

Final Update to the BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses

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

June 2020

Spring 2020 Deputy Ministers' Message

On behalf of the Ministry of Mental Health and Addictions, the Ministry of Health, and the Ministry of Public Safety and Solicitor General, we are pleased to submit the final progress report on actions taken in response to the *BC Coroners Service Death Review Panel: Illicit Drug Overdoses*.

This joint report contains updates on all priority actions included in the findings of the Death Review Panel and highlights the significant work that has taken place since the report was released in 2018.

This work has only been possible as a result of the coordination across ministries and the important contributions of our partners and communities throughout the province.

We remain committed to informing British Columbians of the actions that we are taking to reduce overdose deaths by improving the substance use system of care and we thank the Chief Coroner and the BC Coroner's Services for their key role in the province's response to the overdose emergency and for drawing attention to critical changes needed to escalate that response.

Background

On October 11, 2017, the BC Coroners Service (BCCS) convened a death review panel to analyze the facts and circumstances associated with 1,854 overdose deaths occurring between January 1, 2016 and July 31, 2017. The mandate of the death review panel was to provide BC's Chief Coroner with advice on medical, legal, social welfare, and other matters concerning public health and safety, and prevention of deaths. The report and recommendations of the death review panel were released on April 5, 2018. The three recommendations were:

- Ensure accountability for the substance use system of care
- Expand OAT and assessment of substance use disorders
- Expand drug use safety options

Eleven priority actions were identified to guide the implementation of these recommendations.

Context

In 2017, the year that the death review panel was convened, approximately four people a day were dying of illicit drug toxicity across BC. Fentanyl was detected in over 82 percent of these deaths, which primarily occurred amongst males between the ages of 30 and 59.

The death review panel released its report and recommendations in spring 2018. By the end of 2018, at least 1,535 British Columbians had died of an illicit drug toxicity, for an average of just

over four deaths per day. Fentanyl was detected in approximately 87 percent of these deaths. As in 2017, males aged 30 to 59 represented the largest demographic among illicit drug overdoses in BC in 2018.

Following the slight increase in deaths between 2017 and 2018, illicit drug toxicity deaths in 2019 had decreased to their lowest level since 2015, falling to approximately 2.7 per day. Although illicit drug overdose deaths remained unacceptably high, the data suggests that BC's efforts to respond to the overdose emergency are having a positive impact in saving lives. Since April 2016, we know that our efforts to expand naloxone, overdose prevention services, and to connect people to treatment has averted nearly 6,000 deaths (5,950). While this data acknowledges significant efforts to prevent illicit drug toxicity deaths, paramedic attended overdose events have not decreased, and the severity of overdose events has increased.

While year-over-year decreases in overdose deaths continued for the first three months of 2020, measures enacted to prevent the transmission of COVID-19 may have unintentionally resulted in negative consequences for people who use substances that has ultimately increased risk of overdose and death. This relates to both increased drug toxicity and the context of use (patterns of use and settings) disproportionately affecting already marginalized people.

The BC Coroners Service reported that at least 554 people died from confirmed or suspected drug toxicity for the first five months of 2020. In May 2020, there were 170 suspected illicit drug toxicity deaths. This represent a 93% increase over the number of deaths seen in May 2019 (88) and a 44% increase over the number of deaths in April 2020 (118).¹

In summer 2018, the First Nations Health Authority released a report on the impact of the overdose emergency on First Nations individuals in BC during 2017. It found that First Nations people in BC were five times more likely to experience an overdose and three times more likely to die of an overdose than non-First Nations individuals. The report was updated in 2019, which showed that the impact of the overdose emergency on First Nations people is increasing, with First Nations people in BC now four times more likely to die of an overdose than non-First Nations individuals.²

Provincial Strategic Direction

The Overdose Emergency Response Centre (OERC) was established in December 2017 within the Ministry of Mental Health and Addictions to spearhead urgent actions to save lives and help connect people living with substance use disorders to treatment and recovery services. The role of the OERC in enhancing accountability and increasing coordination of response efforts has contributed to improved leadership in the areas of addictions medicine, community-based actions, harm reduction services (e.g. naloxone, overdose prevention services, acute overdose

¹ BC Coroners Service. (2020). *Illicit Drug Toxicity Deaths in BC, January 1, 2020 to May 31, 2020*.

