



September 29, 2022

1223116

Ms. Lisa Lapointe
Chief Coroner
Office of the Chief Coroner
PO Box 9259 Stn Prov Govt
Victoria BC V8W 9J4

Dear Ms. Lapointe,

Since the release of the *BC Coroners Service Death Panel: A Review of Illicit Drug Toxicity Deaths* on March 2, 2022, the Ministries of Health, and Mental Health and Addictions, as well as health authorities have undertaken a comprehensive review of actions that respond to the recommendations contained in the report. You will find those details in the attached document.

As you know, the Province has accelerated its response to the ongoing public health emergency declared in 2016 and has, since that time, invested more than \$1 billion in additional funding to expand existing services and add new resources across the full spectrum of substance use care.

I would be pleased to answer any questions or provide you and your office with a briefing on this response.

Sincerely,

Darryl Sturtevant, Assistant Deputy Minister
Ministry of Mental Health and Addictions and
Ministry of Health

Attachment

pc: Christine Massey, Deputy Minister, Ministry of Mental Health and Addictions
Stephen Brown, Deputy Minister, Ministry of Health

Health System Response to the Death Review Panel

BC Coroner's Service Death Review Panel: *A Review of Illicit Drug Toxicity Deaths (2022)*

Summary of Provincial Health System Actions

Recommendation 1: Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply

Actions Underway

The Ministry of Health (HLTH) and Ministry of Mental Health and Addictions (MMHA), in partnership with health authorities, are providing a safer alternative to illicit street drugs through British Columbia's Prescribed Safer Supply initiative, which is within the province's legal jurisdiction. Additionally, they are also advancing drug checking initiatives through both point-of-care drug checking service models in overdose prevention sites, and distributed drug checking models that allow samples to be dropped off and transported for analysis.

HLTH/MMHA:

Prescribed Safer Supply:

- In March 2020, the MMHA and the BCCSU released the [Risk Mitigation Guidance in the Context of Dual Public Health Emergencies](#) (updated January 2022), which provided clinicians direction for offering prescribed safer supply. It was the first of its kind in Canada to support physicians and nurse practitioners to do harm reduction prescribing.
- In July 2021, the Ministry of Mental Health and Addictions (MMHA) released [Access to Prescribed Safer Supply in British Columbia: Policy Direction](#) to expand the range of substances that could be prescribed, and directing health authorities to include PSS in HA services, as well as enabling evidence generation through evaluation of outcomes for patients and communities.
- MMHA and HLTH are working with the health authorities to implement Prescribed Safer Supply across the province, with consideration for population and regional differences, including health human resources. Specific actions are detailed below, for each health authority.
- MMHA has contracted with the Canadian Institute of Substance Use Research at the University of Victoria to lead a consortium of academic partners in a robust evaluation of the implementation and outcomes of prescribed safer supply.

Regional Health Authorities have been funded to support access to safer supply distribution in BC. Their implementation builds on existing criteria outlined in the Risk Mitigation Guidelines and the Prescribed Safer Supply provincial policy directive released in July 2021. Health Authorities provide expertise and advise MMHA regarding the establishment of eligibility criteria for pharmacological interventions, cultural safety, and a critical lens on the realities of rural people and communities. As criteria is established, Health Authorities are providing their respective regions with education and clinical support to increase knowledge and uptake, in most cases beginning with pharmaceutical fentanyl formulations such as fentanyl patches.

Interior Health (IH)

- Implementing prescribed safer supply services/programs in Kelowna, Vernon and Kamloops. IH is also supporting Prescribed Safer Supply pilot projects in Penticton and Nelson.

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- Established the COVID Virtual PSS service—to ensure those needing to isolate had access to PSS in 2021—is transitioning to a Virtual Addiction Medicine Clinic, which launched June 1, 2022. Pharmacy models are also being explored for delivery in rural/remote communities.
- All PSS services/programs are participating in the Provincial evaluation, including the Kamloops Tablet injectable Opioid Agonist Treatment (TiOAT) program and the Kelowna injectable Opioid Agonist Treatment (iOAT) clinic as they expand into PSS options.
- Established a Peer Advisory group with 33 members with lived or living experience who are engaged regularly in health system planning, design and implementation; the IH's Toxic Drug Supply Task Force and Substance Use Framework Steering Committee both have peer representatives.
- Phases 2 and 3 of PSS are underway and are focused on expanding reach (including rural and remote communities) and uptake of provincial clinical protocols/guidance to support broader access.

Fraser Health Authority (FH)

- Established a Fentanyl Patch program at the Surrey iOAT Clinic. Fentora protocols are being explored. Expansion of Fentanyl Patch provision in a more geographically distributed model are being established in OAT clinics throughout the region. All Fraser Health Rapid Access Addiction Clinics (RAACs) provide assessment and management of all substance use disorders, including consideration for prescribed safer alternatives/risk mitigation prescribing since March 2020. There is ongoing intake availability into iOAT and TiOAT; Fraser Health prescribes all medication options currently available, including diacetylmorphine (DAM).
- Provides surveillance data to the BCCDC and is collaborating on the monitoring and evaluation of PSS.
- Created a Peer Strategy in 2019, which includes embedding peers into outreach teams, ensuring integration of Peers in development of programs, and removing barriers to access and applying peer expertise to harm reduction efforts. Expanding strategy to integrate peers into overdose response work throughout the region, including the establishment of peer advisory group.
- The South Asian Health Institute (SAHI) leads community engagement work related to overdose response, specifically engaging with the South Asian community. SAHI is leading the development and translation of resources for OAT licensing and Naloxone kit distribution by South Asian physicians/pharmacists and maintains a communication/social marketing strategy relevant to the South Asian population in the region.

