SUPPORTIVE HOUSING	42%
WITNESSED CONSUMPTION	4%		

NUMBER OF OVERDOSE REVERSALS REPORTED AT FORB SITES

Data are derived from a live environment and data are subject to change. Overdose reversal data are reasonably complete to March 2021. The FORB program was launched in December 2016.



FOR MORE INFORMATION VISIT towardtheheart.com/forb

WORKING TOGETHER | REDUCING HARM

Updated August 16, 2021

JUL 2021

The **Take Home Naloxone (THN)** program provides naloxone kits to distribution sites including corrections facilities, hospitals and emergency departments, community pharmacies and First Nations sites.

- This program was well-utilized in 2020, saw more THN kits distributed than in any other year since the program began. This trend has continued into 2021, which is on pace to see more naloxone kits shipped than in any previous year. This is perhaps indicative of changing trends in substance use due to COVID-19, away from use in public spaces such as non-profit organizations and in more private settings.
- In the first seven months of 2021, 209,753 naloxone kits were shipped to distribution sites: this is equivalent to over 75% of all kits shipped in 2020 (272,934).
- Since December 2020, an additional 65 sites have become THN distributors.¹⁹
- A total of 106,479 overdoses have been reported to have been reversed through the THN program since its initiation in 2012.

¹⁹ Toward the Heart. (2021) *THN in BC Infographic*. Available at: <https://towardtheheart.com/thn-in-bc-infographic>

TAKE HOME NALOXONE PROGRAM IN BC

SAVING LIVES SINCE AUGUST 2012



To find a site in BC visit:
towardtheheart.com/site-finder

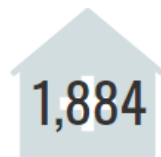
CALLING 911 IS THE FIRST & MOST CRITICAL STEP OF OVERDOSE RESPONSE

Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, fentanyl, morphine, oxycodone)

Take Home Naloxone (THN) kits are free for people at risk of an opioid overdose and those most likely to witness and respond to an overdose

REPORTED DISTRIBUTION OF KITS

Data are derived from a live environment and are subject to change. Distribution data are reasonably complete until Apr 30th, 2021 due to lag in kit distribution record return to Harm Reduction Services.

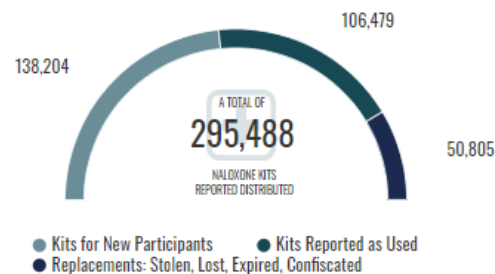


ACTIVE THN
DISTRIBUTION
LOCATIONS IN BC
INCLUDING:

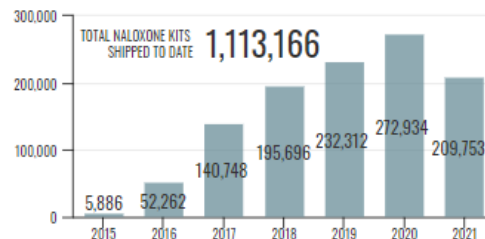


106,479

KITS REPORTED
AS USED TO
REVERSE AN
OVERDOSE



NUMBER OF KITS SHIPPED TO SITES BY YEAR



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WORKING TOGETHER | REDUCING HARM

Updated August 16, 2021

JUL 2021

Supervised Consumption and Overdose Prevention Services

Overdose Prevention Services (OPS) and Supervised Consumption Services (SCS) provide people who use drugs with a space to consume their substances under the observation of someone trained to administer naloxone and provide other emergency first aid services. As of July 2021, there were 38 OPS/SCS locations in BC. The largest number are in Vancouver Coastal and Island health authority regions, which have 10 OPS and 2 SCS each. The Fraser health region has 6 OPS and 1 SCS, while the Interior region has 3 OPS and 3 SCS, and Northern Health has 1 OPS.²⁰

²⁰ BC Centre for Disease Control (BCCDC). [Overdose Response Indicators](#). Last visited: August 20, 2021.

Overdose prevention and supervised consumption services have been declared essential services during the COVID-19 pandemic. However, due to social distancing requirements and space restrictions, some services were limited. In addition, some people have been reluctant to utilize these services due to fears of contracting COVID-19.