² First Nations Health Authority. (2019). *The Impact of the Opioid Crisis on First Nations in BC*. Available at: <https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA-Impact-of-the-Opioid-Crisis-on-First-Nations-in-BC-Infographic.pdf>

risk case management, fast tracking pathways to low-barrier treatment, peer engagement, stigma and human rights). The OERC works closely with 5 Regional Response Teams and 35 Community Action Teams to achieve its goals at the local level. The table below describes the full package of comprehensive interventions.

Strategic cross-sector collaboration occurs through the Joint Steering Committee on BC’s Overdose Response, which includes representation from the Ministries of Mental Health and Addictions, Health and Public Safety and Solicitor General, the Provincial Health Services Authority, First Nations Health Authority, the OERC Clinical Advisory Committee, the Provincial Health Officer and the Chief Coroner of BC.

Comprehensive Package of Essential Services for Overdose Prevention in BC

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p>Naloxone</p> <p>Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access, including:</p> <ul style="list-style-type: none"> • Coverage • Supplies • Trainers • On-going capacity 	<p>Social stabilization</p> <p>Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food:</p> <ul style="list-style-type: none"> • Services for engagement/capacity building to strengthen support networks such as family/friends • Availability of support groups/healing circles, counselling • Access to affordable and/or supported housing • Support programs incorporate capacity to address housing, income, food insecurity
<p>Overdose prevention services</p> <p>Supporting a diversity of community-level, low barrier services tailored to population/community needs, such as:</p> <ul style="list-style-type: none"> • Overdose Prevention Sites • Supervised Consumption Sites • Housing-based initiatives • Strategies to reach individuals using alone 	<p>Peer empowerment and employment</p> <p>Providing individual skills and capacity building initiatives within individuals and communities with lived experience:</p> <ul style="list-style-type: none"> • Diversity of paid peer program opportunities • Peer-led initiatives • Peer training opportunities

<ul style="list-style-type: none"> • Mobile Services • Drug Checking • Safe drug supply (e.g. hydromorphone in supervised settings) 	<ul style="list-style-type: none"> • Programs involve people with lived experience in strategic program planning and decision-making
<p>Acute overdose risk case management</p> <p>Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care:</p> <ul style="list-style-type: none"> • Proactive screening for problematic opioid use • Clinical follow-up • Fast-track pathways to treatment and care • System for monitoring/evaluating patient outcomes 	<p>Cultural safety and humility</p> <p>In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities:</p> <ul style="list-style-type: none"> • Cultural safety teachings and support are available to all service providers • Facility/space and program design is trauma-informed and culturally safe • Continuum of services and support incorporates Aboriginal approaches to healing and wellness • Elders are involved in service delivery and planning
<p>Treatment and recovery</p> <p>Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:</p> <ul style="list-style-type: none"> • Methadone, suboxone, oral morphine, injectable hydromorphone • Continuum of treatment and recovery programs for opioid dependence that combine pharmacological and psychosocial approaches. • Multi-disciplinary approach to pain management. 	<p>Addressing stigma, discrimination, and human rights</p> <p>Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination:</p> <ul style="list-style-type: none"> • Access to legal team to address discriminatory laws and policies that impact harm reduction • Public education resources, campaigns re. stigma • Community-level actions to address barriers in access to services for people who use drugs.

In June 2019, the Ministry of Mental Health and Addictions released [*A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia.*](#) This roadmap, which provides a 10-year vision for transforming BC’s mental health and

addictions system of care, aims to improve access to treatment services, ensure that policy and services remain evidence-based, and deliver culturally appropriate services.

The Roadmap also includes a three-year implementation plan with priority actions across four immediate areas of focus:



In addition to the continued response to the overdose emergency, a number of the other priority actions for improving substance use services align with the recommendations as set out in the Death Review Panel report, including

- Developing a framework for improving the substance use system of care.
- Ensuring best evidence guides care in BC. Increasing rapid access to addictions medicine by adding more prescribing capacity for physicians and nurse practitioners.
- Team-based services that provide ongoing, wraparound care to help people get connected to treatment and then stay connected to services as they work towards recovery.
- Improvements to supportive recovery services through the development of service standards and amendments to the *Community Care and Assisted Living Act*.
- The development of a Provincial Peer Network to ensure that the provincial overdose emergency response is informed by the expertise of people with lived and living experience.

Investments to Support the Provincial Response

Since September 2017, the Province has committed \$746 million to BC's overdose response. This funding, in addition to the investments already being made, was directed to support the most immediate needs, in several key areas including: saving lives, ending stigma, building a network of treatment and recovery services and increasing public safety. This includes such initiatives as the Take-Home Naloxone program and funding for supervised consumption and overdose prevention services.

