BRITISH COLUMBIA

Ministry of Public Safety
and Solicitor General
Coroners Service
Province of British Columbia

File No. :2016:1027:0004

VERDICT AT CORONERS INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE CORONER'S INQUEST PURSUANT TO SECTION 38 OF THE CORONERS ACT, [SBC 2007] C 15, INTO THE DEATH OF

SURNAME	GIVEN NAMES
JANSEN	**Brandon Juhani**

An Inquest was held at Coroners Court, in the municipality of Burnaby

in the Province of British Columbia, on the following dates Monday January 16, 2017 to Wednesday January 25, 2017

before: Michael Egilson, Presiding Coroner.

into the death of JANSEN (Last Name) Brandon (First Name) Juhani (Middle Name) 20 (Age) X Male ☐ Female

The following findings were made:

Date and Time of Death: March 7, 2016 0445

Place of Death: Sunshine Coast Health Centre (Location) Powell River, BC (Municipality/Province)

Medical Cause of Death:

(1) Immediate Cause of Death: a) Mixed Opioid Drug Overdose

Due to or as a consequence of

Antecedent Cause if any: b) Low Tolerance Level

Due to or as a consequence of

Giving rise to the immediate cause (a) above, stating underlying cause last. c)

(2) Other Significant Conditions Contributing to Death:

Classification of Death: X Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

The above verdict certified by the Jury on the 25th day of January AD, 2017

Michael Egilson
Presiding Coroner's Printed Name

Presiding Coroner's Signature

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PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner:	Mr. Michael Egilson
Inquest Counsel:	Mr. Bryant Mackey
Court Reporting/Recording Agency:	Verbatim Words West Ltd.
Participants/Counsel:	Ms. Michelle Jansen represented by Mr. Tim Dickson, Sunshine Coast Health Centre represented by Mr. Neil Chantler, The Province of British Columbia represented by Mr. Robert Payne and Mr. Micah Weintraub, Dr. Jacques Du Toit represented by Mr. David Pilley

The Sheriff took charge of the jury and recorded 7 exhibits. 35 witnesses were duly sworn and testified.

PRESIDING CORONER'S COMMENTS:

The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is to assist the reader to more fully understand the Findings and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's Findings and Recommendations.

This inquest reviewed the death of Brandon Jansen, a young man who at the time of his death was a client at the Sunshine Coast Health Centre in Powell River which provides rehabilitation services to persons addressing alcohol or drug dependencies.

Mr. Jansen had been released from incarceration and had arrived at the Sunshine Coast Health Centre on March 1, 2016, in an attempt to recover from an opioid addiction. Staff testified that Brandon was an engaging young man who seemed motivated to attend treatment. It was reported that Brandon was feeling anxious and struggling with drug thoughts on March 6, 2016, which resulted in Brandon being prescribed additional anti-anxiety medication. His medication was last dispensed that evening at 11:45 p.m. and the staff member noted no signs of intoxication or impairment. Later, Brandon was seen with two other clients outside having a cigarette. Brandon then left to return to his room at 2:45 a.m. March 7, 2016. This was the last time he was seen alive.

At about 5:00 a.m. on March 7, 2016, another client from the centre entered Mr. Jansen's room and found him crouched on the floor near his bed. The client called out, and staff and other clients quickly arrived. They found Mr. Jansen not breathing, cold with purplish skin. 911 was called, and clients and staff began CPR and used an Automatic External Defibrillator (AED) until paramedics arrived.

The paramedics were informed by clients at the centre that they believed Brandon had overdosed on drugs, likely fentanyl. Paramedics continued life-saving efforts and also administered naloxone, a known antidote to an opioid overdose, to Mr. Jansen without success. After about 30 minutes, the paramedics, on advice from an emergency physician, ceased their efforts. Testimony from the paramedic suggested Mr. Jansen had been deceased for at least 20 to 30 minutes prior to their arrival on scene.

Naloxone was not available at the Sunshine Coast Health Centre at the time of Mr. Jansen's death. Centre personnel testified it is now kept on site and staff have begun training in its use. Since Mr. Jansen's death numerous provincial and federal efforts have been made to make naloxone more widely available for situations in which someone is likely to overdose on an opioid.

Two RCMP officers testified that they arrived at the centre at 5:50 a.m. An officer identified Brandon Jansen through his driver's license. The officer testified that there were no overt signs of a cause of death. For example, there were no signs of a struggle and no physical injuries. In Mr. Jansen's room the officers found drug paraphernalia, pills and some green specks suspected to be fentanyl. As part of their investigation, the RCMP attempted to determine how Mr. Jansen had obtained the illicit drugs, but they were not able to do so.