From January 1 through July 31, 2021, the COVID-19 pandemic and related response measures were still impacting OPS/SCS hours of operation and accessibility (e.g., need for physical distancing). However, OPS/SCS remain an effective tool in reducing overdose deaths and related harms with 1,805 overdoses survived at sites between January 1 and June 30, 2021. This is an encouraging result since it represents a 15.7% increase from the 1,559 overdoses survived during same period in 2020. While OPS/SCS hours of operation and access were returning to pre-pandemic conditions in 2021, the number of overdoses survived is 37.6% fewer as compared to the 2,894 overdoses survived during first seven months of 2019.²¹

Episodic Overdose Prevention Services

On May 6, 2020, the BC Ministry of Health and Ministry of Mental Health and Addictions (MMHA), and the BC Centre for Disease Control (BCCDC) released the [COVID-19: Provincial Episodic Overdose Prevention Services \(e-OPS\) Protocol](#). The protocol provides guidance and support for health and social services staff who may receive requests from patients/clients/residents to observe substance use and respond to overdose outside of designated or fixed locations offering SCS/OPS services, particularly during COVID-19. As the need arises, staff with appropriate training in overdose management may observe consumption of substances in any health or social sector environment to prepare for and to respond to any overdose that may occur.

Health authorities are implementing e-OPS, with the support of the e-OPS Community of Practice which has membership from health authorities, MMHA, BC Centre for Substance Use (BCCSU), BCCDC, and Metis Nation BC. This group supports collective identification and sharing of what is working to support implementation, emerging issues, needed knowledge, tools, wise practices, and resources. To date, e-OPS have been implemented 11 times at sites across the Province under the direction of health authorities.

Support for People Who Use Alone

In May 2020, the *Lifeguard App* was launched in partnership by the Provincial Health Services Authority (PHSA), regional health authorities, and Lifeguard Digital Health. The App is intended to reduce the risk of fatal overdose for individuals using alone and who have access to a cell phone with Internet connectivity. It is also one of the OERC's list of essential health and social sector interventions and is part of the comprehensive response to the toxic drug crisis.²²

As of July 31, 2021, there have been 5,849 unique App users, and 58,561 App sessions. The App has also prompted 96 emergency responder calls, 23 overdose reversals, and no deaths amongst people while using the App. The App has been used frequently since December 31,

²¹ The BCCDC notes that some OPS/SCS locations do not report results and others may report incomplete results. Accordingly, the actual numbers may be higher than the numbers presented which may be incomplete; Ibid.

²² The App is activated by the user before they take their dose. After 50 seconds the App will sound an alarm. If the user doesn't hit a button to stop the alarm, indicating they are fine, the alarm grows louder. After 75 seconds a text-to-voice call will go straight to 9-1-1, alerting emergency medical dispatchers of a potential overdose. See: LifeGuard Digital Health. [New Lifeguard App launched to help prevent overdoses](#). May 20, 2020. (Last visited: August 17, 2021).

2020 rising from the then total of 3,004 unique app users, 17,546 App sessions, 29 emergency responder calls, 12 overdose reversals, and no deaths.²³

Saving Lives in First Nations Communities

The Overdose Emergency Response Centre (OERC) brings together representatives from the Province and FNHA to remove barriers and to support local and regional planning and responses to the overdose emergency. The FNHA has implemented a series of actions to prevent First Nations people from dying, keep them safer, expand their treatment options, and support them on their healing journeys, both in communities and in urban environments, including (all data are for January through July 2021):