The province launched the ***Community Crisis Innovation Fund*** in September 2017 to support community-based overdose prevention actions across the province.

In the 2018/19, those funds have been made available through:

- Community Action Team Grants: Funding supported an initial 20 Community Action Teams (CATs) in the communities with the most urgent need. CATs are tasked with implementing multidisciplinary and locally-informed action plans to address the overdose crisis

- Community Crisis Innovation Fund – Stream 2 Innovation Grants: Grants were provided to 27 communities and organizations in BC to support local action to save lives, address stigma and connect more people to treatment and recovery.

In 2019/20 the Province provided additional funding for:

- Community Action Team Expansion: Provided to 35 communities hardest hit by the overdose crisis to escalate local, integrated planning and strategies in response to the overdose crisis.
- Community Wellness and Harm Reduction Grants: Provided to 24 local governments to support locally-led and collaboratively designed community wellness and harm reduction projects.
- Additional Community Crisis Innovation Funded Initiatives: In addition to the investments above, Community Crisis Innovation funding was also provided for peer coordinators and a provincial peer network. See Priority Action 4 below for more information.

Death Review Panel’s Recommendations

As mentioned above, the recommendations of the Death Review Panel: Illicit Drug Overdoses are organized in three major themes:

- Ensure accountability for the substance use system of care
- Expand OAT and assessment of substance use disorders
- Expand drug use safety options

Action to address the specific recommendations has been undertaken by the Ministries of Mental Health and Addictions, Health and Public Safety and Solicitor General alongside many partners and stakeholders. Much work is either complete or well underway.

In the section below we have highlighted key steps taken to-date in each specific priority action recommended.

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.

Ministries responsible: Ministry of Mental Health and Addictions and Ministry of Health

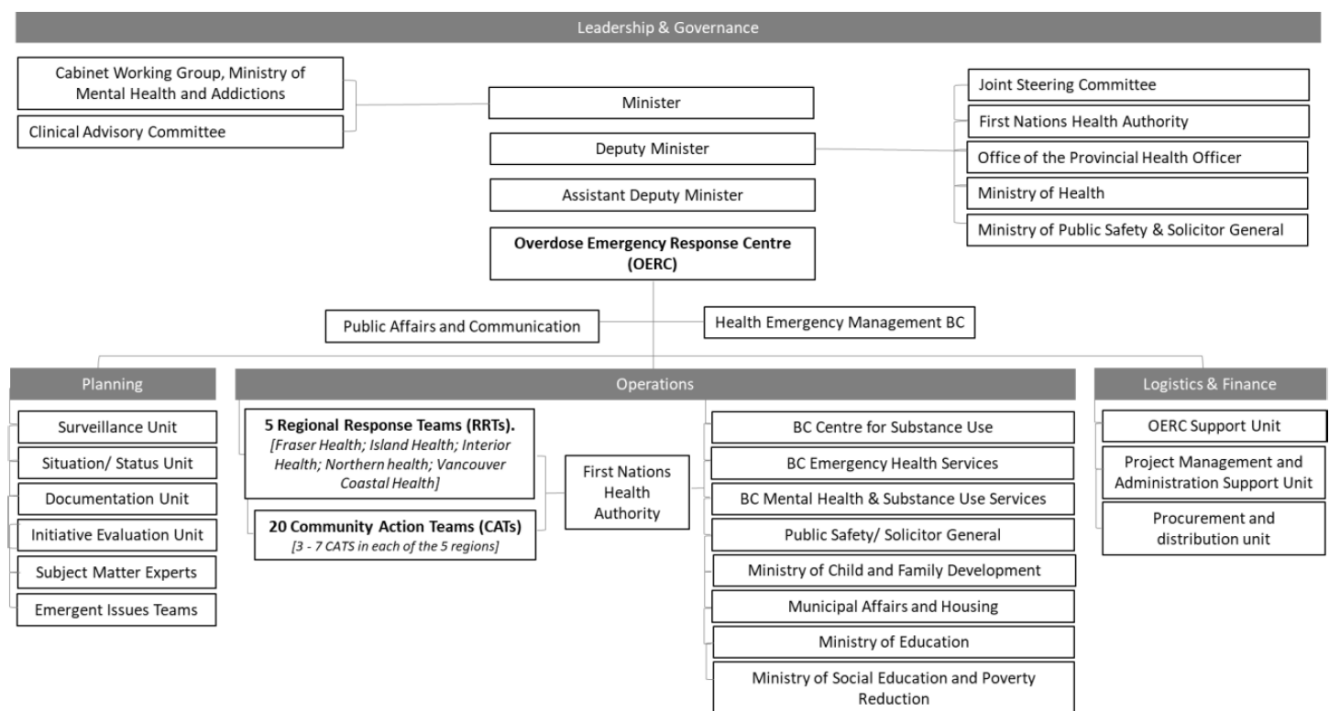
Through the Overdose Emergency Response Centre (OERC) new leadership has been established at multiple levels to escalate the response to the overdose emergency.