A toxicologist led the jury through the toxicology report identifying that Brandon had ingested fentanyl, acetylfentayl and heroin. He was unable to estimate when the drugs would have been taken but noted that the testing showed the heroin use to be recent. The pathologist, who performed the autopsy, told the jury that he found no physical abnormalities to account for Brandon's death. The pathologist concluded that Brandon was an otherwise healthy young man who succumbed to a mixed drug overdose. Given the levels of drugs detected through the toxicology findings, the pathologist concluded that as Brandon had not been using illicit opioid drugs recently, his drug tolerance would have been lowered resulting in his death.

To help the jury consider recommendations to help prevent similar deaths in the future, evidence was presented with respect to Brandon's experience with corrections, receiving drug treatment, and expert testimony on the range of effectiveness of interventions.

The jury heard testimony that Brandon had spent time at a minimum of 11 detoxification centres, recovery homes and treatment centres since late 2013, and that he was released to treatment centres from correctional facilities on at least three occasions.

Brandon's general practitioner testified that Brandon was physically healthy for the most part but he believed Brandon had ongoing anxiety. Brandon talked to him about heroin and fentanyl use in 2013. Brandon had been hospitalized for a week in November 2015 as the result of a drug overdose. This occurred shortly after Brandon left a residential treatment program where he had been for approximately 5 weeks. Brandon knew his drug tolerance was reduced due to his abstinence.

The jury heard testimony from a number of residential treatment programs where Brandon attended. Several treatment centres described their goals and treatment approaches. They all included group therapies, many of them modelled on a 12-step program, and all had abstinence as the goal. The treatment centres also had medical staff either in house or on contract. Some of the treatment centres used suboxone to taper opioid dependent clients to abstinence. At the time of Brandon's death, licensing to prescribe suboxone was a more onerous process than it is today. Further testimony by many of the treatment centres noted that they currently had access to suboxone and that they were interested in the research literature on the use of suboxone in the treatment of opioid dependency. Most of the treatment centres Brandon attended were privately run and fees were in the range of $25,000 to $30,000 per month.

Brandon left the programs he attended for a number of reasons, including: completing the program or a stage of a program; being asked to leave for bringing drugs into a treatment facility or for inappropriate client interactions; and discharging himself to go and consume drugs. A number of the treatment centres testified that clients would be able to smuggle drugs into a facility if the client was determined to do so. Common security measures included baggage searches, head counts and urine testing. The treatment facilities Brandon attended were voluntary services where clients could leave if they so chose. Treatment centres also testified that in deciding what security measures to adopt, staff and management needed to weigh the risk of clients bringing in contraband versus the need for respecting and encouraging client autonomy.

All of the treatment centres had admission forms for the clients to fill out, and to obtain any additional medical, substance use treatment, or criminal activity records, all required the consent of the client. The amount of background information collected by the treatment centres varied considerably, and there is no provincial standard around this. Testimony was presented that one of the considerations in collecting background information on clients was considering the time the additional background history would take to obtain versus the possibility of the client losing motivation to attend treatment during that time. The Sunshine Coast Health Centre testified that the facility would not have accepted Brandon as a patient had it known his history as revealed at the inquest.

Client outcome data is not a requirement of licensing and where client outcome data was presented, it was done so by the treatment facility through its own chosen methodology. There are no provincial standards requiring client outcome data. Staff qualifications for substance use counsellors were also determined by each of the treatment facilities as there are no provincial certification requirements or regulations for substance use counsellors.

Community Corrections provided testimony on the transition of inmates back into the community and the differences between being released from a correctional facility, a remand centre or from court. For opioid dependent inmates released from a correctional facility, they would be provided a prescription for suboxone to be filled in the community. If an inmate was released from court, they would not return to the correctional facility and may end up being released without a prescription. Testimony was also heard that when inmates were released, they had a two-week waiting period to obtain social assistance. For most, that meant not being eligible for Pharamacare, requiring the inmate to pay for the suboxone. This increased the likelihood that opioid dependant inmates would seek out illicit opioids and engage in criminal activity in order to obtain funds. Further testimony was provided suggesting that connecting inmates with community medical practitioners and pharmacies was important to helping prevent relapse. The jury also heard that probation officers receive 14 hours of mental health and substance use training which is currently being redeveloped. Probation officers have generalized caseloads and it is estimated that 60 percent of clients have mental health or substance use issues. Community Corrections both refers clients to community resources and offers some of its own substance use programs. The primary role of Community Corrections is to ensure protection is in place for both the client and the public.