- **Distribution of naloxone (nasal spray and injectable):** The FNHA dispensed 19,880 doses of nasal naloxone spray to individuals through community pharmacies, and 1105 nasal naloxone kits to 22 First Nations communities/organizations through bulk ordering from January to July 2021 (each kit contains two doses); and worked with health system partners to distribute 5458 injectable naloxone kits to 160 FNHA take-home naloxone sites during that same period (each kit contains three doses).
- **Grants to harm reduction champions:** distributed 17 community grants of \$2,500.
- **Not Just Naloxone training:** 243 people completed virtual training sessions.
- **Harm reduction community visits:** 252 people participated in in-person community visits, where naloxone training was the focus, but these also included a variety of types of harm reduction education.
- **Commitment to hire:** 10 Harm Reduction Educators, 10 Peer Coordinators, and five Child and Youth Care Community Coordinators to serve First Nations communities across BC.
- **OAT:** Supported 29 rural and remote First Nations communities to improve access to treatment options for opioid use disorder, including OAT; registered nurse prescribing planning is underway at four sites, and 17 nurses are enrolled in prescribing education (6 have completed training and preceptorship).
- **First Nations virtual Substance Use and Psychiatry Service** was launched in the summer of 2020 and provides access to addictions specialists for assessments, treatment planning, access to OAT, withdrawal management, and pharmaceutical alternatives.
- **Indigenous treatment and land-based healing services that are grounded in cultural teachings:** 147 sites provide mental health and addictions services.
- **First Nations Treatment and Healing Centres:** Revitalization of six existing treatment centers and construction of two new healing centres in the Vancouver Coastal and Fraser Salish regions.
- **Courageous Conversations Webinar Series:** Hosted seven webinars in which 393 people participated in difficult conversations about substance use.

²³ Data obtained from internal sources.

- **Unlocking the Gates:** Supported 313 people during their release from incarceration to address the link between transitioning out of correctional facilities and subsequent toxic drug events and deaths.
- **Promoting culturally safe services:** Increased partnerships with Indigenous service providers and health system partners to address cultural safety and systemic anti-Indigenous racism in health services provided to Indigenous people.

In 2021, the FNHA approved a Harm Reduction Policy with five key action areas:

1. Increase access to, and inclusion in, cultural activities.
2. Directly provide, and work with partners to expand access to, substitution therapies.
3. Provide Indigenous harm reduction services and promote the expansion of related strategies, practices and services.
4. Engage closely with First Nations people with lived and living experience in the design and implementation of harm reduction strategies, practices and services.
5. Support BC's expansion of a safer supply of pharmaceutical alternatives to poisoned illicit drugs.²⁴

Budget 2021 includes funding to improve access to and quality of mental health services for Indigenous people, including a \$45 million investment in the health sector for First Nations cultural safety and humility training and Indigenous liaisons within each regional health authority, dispensed over three years from 2021/22 to 2023/24. The FNHA will also receive \$13.62 million over three years from 2021/22 to 2023/24 for the FNHA to deliver targeted mental health and addictions services to Indigenous peoples throughout BC.²⁵

Accelerated Overdose Funding

On August 4, 2020, the Province announced it was investing \$10.5 million to accelerate overdose prevention supports in response to the increasingly toxic street drug supply to save more lives and to connect more people with treatment and recovery services.²⁶ Budget 2021 included a \$45 million investment over three years from 2021/22 to 2023/24 to extend and enhance the funding announced in August 2020.²⁷

Health authorities are responsible for making operational decisions about the planning and delivery of a range of overdose prevention services, including where and how overdose funds will be most impactful.

Some of the new and existing services that are receiving accelerated overdose funding include:

- *Fraser Health:* planning new overdose prevention services with inhalation services in a number of communities to ensure large and small communities are supported.
- *Interior Health:* new overdose prevention services in five additional communities with two locations earmarked for inhalation services.

²⁴FNHA, *Policy on Harm Reduction* (2021). <https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf>.

²⁵ Province of British Columbia. *Budget and Fiscal Plan: 2021/22 – 2023/24*. April 20, 2021. Pp. 16 (Last visited: August 17, 2021).

²⁶ Province of British Columbia. *Overdose response accelerates with treatment, prevention supports*. Ministry of Mental Health and Addictions. News Release. 2020MMHA0040-001452. August 4, 2020 (Last visited: August 17, 2021); Province of British Columbia. *Budget and Fiscal Plan: 2021/22 – 2023/24*. Pp. 10-11.

²⁷ Province of British Columbia. *B.C. moves forward on drug decriminalization, new overdose emergency response funding*. Ministry of Mental Health and Addictions. News Release. 2021MMHA0017-000706. April 14, 2021 (Last visited: August 19, 2021).

- *Northern Health*: new overdose prevention services planned for two communities with inhalation services earmarked for one, plus expanded services at one existing site.
- *Vancouver Coastal Health*: two new overdose prevention service locations with inhalation services included, plus expanded inhalation services at two Vancouver inner city sites.
- *Vancouver Island Health*: expanded services at six existing sites including added inhalation services.