Provincial:

- Provincial-level leadership is provided through (see Figure 1 below):

- A Joint Steering Committee formed by the Ministries of Mental Health and Addictions, Health and Public Safety and Solicitor General, the Provincial Health Services Authority, First Nations Health Authority, the Provincial Health Officer and the Chief Coroner of BC.
- A Clinical Advisory Group consisting of the Office of the Provincial Health Officer, BC Centre on Substance Use, BC Centre for Disease Control, First Nations Health Authority and the Medical Health Officers Council; and
- Regular Provincial OERC Meetings that include regional health authority leadership and medical health officers, BC Emergency Health Services, BC Centre on Substance Use, BC Centre on Disease Control, First Nations Health Authority, Community Action Initiative (CAI), Office of the Provincial Health Officer, Public Health Association BC, Provincial Health Services Authority, Health Emergency Management BC and the Ministries of Mental Health and Addictions and Health.

Figure 1: Operational Structure of the Overdose Emergency Response



Note: Community Action Teams increased to 35 in 2019/20.

Regional:

- Regional Response Teams have been established in each health authority and have developed comprehensive regional action plans in response to the overdose emergency.
- All health authorities have received dedicated funding to hire a Regional Response Team Lead.

- Regional Health Authorities continue to partner with the OERC and the BC Centre on Disease Control and the BC Centre on Substance Use (BCCSU) to monitor harm reduction and addictions medicine capacity across each region.

Community-level:

- As noted above, Community Action Teams, including representation from municipal government, Indigenous partners, first responders, front-line community agencies, Divisions of Family Practice, people and families with lived experience, and local provincial ministry offices providing housing, children and family, and poverty reduction services, have been established in provide local leadership and drive change in 35 communities 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.

Ministries responsible: Ministry of Mental Health and Addictions and Ministry of Health

- The Province amended the *Community Care and Assisted Living Act* to increase the authority of the Assisted Living Registrar to provide oversight and ensure compliance. These changes came into force on December 1, 2019 along with the new Regulation for Registered Assisted Living Residences, including supportive recovery. The Regulation was developed in partnership by the Ministry of Health and Ministry of Mental Health and Addictions with input from the First Nations Health Authority.
- The development of a new Assisted Living Regulation that provides minimum health and safety standards. This new Regulation increases the accountability and oversight of registered supportive recovery homes across the province and represents a signification step towards ensuring people living with addiction and their families are better protected and informed about the services they are accessing. The new regulatory requirements will:
 - Ensure employees have necessary training, skills and qualifications, including a minimum of 20 hours of relevant training;
 - Provide program and policy information upfront to individuals and families so they can make informed choices about whether the service is right for them;
 - Develop a personal service plan for each resident to help them reach their recovery goals; and
 - Support individuals to safely transition and connect to ongoing services and supports in the community when leaving recovery homes.

- The changes to the Act also provide the Registry with enhanced oversight powers to take a proactive approach to compliance; including the ability to perform routine inspections and revoke registrations in addition to the existing duty to investigate and report on substantiated complaints.
- To support the implementation of the changes, government has partnered with the Community Action Initiative to provide grants to assist supportive recovery operators to meet the new requirements for employee qualifications and training.
- Building from the regulations developed, the Ministry of Health and Ministry of Mental Health and Addictions are partnering to develop specific standards for supportive recovery services.

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.

Ministries responsible: Ministry of Health and Ministry of Mental Health and Addictions

- In addition to the new regulatory requirements for assisted living residences, changes to the *Community Care and Assisted Living Act* that came into force in September 2018 have added a requirement for the Assisted Living Registrar to post information about unlawfully operating residences as well as summary information about substantiated complaints against supportive recovery residences.
- This information is now available online to help people make better, more informed choices about supportive recovery services.
- In addition, each Health Authority maintains a list of licenced programs.

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.

Ministry responsible: Ministry of Mental Health and Addictions

- The Ministry is involving people with lived and living experience in its work:
 - The Overdose Emergency Response Centre has hired an .5 Peer Coordinator.
 - Most Community Action Teams include representation from peers.