Brandon's death triggered a licensing review at Sunshine Coast Health Centre under the *Community Care and Assisted Living Act*. The licensing officer testified that the Sunshine Coast Health Centre was the only substance use treatment centre on her caseload. The majority of the caseload involved child care centres. Further testimony identified that the jurisdiction of a licensing officer is primarily around the physical structure of the centre e.g. around meeting health and safety requirements. The focus of an inspection or investigation is on compliance with the *Community Care and Assisted Living Act and Regulations*, not on program effectiveness. Licensed facilities are inspected at least annually. Licensing investigations into a critical incident like the death of Brandon rely on police and coroner investigation as the licensing officer does not want to jeopardize those investigations. There currently is not a dedicated regulation under the *Community Care and Assisted Living Act* specific to substance use treatment facilities. The jury also heard that support recovery homes for people recovering from substance use issues are not licensed but are required to register if they offer three or more beds, and these resources are covered under the Assisted Living part of the *Community Care and Assisted Living Act*. They are often short lived business operations in rented housing. There are

no annual inspections, but rather if complaints are registered, then the local medical health officer has to investigate.

The jury heard testimony from the Centre for Addictions Research of BC with respect to the effectiveness of drug use prevention programs in schools. The research suggests that the reasons for drug use are complex and multifaceted, and that programs which focus on providing students with more information on drugs or scaring them are not effective. According to the testimony, guest speakers and testimonials are also not effective in discouraging student drug use. The testimony suggested that promising prevention practices in schools include involving students in discussions on the meaning and significance of drug use in society and in integrating those discussions in general course curriculum rather than in a separate drug curriculum.

The jury heard testimony from the lead physician at the Crosstown Medical Clinic on the effectiveness of offering medical-grade heroin (diacetylmorphine) and the legal analgesic hydromorphone within a supervised clinical setting to patients with a chronic opioid use disorder. Studies, of which a Vancouver program was a part, demonstrated improved health, reduced illicit drug use and reduced crime involvement for chronic illicit opioid users. Currently, approximately 150 people in Vancouver are receiving this medical treatment and the testimony estimated that a total of 500 people in the lower mainland could benefit from a similar program. Funding was identified as the impediment to expand similar programming. The purpose of taking a harm reduction approach is to accept people where they are at. Not having people using opioids on their own and providing low barrier sites for use can prevent opioid users dying from overdoses.

The testimony made clear that medical grade heroin is not an appropriate first line treatment for opioid use disorders but has shown clear benefit from those patients who are chronic opioid users who have experienced physical and psychological harm. The physician further stated that abstinence is not medically or ethically sound for people injecting opioids on a daily basis.

The president of the British Columbia Association for People on Methadone provided testimony on the experience of an opioid user. He described the methadone maintenance program as being on "liquid handcuffs" because of the need for daily pharmacy attendance to receive the methadone. He identified that methadone patients are cut off the program if they fail a drug test which further forces the user to seek out illicit drugs which have no quality control. He testified that he has found that methadone patients are often treated poorly by pharmacists and doctors who often make methadone users wait for extended periods of time prior to being served. The only treatment programs offered to methadone patients require abstinence from other drugs which the witness believed was unrealistic and setting many up for failure. He stressed the importance of involving those with lived experience in the development of opioid programs and

policy development and further stated that suboxone would be a better opioid substitution treatment for people newer to opioid dependence.

The director of the BC Centre on Substance Use provided testimony on opioid use, opioid substitution treatments, treatment methods, and improving drug treatment in BC.

The director described for the jury how opioids are made both from poppies and synthetically, and that both have powerful pain relieving properties and a serious side effect which suppresses respiratory functioning. During an overdose, this respiratory suppression causes the user to stop breathing, and without intervention, die as a result. Where death does not occur, opioid users can suffer brain injuries from overdoses because of lack of oxygen to the brain.

Opioids such as fentanyl are many times more powerful than heroin, which creates a number of health and social problems. The director described potency by mass as being a significant health danger with fentanyl. This means that fentanyl only requires the use of micrograms which are very difficult to measure outside of a controlled laboratory environment. This creates great inconsistency with what is being sold, and minute variances in the illicit drug production can become lethal for the user. It also creates significant social problems as fentanyl can be transported and shipped in small packages making it much harder to detect than transporting a drug such as heroin which would require a much greater volumes.