Building a network of evidence-informed treatment and recovery services

The Province is committed to evidence-based medication assisted treatment options and recovery services that support people living with opioid use disorder (OUD) and who are at risk of experiencing toxic drug-related poisoning.

Medication assisted treatment options are part of a comprehensive package of interventions to reduce the risk of all cause and drug related mortality in people who use drugs. They are a community-based treatment option and support the overdose response amidst the increased toxicity in the unregulated drug supply.

Opioid Agonist Treatment

Medication assisted treatment comprises a range of substance use treatment options for people with opioid use disorder, including [Opioid Agonist Treatment](#) (OAT). OAT consists of substance use treatment for adults and youth with varying presentations of opioid use disorder. BC's evidence-based OAT treatment guidelines support the availability of diverse treatment options. Increasing the availability of this treatment represents an important component of the health system response to the opioid overdose emergency. The number of individuals on OAT and the number of providers continues to increase:

- In June 2021, 24,101 clients were dispensed OAT. This represents a 4.5% increase over the 23,070 clients who were dispensed OAT during in July 2020.
- In June 2021, there were 1,671 prescribers dispensing OAT. This is up 7.5% from the 1,554 in July 2020. From January 1 through June 31, 2021, there was an average of 1,650 prescribers dispensing OAT. This is up 11% from the 1,482 OAT prescribers during the same period in 2020.

Buprenorphine/naloxone is the most commonly dispensed form of OAT for clients being dispensed OAT for the first time. From January 1 through July 31, 2021, sustained release oral morphine and methadone are the second and third most commonly dispensed forms of OAT to new clients.²⁸

From March to September 2020 there was a 1.8% increase in the percentage of people on OAT who had been retained for at least 12 months. In September 2020, the percentage of people on OAT who were retained for at least 12 months was 51.9%. Rates of OAT retention have not met expectations due to a combination of factors, including treatment intensity and travel requirements to access OAT, particularly in the context of COVID-19; increased toxicity of the illicit drug supply; stigma; availability of prescribers to meet the drug type OAT treatment needs of patients, including in particular regions; clinic and pharmacy hours; private clinic fees; and medication and dispensing costs. Additional work to optimize accessibility and retention is necessary.

²⁸ BCCDC). [Overdose Response Indicators](#).

In March 2020, the BC College of Pharmacists amended its policy on the delivery of OAT medications. This amendment allows pharmacists to authorize nurse practitioners or other regulated care providers, and pharmacy employees, including pharmacy technicians and pharmacy assistants, to deliver OAT medications on a pharmacist's behalf in exceptional circumstances. This temporary amendment is meant to support people who need OAT medications but are required to self-isolate due to suspected or confirmed cases of COVID-19. A delivery option is still at the discretion of the pharmacist but will provide additional tools to support self isolation.²⁹

Injectable Opioid Agonist Treatment

Injectable Opioid Agonist Treatment (iOAT), offered as hydromorphone or diacetylmorphine, provides a more intensive treatment alternative to traditional forms of OAT (i.e., methadone and buprenorphine /naloxone), recognizing that a small portion of patients living with opioid use disorder (OUD) will require additional support.

iOAT services in BC are delivered in a program format with careful clinical assessment and daily witnessed dosing under the supervision of qualified health professionals. Many iOAT programs also offer access to co-located ancillary services such as primary care and provide clear referral pathways to other substance use and mental health services.

Tablet injectable Opioid Agonist Treatment (TiOAT) is an innovative model using supervised consumption of hydromorphone tablets via oral intake and/or injection and offers greater flexibility and autonomy than most iOAT clinics, with the aim of providing a treatment option for individuals who have not benefitted from oral OAT or iOAT.

BC has increased access to iOAT and TiOAT in all health authorities with the exception of Northern, where a proposed iOAT/TiOAT site is under development. Clinics are located in high-need communities as determined by overdose surveillance data, including Surrey, Kelowna, Victoria and multiple Vancouver Coastal Health Authority locations.

- As of March 2021, 77 prescribers have completed BCCSU-led training in injectable opioid agonist treatment (iOAT) since the program began.
- The Ministry of Health, OERC, and regional health authorities are continuing to work to expand programs and patient capacity where needed. Once all planned programs are operational, iOAT/TiOAT capacity will increase by about 34% from 2019 – from 304 across 6 sites to approximately 406 across 12 sites.
- An evaluation of TiOAT programs in health authorities is being led by the BCCSU.