- Peer Coordinators: \$600,000 was allocated to the regional health authorities and the BC Centre for Disease Control to support implementation of peer coordinators or peer related supports for substance use. Peer supports provided through this funding include supporting peer engagement across the substance use treatment system of care including contributing to planning and program design and participating in specific planning tables related to rural/remote, acute and emergency departments, low barrier treatment access and service redesigns; developing resources, tools and strategies to incorporate peer involvement into program and service delivery and participate in the identification, training and support of peers in some health authorities; providing peer resources to act as educators for internal and external partners with respect to peer engagement.
- Provincial Peer Network: Funding was provided to support a provincial peer network coordinated by the BC Yukon Association of Drug War Survivors, which includes membership from numerous peer organizations across the province. The BC Centre for Disease Control (BCCDC) is responsible for disbursing funds in accordance with project deliverables and works with the OERC and the network to ensure funding objectives are met and evaluation activities are planned and implemented.
- In preparation for implementing the Provincial Peer Network, Peer Network building grants were distributed in partnership with BCCDC and CAI. The funds were disbursed to five well-established peer organizations in BC with the goal of building the capacity of the peer networks and keeping with specific criteria.
- There is engagement with individuals and family groups through the Overdose Emergency Response Centre bi-monthly extended operations meetings and on many working groups supported by the OERC.
- A community advisory committee has been established and meets monthly to inform a range of supportive recovery initiatives.

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.

Ministries responsible: Ministry of Health and Ministry of Mental Health and Addictions

- Learning about Opioid Use Disorder (LOUD) in the Emergency Department is a new 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 25 emergency departments will learn about opioid use disorder, engage in quality improvement activities, share lessons learned and successful strategies, and tackle stigma and treatment barriers in their departments. Led by a group of interdisciplinary expert

faculty in emergency and addictions care, teams will use an all teach all learn collaborative model to improve OUD care in their departments. LOUD was originally scheduled to launch in March 2020 but was delayed because of COVID-19. It was relaunched as an on-line learning initiative in May 2020.

- All Regional Health Authorities have developed Emergency Department follow-up mechanisms for post overdose follow-up and are required to report out on progress and identify upcoming actions annually.
- An OERC-led working group on Overdose Risk Outreach and follow-up continues to explore expanding regional capacity through developing capacity in hospitals and emergency departments to deliver Opioid Agonist Treatment (OAT) and conduct follow-up care to support transitioning patients to community treatment/other supports.
- On September 5, 2018, the Government of British Columbia and the Government of Canada entered into an agreement whereby British Columbia received approximately \$33.9 million in one-time funding over four years to support single or multi-year projects that will improve access to evidence-based treatment services for problematic substance use, including opioid use. One of the priorities under the agreement is to address gaps in the system of care that lead to missed opportunities to connect people who have recently experienced an overdose, or who are at elevated risk of overdose, to treatment options. These “Hope” initiatives are funded for \$12 million across the five regional health authorities through to 2021/22.
- As part of the “Hope Initiatives”, the health authorities, in partnership with first responders, e.g. police and ambulance, are building a system that proactively reaches out to these individuals. This includes creating referral pathways through first responders, and through community services, for follow-up, care planning, and to treatment and care.

Priority Action 6: By April 30, 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 Treatment (OAT) and injectable Opioid Agonist Treatment (iOAT) for treatment of persons with opioid addiction not responsive to oral OAT, or at risk of overdose.

Ministry responsible: Ministry of Health and Ministry of Mental Health and Addictions

- In 2017 the BC Centre on Substance Use (BCCSU) became responsible for clinical care guidance for health care professions prescribing medications to treat opioid use disorder (OUD). Resources available include provincial seminars on OAT, an online addiction medicine diploma program, and prescriber education for OAT.