The director provided testimony that suboxone was a preferred opioid replacement treatment over methadone because it was harder to overdose on as there is a ceiling effect whereby taking more suboxone does not change the user experience. Because suboxone is safer and easier to manage, medicated patients can maintain more autonomy in their lives, including employment.
The jury was told that detoxing quickly off of opioids is dangerous in terms of withdrawal and relapse, and that although the best treatment outcome for most clients is generally abstinence, the process to achieve that through substitution treatments can be lengthy. Addiction results from both genetic and environmental factors and treatment success can be greatly impacted by social supports. The best treatment models need to be developed and tailored for individual drugs, then tailored to the circumstances of the individual. In terms of secure treatment facilities, there is a lack of evidence correlating security with effective treatment. Coercive treatment has been found to be broadly ineffective but there are exceptions in safety-sensitive fields like aviation where there are good outcomes.

The director outlined for the jury a number of factors that would improve the treatment of substance use disorders in British Columbia. Substance use treatment could improve its effectiveness by building on the experience of a number of medical disciplines through the development of standards and therapeutic guidelines, routine monitoring of outcomes, training

and licensing of practitioners, and identifying clear pathways into the system for clients. The director further noted that separating substance use from mental health within the Health Authorities would help focus the systemic changes required to improve problematic substance use outcomes. The focus of outcomes research should be on mortality rates, quality of life, social functioning, treatment retention and then abstinence.

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Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:

JURY RECOMMENDATIONS:

To: **The Minister of Health**

1. Develop specific substance use treatment facility regulations under the *Community Care and Assisted Living Act*, including with respect to educational qualifications for persons working in such facilities.

Presiding Coroner Comment: *The jury heard evidence of a wide range of qualifications for substance use counsellors working in treatment facilities and that specific regulations for substance use treatment centres do not currently exist for the* Community Care and Assisted Living Act.

2. Ensure free opioid maintenance drugs in the community for people leaving correction centres.

Presiding Coroner Comment: *The jury heard evidence that there is a waiting period between the time inmates are released from correctional facilities and the time they qualify for social assistance. During this period they are not covered by Pharmacare and may have trouble paying for opioid maintenance treatment drugs. As a result this delay increases the likelihood that the newly released inmates may seek illicit opioids and engage in criminal activity to obtain illicit drugs.*

3. Review the need for increasing the number of supervised consumption sites rather than overdose prevention sites.

Presiding Coroner Comment: *The jury heard evidence that treatment standards and guidelines at medically staffed supervised consumption sites provide a greater level of safety than peer supervised overdose prevention sites.*

4. Explore options to create a shared database for the treatment of substance abuse to include medical, psychiatric, criminal and substance abuse treatment records.

Presiding Coroner Comment: *The jury heard evidence that many treatment facilities lacked previous medical and treatment histories for clients and that obtaining any personal medical, criminal or substance use records required the consent of clients.*

5. Explore options for critical incident information sharing with respect to unexpected deaths in substance use facilities among licensees and Health Authorities with the goal of enhancing client safety and risk prevention.

Presiding Coroner Comment: *The jury heard evidence that there was no existing protocol for sharing critical incident information among treatment facilities and the Health Authorities which could provide learning opportunities for better risk management.*

6. Develop standards of practice for treating persons with opioid addictions.

Presiding Coroner Comment: *The jury heard expert testimony and testimony from treatment service providers that evidence-based standards of practice for opioid treatment were lacking.*

7. Provide, develop and improve adolescent substance abuse treatment facilities.

Presiding Coroner Comment: *The jury heard testimony that there are few adolescent substance use treatment facilities in British Columbia.*

To: **The Minister of Health and CEOs of Regional Health Authorities**

8. Consult with persons with lived experience with substance use dependency in policy and program development.

Presiding Coroner Comment: *The jury heard testimony that consulting with persons with lived experience with opioid dependence would provide an important perspective and understanding in developing more effective programs and policies.*

To: **The CEOs of Regional Health Authorities:**

9. Require all substance use treatment centres to educate clients with opioid use disorders about opioid maintenance treatments, the risks of relapse, ensure the understanding of tolerance levels, training for the use of naloxone, and provision of naloxone kits upon discharge.

Presiding Coroner Comment: *The jury heard repeated testimony about the life saving effects of naloxone for persons experiencing an opioid overdose. The jury further heard evidence on the importance of clients with opioid use disorders being made aware of opioid maintenance treatments and how opioid*

tolerance levels are reduced after abstinence which increases the danger of a lethal overdose upon relapse.