Registered Nurse & Registered Psychiatric Nurse Prescribing

In September 2020, in response to the alarmingly high and increasing rates of illicit drug toxicity events and deaths in BC, the Provincial Health Officer (PHO) issued an order expanding registered nurse (RN) and registered psychiatric nurse (RPN) scope of practice in relation to substance use care in the province. This order authorizes RNs and RPNs in BC to prescribe specific drugs, including controlled substances, for the purpose of substance use care for a

²⁹ BC College of Pharmacists. . [Changes to the Delivery Requirements for OAT Now in Effect](#). Update – April 7, 2020. Last visited: August 20, 2021.

person who is diagnosed as having a problem substance use condition or substance use disorder.

Following this order, the Province began work with the BC Centre on Substance Use, nursing regulatory colleges and regional health authorities to enable RNs and RPNs to prescribe opioid agonist treatment, beginning with buprenorphine/naloxone (Suboxone). This involved developing new education and training for nurses, updating nursing regulations, and working with health authorities to identify and implement areas where nurse prescribers could have the most impact in increasing access to OAT.

The first phase of nurse prescribing is actively underway. Over 100 nurses representing all of BC's regional health authorities, and First Nations Health Authority, have enrolled in or completed training to prescribe Suboxone, and 47 nurses are trained and able to prescribe this medication. Work is currently underway to develop education and training for RNs and RPNs to be able to prescribe additional OAT medications, specifically slow-release-oral-morphine (Kadian) and methadone.

Over time, as both nurse prescribing and prescribed safer supply initiatives develop and are evaluated, it is anticipated that nurse prescribing may continue to expand and evolve to include prescribing some safer supply medications.

Treatment and Recovery Services

The Province is committed to treatment and recovery services that meet the needs of people who use drugs.

In recent years, the Province has expanded available treatment and recovery options, and has worked to strengthen oversight and quality of care across the sector, including:

- Budget 2021 supports the creation of 195 new substance use treatment and recovery beds throughout the province to help more people access bed-based services.
- \$36 million for 123 new substance use treatment and withdrawal management beds for youth (ages 12-24). In August 2020, 20 new youth treatment beds were added in Chilliwack at the Traverse facility.
- Through an innovative grant process, we have added 101 new publicly funded treatment and recovery beds for adults across 14 organizations (95 already operational).
- Awarded grants of up to \$45,000 to 53 treatment and recovery providers to ensure services that were financially impacted by COVID have remained open. In July 2020, the Province announced \$23 million to support seven new and nine expanded substance use teams to help people stay connected to health care services and treatment. The new and expanded teams help ensure that people who use substances and access the health care system can stay connected to a range of care options tailored to their needs. They also provide services to prevent overdoses and connect people to ongoing treatment as they work toward wellness and recovery. The services are tailored to the needs in each community and are comprised of a range of professionals working together.
- Since being launched in August 2020, there has been a steadily-increasing uptake on FNHA's [Virtual Substance Use and Psychiatry Service](#) including access to opioid agonist treatment induction and maintenance, withdrawal management and access to risk mitigation treatment, or "safer supply."

- FNHA's is working with 21 Remote and Rural First Nation communities to improve access to opioid use disorder treatment options.
- FNHA has increased staffing investment in regional overdose response including two Indigenous Peer Coordinators, two Indigenous Harm Reduction Educators, and one Child and Youth Care Community Coordinator for each of the five regional health authorities.

Provider Education/Training and Supports

- The [24/7 Addiction Medicine Clinician Support Line](#) was launched on June 16, 2020, by the BCCSU. This new helpline for clinicians provides health-care providers around British Columbia with live, in-the-moment addiction medicine support, while they are treating patients. The support line is staffed 24 hours a day, 365 days a year, to provide rapid response for time-sensitive clinical substance-use inquiries. Addiction medicine experts provide telephone consultation to physicians, nurse practitioners, nurses and pharmacists who are involved in addiction and substance-use care, treatment and recovery in British Columbia.
- After COVID-19 delayed the start in the spring of 2020, the **Learning about Opioid Use Disorder (LOUD) in the Emergency Department** was relaunched in June 2020 and completed in February 2021. LOUD was a learning collaborative from the BC Patient Safety and Quality Council, in collaboration with the BC Centre on Substance Use and the Overdose Emergency Response Centre. Teams from 24 emergency departments across BC learned about opioid use disorder, engaged in quality improvement activities, shared lessons learned and successful strategies, and tackled stigma and treatment barriers in their departments. LOUD wrapped up in February 2021 and all resources are now available [online](#).
- The [Provincial Overdose Mobile Response Team](#) was created in May 2017 with support from the BC Ministry of Health and BC Ministry of Mental Health and Addictions to provide immediate, short-term support to first responders, frontline workers and people with lived and living experience who are affected by the overdose emergency. The team provides skill-building opportunities to enhance resiliency and the capacity to cope with the trauma of responding to multiple overdoses, deaths and loss. The diverse backgrounds of the team include first responders, psychologists, traumatologists, counsellors and art therapists.