- Between July 2017 and April 1, 2020, more than 4,300 prescribers have enrolled in BCCSU's Provincial Opioid Addiction Treatment Support Program and are supported by 135 preceptors located across the province since July 2017.
 - As of February 2020, more than 500 practitioners have completed training to prescribe opioid agonist treatments through the BCCSU; 107 are Nurse Practitioners; and, 50 prescribers have completed training in injectable opioid agonist treatment (iOAT) since July 2017.
 - Between February 2019 and April 1, 2020, the BCCSU's Addiction Care and Treatment Online Certificate (ACTOC) has had more than 13,000 registrants. The previous Online Addiction Medicine Diploma program had more than 13,000 registrants from May 2017 to February 2019 before transitioning to ACTOC.
 - The BCCSU, BC Pharmacy Association and Ministry of Health are also collaborating to provide OAT training to pharmacists. From January 19, 2019 to March 14, 2020, 80 in-person workshops were held around the province and 2,444 pharmacists trained. The program has been suspended as of March 15, 2020 due to COVID-19 and is being converted to a completely virtual experience. 89 pharmacy technicians have also completed the online only component of the program as required by the College
- In addition to increasing prescriber training and capacity, the OERC in conjunction with key partners including the Ministry of Health have expanded the availability of Opioid Agonist Treatment (OAT). OAT is an evidence-based and effective treatment for opioid use disorder (OUD). The number of individuals on OAT and the number of providers continues to increase each month. Buprenorphine/naloxone and slow-release oral morphine are increasing faster than methadone, as expected.
 - To respond to concerns expressed by stakeholders, as of May 2019, PharmaCare listed an alternate option of methadone, Metadol D 10mg/mL as a regular benefit. As of October 1, 2019, compounded methadone is now available with exceptional special authority and is covered under PharmaCare, as a treatment option for people living with opioid use disorder also in response to concerns raised. As of April 30, 2020, Sublocade™, a long-acting formulation of buprenorphine, administered monthly via abdominal subcutaneous injection, is a limited coverage Pharmacare benefit, further expanding OAT options in BC.
 - Developing pharmaceutical alternatives to toxic drugs has emerged as a high priority in BC's ongoing response to the overdose emergency. Pharmaceutical alternatives create safer treatment options for people who have been unsuccessful with traditional OAT and other treatment methods. Some of these alternatives include:
 - Injectable OAT (iOAT) uses diacetylmorphine or hydromorphone administered in a highly-structured clinical setting. BC has increased access to iOAT in all health authorities with the exception of Northern. Clinics are in all high-need communities

as determined by overdose surveillance data, including Surrey, Kelowna, Victoria and multiple Vancouver locations. iOAT capacity will be increasing by more than 40% — from 304 across 6 sites (3 in Vancouver, 1 in Surrey, 1 in Kelowna, and 1 in Victoria) to approximately 440 across 8 sites (new sites in Vancouver and in Abbotsford). Additionally, there is an iOAT site at the Dr. Peter Centre funded through Health Canada’s Substance Use and Addiction Program which has capacity for 25.

- Tablet Opioid Agonist Therapy (TiOAT): Tablet injectable opioid agonist treatment (TiOAT) is a program model of “as needed” medication for treatment of opioid use disorder and is a lower barrier, more flexible alternative to traditional iOAT. In January 2019, the Portland Hotel Society (PHS) launched a program at the Molson Overdose Prevention Site (OPS) in Vancouver using hydromorphone tablets as part of the iOAT continuum of care.
- In November 2019, government approved the expansion of TiOAT from 50 patients to 335 in Vancouver Coastal and Interior Health Authorities (Kamloops). Recently, Fraser Health received approval to provide TiOAT for 25 patients, thus increasing the provincial capacity to 360.