10. Require all substance use treatment programs to report back to health authorities on client outcomes.

Presiding Coroner Comment: *The jury heard testimony on the lack of standardized reported client outcomes from treatment facilities and follow up measures.*

11. Provide opioid dependent users ready access to opioid replacement interventions.

Presiding Coroner Comment: *The jury heard testimony that medical and pharmaceutical barriers to accessing opioid replacement interventions placed opioid dependent users at greater risk for using illicit opioids with the accompanying morbidity and mortality risks.*

12. Expand diacetylmorphine and hydromorphone treatment programs for chronic opioid users

Presiding Coroner Comment: *The jury heard expert testimony that medical studies demonstrated that providing access to "legal heroin" for chronic opioid dependent users resulted in improved health and social functioning with reduced criminal activity. The expert testimony made it clear that diacetylmorphine and hydromorphone treatment programs were not considered first line treatment and should be targeted at chronic users through medical treatment programs.*

To: The Minister of Public Safety and Solicitor General:

13. Develop a standard of practice for inmate community release, including the requirement that inmates on opioid maintenance treatment are assigned to community physicians capable of treating them. Inmates also need the ability to apply for social assistance and housing prior to release.

Presiding Coroner Comment: *The jury heard testimony on the importance of opioid dependent inmates being connected with physicians capable of treating them in the community upon release to ensure access to opioid replacement treatments. Without continuity of medical care inmates are more likely to obtain illicit opioids and are at greater risk of dying as a result.*

To: The Minister of Education:

14. Conduct a review of approved drug education resources in line with current evidence-based research. Implement into the education curriculum a substance abuse and addiction program, starting at the elementary level by giving teachers the resources and tools needed.

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Presiding Coroner Comment: *The jury heard expert testimony on the ineffectiveness of many informational and "scare" educational approaches for students including recovering guest speakers and the need for educational resources to be based on evidence-based research.*

15. Have Naloxone kits available in the school system with trained personnel on site.

Presiding Coroner Comment: *The jury heard testimony that naloxone should be available onsite at schools including post-secondary institutions.*

To: **The Director of the BC Centre on Substance Use:**

16. Embark on comparative research of substance use treatment modalities with the goal of determining the features that lead to better client outcomes.

Presiding Coroner Comment: *The jury heard expert testimony and testimony from treatment facilities about the lack of verifiable client treatment outcomes and the need for more research about effective treatment modalities.*

To: The Registrar of the College of Physicians and Surgeons of British Columbia
To: The Chair of the British Columbia Medical Association
To: The Board Chair of the College of Registered Nurses of British Columbia; and
To: The President of the British Columbia Nurse Practitioner Association

17. Ensure membership is aware that suboxone is a first line treatment option for opioid use disorder, as well as the risks and benefits of suboxone relative to methadone.

Presiding Coroner Comment: *The jury heard expert testimony on the relative safety of suboxone as a first line treatment over methadone, as suboxone is difficult to overdose on. Once the opioid user is stabilized on suboxone, treatment can be more easily managed, requiring fewer prescriber visits and less disruption to patients' lives, making it easier to engage in daily living activities such as employment. The jury heard further evidence that tapering patients off of suboxone should occur over an extended period of time to decrease the likelihood of the patient relapsing.*

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To: **The CEO Sunshine Coast Health Centre**

18. Review security procedures and training with all staff.

Presiding Coroner Comment: *The jury heard testimony from a number of treatment centres about the inability of treatment centres to keep drugs out if clients where determined to bring them in, as the centres are not locked facilities. The jury heard additional evidence on the importance of enforcing existing security measures such as searching luggage and ensuring all staff understand existing security measures.*

To: **The CEO all Licensed Substance Use Treatment Centres**

19. Review guidelines regarding cell phone / electronic device polices.

Presiding Coroner Comment: *The jury heard evidence from a number of treatment centres on policies around clients possessing mobile phones. Some treatment centres allow clients to possess mobile phones to maintain contact with families and others prohibit the possession of mobile phones to encourage clients to focus on their treatment.*

20. Ensure all baggage is searched on entering the facility including clients and visitors.

Presiding Coroner Comment: *The jury heard testimony from a number of treatment centres about the inability of treatment centres to keep drugs out if clients where determined to bring them in as the centres are not locked facilities. Enforcement of searching all baggage coming in to treatment centres will make it more difficult to bring prohibited drugs into treatment centres.*

21. Consider greater security measures for monitoring clients and visitors.

e.g. - Fob System for door
- Video System

Presiding Coroner Comment: *The jury heard testimony from a number of treatment centres that they are voluntary programs and that their security measures balance client autonomy with creating a safe therapeutic environment.*