Increasing Access to Prescribed Safer Supply

Guidelines, policies and programs to support prescribed safer supply to the highly toxic and unpredictable illicit drug supply.

Risk Mitigation Guidance

On March 26, 2020, in response to the onset of the COVID-19 pandemic, the BCCSU released interim clinical guidance for health providers in a document, entitled: [Risk Mitigation in the Context of Dual Public Health Emergencies](#). The guidance was developed to support health care providers to reduce the risk of overdose and withdrawal in people who use drugs and alcohol and to reduce community spread of COVID-19 infection.

To reduce the risk of withdrawal, exposure to COVID-19, and exposure to a limited and toxic drug supply, the guidance outlines steps that healthcare providers can take to support the

provision of illicit (i.e., opioids, benzodiazepines, and stimulants) and licit (i.e., alcohol, tobacco products) products with prescribed or regulated substances.

Eligibility is determined according to the criteria as follows:

- Individuals at risk of COVID-19 infection, those confirmed as COVID-19 positive, and those with a suspected case and who may be symptomatic and self-isolating.
- Individuals with a history of ongoing active substance use (opioids, stimulants, alcohol, benzodiazepines, or tobacco).
- Individuals that are deemed at high risk of withdrawal, overdose, craving, or other harms related to drug use.³⁰

In January 2021, the BCCDC released interim findings from their evaluation of the Risk Mitigation Guidance. The evaluation examined prescription drug dispensations, medical visits, laboratory results, and hospitalization records during the period between March 27 and August 31, 2020. The interim findings revealed that:

- 2,780 people were identified as having received medications listed in the interim Risk Mitigation Guidance.
- 72% of people who received Risk Mitigation Guidance prescriptions were 30-59 years of age, 64% were male, and 66% lived in the Vancouver Coastal and Island Health regions.
- Among people receiving Risk Mitigation Guidance medications, 52% were prescribed opioids, 24% were prescribed stimulants, 20% were prescribed alcohol withdrawal management medications, and 12% were prescribed benzodiazepines.
- There were 46,886 unique Risk Mitigation Guidance dispensations, 94% of dispensations were dispensed daily.³¹

Prescribed Safer Supply

In July 2021, the Province released a new policy to expand access to prescribed safer supply. BC's *Prescribed Safer Supply* policy, supported by \$22.6 million in funding through Budget 2021, enables regional health authorities to offer pharmaceutical alternative medications to toxic street drugs to people at risk of drug poisoning events and deaths. The release of this policy and related funding supported regional health authorities to begin planning and implementing prescribed safer supply programs, as well as monitoring and evaluation activities related to this new initiative.

MMHA developed this policy in consultation with a range of partners and stakeholders, including medical doctors, nurses, pharmacists, people with lived and living experience, the First Nations Health Authority, and all regional health authorities, and Indigenous-led organizations. In accordance with the federal Controlled Drugs and Substances Act, which requires controlled substances be provided by prescription, and the policy provides access to safer supply medications through a prescriber.

³⁰ BC Centre for Substance Use, [Risk Mitigation in the Context of Dual Public Health Emergencies](#), Interim Clinical Guidance, March 2020. Last visited: August 16, 2021.

³¹ Slaunwhite A, Palis H, Zhao B, Nosyk B, Pauly B, Urbanoski K, Xavier, C. (2021). *Evaluation of the Risk Mitigation Guidance in British Columbia – Interim Findings* (Knowledge Update). BC Centre for Disease Control.