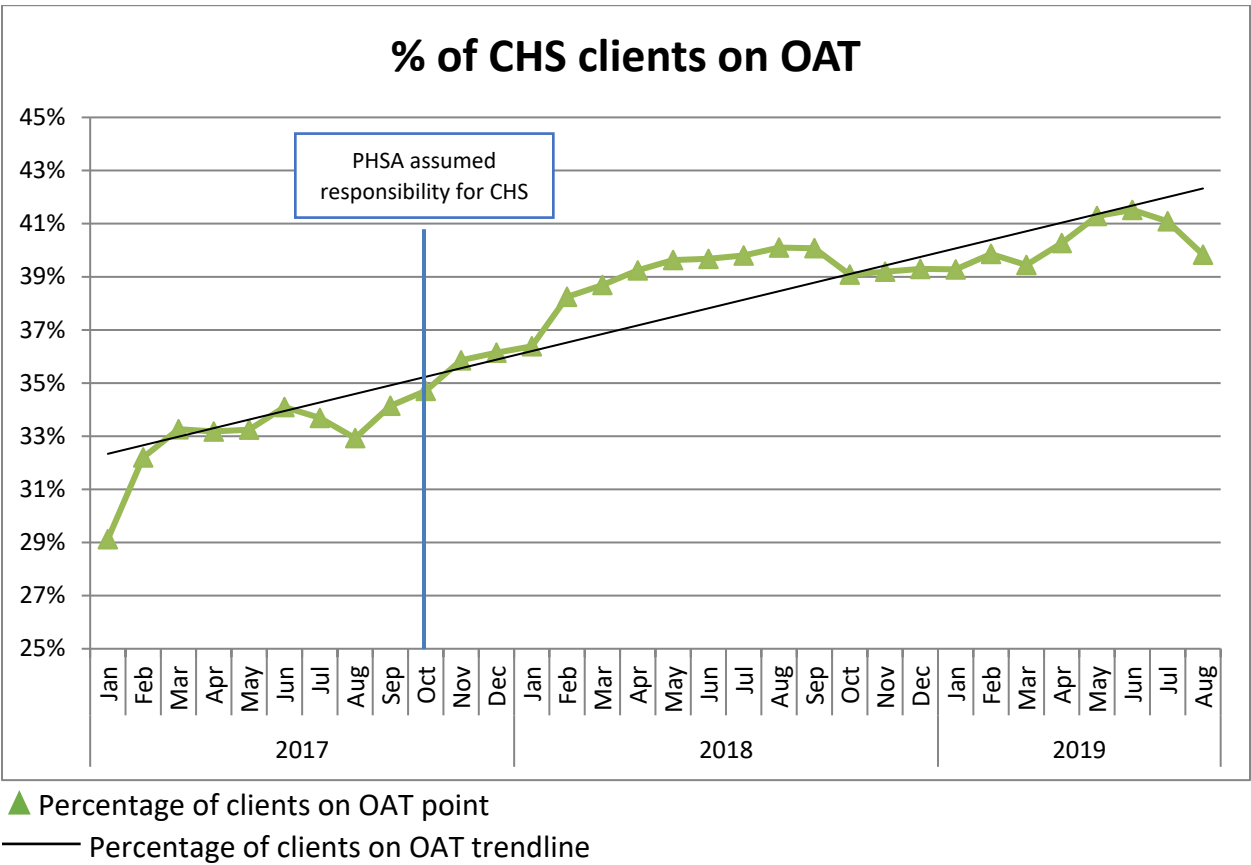
Priority Action 7: By September 2018, BC Corrections in collaboration with the Provincial Health Services Authority and regional health authorities will ensure those released from incarceration have access to Take Home Naloxone kits, are aware of how to access drug checking services, and are linked to the spectrum of addiction services in their community, including Opioid Agonist Therapy.

Ministry responsible: Ministry of Public Safety and Solicitor General and Provincial Health Services Authority

- All corrections clients at risk of opioid overdose are offered Take-Home Naloxone and education before discharge.
- Information and education on overdose prevention sites and drug checking services is provided upon release.
- Access transition nurses in place in all 10 correctional centers help clients transition and connect with addictions services in the community.
- The Provincial Health Services Authority has implemented five community transition teams to enhance continuity of care for clients diagnosed with an opioid use disorder (OUD) as they transition from the correctional centre environment to the community.

- People with lived experience have been hired and embedded in the transition teams.
- The transfer of responsibility for treatment of individuals incarcerated within BC Corrections facilities to the Provincial Health Services Authority has led to an increase in the number of individuals in custody who are accessing opioid agonist treatment (OAT), with approximately 40 percent of people in BC Corrections facilities now receiving OAT (see Figure 2 below).

Figure 2. Percentage of Correctional Health Services clients accessing OAT



Priority Action 8: By April 2019, BC Corrections, in collaboration with the health authorities will ensure those on community supervision will have access to 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

Ministry responsible: Ministry of Public Safety and Solicitor General

- Community Corrections Offices have Take Home Naloxone kits and training available to community supervision clients. Community corrections has also partnered with the regional

health authorities and the BC Centre for Disease Control to provide ‘Train the Trainer’ certification to approximately half of community corrections staff across the province. These certified trainers are available to provide basic training to colleagues in their offices.

- BC Corrections maintains a list of residential addictions treatment centres, detoxification centres, and supportive recovery houses that are licensed or registered by a government entity. Sentenced offenders with court-ordered conditions to address substance use are referred to treatment centres, detoxification centres, and registered and licensed supportive recovery services.
- Other programs utilized by community supervision clients include: BC Corrections’ Substance Abuse Management program, health authority managed outpatient programs, and other local programs.

Priority Action 9: By April 2019, the Ministry of Mental Health and Addictions will establish and evaluate community-based drug checking services.