The new prescribed safer supply policy will be implemented through a phased approach, beginning with existing health-authority funded programs that already provide alternatives to illicit drugs (e.g., opioid agonist treatment, iOAT and TiOAT programs). These programs will be supported to offer new medications, initially focusing on a priority list of opioids, and to increase program capacity by hiring new staff and expanding program sites. Health authorities are also exploring ways to increase the reach of prescribed safer supply, such as through service hubs, virtual care, and outreach teams. Prescribed safer supply services will also be delivered through the federally funded SAFER programs in Vancouver and Victoria.

Phase 1 of prescribed safer supply implementation is expected to be in place for 18 to 24 months. This will allow for data to be collected to assess this approach and to provide opportunity for rigorous monitoring and evaluation to inform future expansion and development of this initiative.

Community-Based Initiatives

MySafe is a biometrically accessible dispensing machine that disburses prescribed hydromorphone tablets to patients in community settings at a pre-determined dose and schedule. MySafe is designed to provide people who use illicit opioids with access to a secure, safer pharmaceutical alternative without the need to visit a pharmacy. MySafe established their first pilot site in Vancouver in December 2019. The pilot served fourteen individuals and early evaluation indicates positive results. Funding has been secured through Health Canada's Substance Use and Addiction Program (SUAP) to expand MySafe to two additional locations in B.C.; one in Victoria and an additional site in Vancouver. With the two additional sites, MySafe will have the capacity to serve 144 British Columbians. SUAP funding will also support MySafe's expansion into Nova Scotia and Ontario.

The **Safer Alternatives for Emergency Response (SAFER)** Initiative, which is funded by [Health Canada's Substance Use and Addictions Program](#) and provided through Vancouver Coastal Health and AIDS Vancouver Island, provides a flexible safer supply model with health care provider oversight. It aims to integrate harm reduction, public health, social services and addiction medicine to address overdose risk posed by the toxic illegal drug market through the prescription of pharmaceutical grade opioids to those at greatest risk of overdose death. Federal funding for these SAFER projects is committed until March 31, 2023.

Ending Stigma

Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.

Decriminalization

Decriminalization can help reduce the marginalization and stigma surrounding substance use. By treating substance use as a health issue, rather than as a criminal matter, people who use drugs are in a better position to access health, harm reduction and/or social services when and where they are most beneficial.

In April 2021, the Honourable Sheila Malcolmson, Minister of Mental Health and Addictions, announced that BC will work to address stigma by officially requesting a federal exemption to the *Controlled Drugs and Substances Act* from Health Canada to decriminalize personal

possession of drugs in the province, in order to remove the shame that often leads people to hide their drug use and prevents them from reaching out for life-saving help. Officials with the Ministry and Health Canada have been working on an agreement that outlines how the province will work with Health Canada to apply for this exemption. The Ministry of Mental Health and Addictions is currently working with people with lived and living experience, law enforcement, health system partners, and regional and local stakeholders to develop a framework for province-wide decriminalization that will support the exemption request. This work will complement the Province's comprehensive package in response to the illicit drug toxicity crisis.

Stigma-Reduction and Educational Campaigns

The Ministry of Mental Health and Addictions has continued to promote stigma-reduction and myth-busting information about the overdose crisis and the toxic drug supply. Specifically, social marketing has focused on reducing harms in community and promoting factual information, including promoting ways to stay safer when using drugs such as downloading the Lifeguard app or accessing safer alternatives to the toxic drug supply. Between January and July 2021, there was increased engagement on behalf of British Columbians with StopOverdoseBC.ca. In total, there were 113,694 visits to StopOverdoseBC.ca and 135,002 page views in this period.

First Nations Health Authority has provided five regionally-based webinars on ['Having Difficult Conversations Around Substance Use'](#) in Chilliwack, Surrey, Bella Coola, and Quesnel to diminish stigma and lateral violence among substance users.

Addressing the Full Range of Supports and Social Factors

Community Crisis Innovation Fund

Supports community-driven, innovative strategies and actions that draw on the expertise of local service providers and people with lived experience.

Community Action Teams

Community action teams (CATs) receive \$2.75 million in grant funding to develop local, integrated planning and strategies to address the overdose crisis. There are currently 36 CATs in high-priority communities throughout the province which help communities form partnerships and strategies to address the drug poisoning emergency at a local level.

CAT initiatives help save lives, address stigma, connect more people to treatment and recovery, bolster harm reduction initiatives, and support cross-sector partnerships.