Ministry responsible: Ministry of Health and Ministry of Mental Health and Addictions

- As of March 2019, fentanyl-test strips are currently available at all locations across the province offering supervised consumption services (SCS) and overdose prevention services (OPS).
- In partnership with regional health authorities, local community agencies, and various levels of government, the BC Centre on Substance Use (BCCSU) offers anonymous, free drug checking at select locations across British Columbia.
- Drug checking through the BCCSU pairs the use of a Fourier Transform Infrared (FTIR) spectrometer with fentanyl immunoassay strip testing. The FTIR can rapidly and accurately identify a wide range of compounds present in a sample, and the immunoassay strips are able to detect even trace amounts of fentanyl and some analogues.
- This service can test a range of substances, including opioids, stimulants, and other psychoactive drugs such as MDMA. Results are usually available in fewer than 10 minutes. As of February 2020, Fourier-transfer infrared spectroscopy (FTIR) drug checking is available in the Lower mainland and in the Interior.
- Vancouver Coastal Health and Interior have undertaken evaluations of the effectiveness of immunoassay fentanyl detection test strips.
- Addition of drug checking services at mass gatherings (e.g., festivals) has been implemented in partnership with event organizers and health authorities and the Office of the PHO has provided a letter of support.

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.

Ministry responsible: Ministry of Health

- In collaboration with Provincial Health Services Authority, CareConnect, a clinical viewer (similar to an Electronic Medical Record), now includes PharmaNet to support physicians.
- The addition of PharmaNet access to the clinical viewer makes it easier for physicians to review prescription information, which is particularly important when prescribing opioids. A pilot with Vancouver Coastal Health has provided 74 physicians with access to PharmaNet through CareConnect, the provincial eHealth viewing program. Many of those who declined access to PharmaNet through CareConnect already had access through other channels. An evaluation was undertaken in October 2019 and participating physicians have provided preliminary feedback on the benefits they have experienced by having access to PharmaNet and provided suggestions on how to improve the enrollment process. The Ministry of Health is working through the results to identify areas for improvement.
- New Ministry conformance standards have been published for EMR Vendors to review. The intent is to work with EMR Vendors to conform and ultimately achieve EMR/PharmaNet integration where prescribers will have real-time access to a patient's medication profile before prescribing. An independent assessment was completed at the end of March 2020 that validated a PharmaNet approach and to start working with EMR and Pharmacy vendors in the coming months to enable electronic prescribing functionality end to end.
- Ministry of Health is also working with stakeholders to ensure PharmaNet initiatives are aligned and to leverage opportunities that will facilitate and enhance PharmaNet integration.

Priority Action 11: By September 2018, the Ministry of Health will ensure access to PharmaNet medication information for all regulatory Colleges of health care professionals prescribing and dispensing opioid medications.

Ministry responsible: Ministry of Health

- In 2019 College of Physicians and Surgeons (CPSBC) were contracted to develop a modern, robust BC Prescription Monitoring Program (BC PMP).
- An advisory committee has been struck with representatives from: Ministry of Health, Ministry of Mental Health and Addictions, the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, BC College of Nursing Professionals, the College of

Naturopathic Physicians of BC, the College of Midwives of BC, the College of Dental Surgeons of BC and the BC Coroner's Service

- The Summary Report of the BC Prescription Monitoring Program has been presented to the Ministry of Health and is currently being considered to inform the next stage of the work.
- A Project Manager has been hired by CPSBC to assist with the design, development and implementation of the program.
- The Ministry of Health is working with the Colleges to provide all needed data access to develop reports needed for operations of the PMP. This includes access to PharmaNet information for all prescribers and dispensers of medication in BC.

Conclusion

Since the declaration of the public health emergency in April 2016, the Province and its partners have laid the groundwork for a much-needed transformation of BC's substance use system of care. While the overdose emergency has highlighted the need for this work, the gaps in care for all substance use challenges have persisted for many years.

Considerable work has been undertaken to implement the priority actions related to each of the recommendations in the death review panel's report. While actions to respond to all of the recommendations have now been fully implemented or are underway, we continue to build on these foundations to strengthen the system of care across the province and to continue to escalate the response to the overdose emergency. Collectively, the implementation of the priority actions 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.

While this update represents the last formal response to the death review panel's report, we are committed to continuing the important work toward the goals and intent of the report's recommendations.

This ongoing work will require continued leadership by and collaboration between all levels of government, the health and social services sector, Indigenous communities, and other stakeholders. It is our hope that by continuing to prioritize the recommended actions in the death review panel's report, we will make meaningful progress toward our goal of creating a system of care that will serve British Columbians well for years to come.