Supporting Rural, Remote and Indigenous Communities

On December 8, 2020, the Province announced \$1.3 million in funding to support overdose response and awareness in rural, remote, and Indigenous communities across the Province. The one-time grants of up to \$50,000 provide funding to community groups, service providers and Indigenous-led organizations to support rural, remote, and Indigenous communities to carry out local actions to address the overdose crisis. Examples include relationship building and knowledge sharing among service providers, support for organizations to develop harm-reduction policies and awareness programs aimed at reducing stigma, and community wellness programs that connect people to lifesaving supports and services. Grant funding also focuses

on providing communities opportunities to carry out actions identified at the Rural and Indigenous Action Exchange to address the overdose crisis at the local level.³²

The funds are administered by the Community Action Initiative (CAI) and MMHA. CAI opened a Request for Proposals on December 4, 2020 which closed on January 22, 2021. Grants were awarded to 23 rural, remote, and Indigenous communities and organizations to support rural, remote, and Indigenous overdose initiatives or projects between 2021 and 2022.³³

Peer and Family Supports

Funding is available for People with Lived/Living Experience (PWLLE) to engage and play a vital role in the provincial overdose response. PWLLE are also using these continued investments to build a provincial network where people who use drugs may share their experience and expertise.

Funding is also available to support family support networks. One such organization is Moms Stop the Harm – B.C. which is managing *Stronger Together BC*, a provincial family support and development project that was launched in 2020. *Stronger Together BC* brings together all BC families who have been impacted by substance use related harms. It is engaging families with lived experience who are interested in starting a support group in their community, providing training and development opportunities for families to become Healing Hearts or Holding Hope facilitators, developing a library of resources and toolkits to ensure the success of facilitators across communities, and is developing an evidence base on the impact of grief on Canadian families.³⁴

Industry and Worker Supports

The Vancouver Island Construction Association (VICA), via the Vancouver Island Health Authority, received \$223,500 from MMHA to support construction industry outreach and worker engagement to address the overdose emergency. In 2017, VICA and Island Health partnered to offer naloxone training to members. In January 2021, VICA and Vancouver Island Health's Public Health Strategic Initiatives: Overdose Response Division began partnering on the *Tailgate Toolkit Project*. This is intended to increase access to harm reduction services for those in the construction industry. The *Tailgate Toolkit Project* is a regional effort to:

- develop a standardized trades/transport/industry tailored curriculum inclusive of harm reduction, education about chronic pain, pathways to treatment and OAT, and information about mental health and substance use.
- develop and implement a communications strategy engaging key industry partners including: Forestry Board, Vancouver Island Construction Association, Trucking Association, Fisheries and Aquaculture partners.
- implement job site training in core areas.
- identify learnings and inform recommendations about creating opportunities to decrease risk and to increase linkages to care, and to develop community partnerships.³⁵

³² Province of British Columbia. [New grants to help rural, remote and Indigenous communities combat overdose crisis](#). Ministry of Mental Health and Addictions. December 8, 2020 (Last visited: August 19, 2021).

³³ Community Action Initiative. *Rural, Remote & Indigenous Overdose Grants*. Last visited: August 19, 2021.

³⁴ Moms Stop the Harm. [Stronger Together Family Support Groups](#). Last visited: August 19, 2021.

³⁵ Vancouver Island Construction Association. [The Tailgate Toolkit Project](#). Last visited: August 19, 2021.

Conclusion

The drug toxicity crisis continues to have devastating effects on people who use drugs, their communities, and their families, with the number of deaths in the first six months of 2021 exceeding the number of drug toxicity deaths in the first six months of any year. This is primarily the result of an increasingly toxic drug supply. Higher fentanyl concentrations, increased prevalence of carfentanil, and an increase in unexpected, dangerous combinations of drugs have been observed across multiple drug surveillance data sources.

To address the harms associated with an increasingly toxic and unregulated drug supply, MMHA continues to take action to help people: utilize safer alternatives through prescribed safer supply; access harm reduction supports like overdose prevention services and naloxone; engage at a local level to facilitate community-based responses; and, to find supports through treatment and recovery options where appropriate. MMHA continues to work closely with the federal government, local governments, the Provincial Health Officer, other provincial government ministries and agencies, regional health authorities, FNHA, MNBC, and other Indigenous organizations and community partners to continue to take action to ensure a comprehensive and robust response to the overdose emergency.