Island Health Authority (VIHA)

- Will award contracts for 3 PSS initiatives across its region by Fall 2022 with expected implementation in Fall/Winter 2022 - including awarded contracts in Center/North Island and South Island; Island Health will support providers and clinicians to link clients into the full range of services and supports available locally and regionally, including the AVI Health and Community Services federally funded Safer projects to ensure linkages and connections for clients are maximized.
- Island Health will contribute to the provincial evaluation of Prescribed Safer Supply, collect and submit data to contribute to the BCCSU TiOAT and iOAT evaluations, and continue monitoring and evaluation activities for the SUAP project monitoring and evaluation.
- Island Health also plans to integrate a Peer Project coordinator in Prescribed Safer Supply work, including people with lived/living experience in the planning and provision of Prescribed Safer Supply and iOAT.

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Vancouver Coastal Health Authority and Providence Health Care (VCH/PHC)

- Increasing access to services by increasing number of iOAT spaces available in the region, supporting an increase in prescribers able to support these programs and the piloting of PSS interventions such as the SAFER program, focused on the generation of evidence for novel fentanyl replacement options. SAFER patients can be referred to the PHS Enhanced Access program once stable.
- Focusing on building on existing SAFER PSS program guidance to rapidly expand access to fentanyl replacement options at other VCH/PHC PSS sites. Currently there are 60 prescribers supporting 5 PSS programs. The Sechelt OAT clinic has just started offering fentanyl patches. Other prospective sites include Indigenous clinic in the DTES, Powell River iOAT program to offer fentanyl patch; PHC also has created a plan for pharmaceutical Alternatives in Acute Care (PAAC).
- There are 6 iOAT programs operating within the VCH/PHC region, including an Indigenous-specific program as well a rural program in Powell River.
- Evaluating all components of the VCH/PHC PSS strategy (either at a local or provincial level, or both) and work with the various academic and other research partners involved in data collection, analysis and dissemination of findings.
- VCH/PHC's Regional Addictions Program and Overdose Emergency Response have two core team members with lived and living experience: a Peer Clinical Advisor and a Peer Operations Coordinator, who are key links to a range of people with lived and living experience in the community.
Working with a range of peer-led organizations including the Vancouver Area Network of Drug Users, the Drug Users Liberation Front as well as many other organizations that have peers at the forefront of their organizations. These organizations are engaged in the development and delivery of a range of programs and services including innovations in pharmaceutical alternatives.

Northern Health Authority (NH)

- Working to finalize its PSS Framework and prepare for implementation; in the interim, prescribed safer supply will be made available for people who meet the criteria established in the British Columbia Centre on Substance Use's provincial protocols for Risk Mitigation Prescribing.
- Growing the reach of PSS and OAT services through expansion of virtual substance use services, increasing the number of prescribers and increasing the locations where PSS can be made available, as well as implementing Registered Nurse and Registered Psychiatric Nurse Prescribing for OAT.
- Northern Health's Mental Health and Substance Use Service Network and Primary Care Service Network will continue to implement targeted expansion of integrated team-based care service delivery to connect people to community substance use services offered by Northern Health or community partners.
- NH has appointed a northern representative to serve as a co-investigator in the provincial evaluation of Prescribed Safe Supply, and it has incorporated evaluation into the implementation planning for Northern Health's PSS Framework.
- Northern Health has contracted a peer coordinator and has established a regional peer network for these the purpose of meaningful engagement in system planning, design and implementation to ensure the safer drug supply and distribution mechanisms.

First Nations Health Authority (FNHA)

- First Nations Health Authority (FNHA) is committed to work with health partners to support the expansion of pharmaceutical alternatives to poisoned drugs in ways that are culturally safe. FNHA's Nursing team has distributed information on supports available for opioid use disorder care (including prescribed safer supply) to First Nations communities through regional caucuses.

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- FNHA nursing and primary and virtual care teams liaise with provincial partners to provide input on the development of safer supply models and are liaising with Ministry of Health to coordinate pharmacy-based access to safer supply.
- FNHA is currently supporting nurse prescribing of OAT including providing support to nurses in First Nations communities to complete the required training and in-person mentoring elements and prescribing through FNHA's Virtual Substance Use and Psychiatry Service.
- FNHA surveillance team is working alongside existing partners and via appropriate data sharing agreements/pathways to report on specific data for procurement, distribution, utilization and outcomes of PSS, specific to First Nations people. FNHA publishes a monthly Community Situation Report, which includes a summary the actions that the organization is taking in response to the toxic drug emergency.
- FNHA established and supports a Harm Reduction Community Council, a province-wide network of Indigenous people working on Indigenous approaches to harm reduction, providing knowledge sharing across all regions.
- An Indigenous harm reduction portal, created in partnership with Indigenous peers, will be launched in 2022 to provide resources and supports. FNHA is hosting Courageous Conversations webinars in each region to encourage people to enter into difficult conversations about substance use, encouraging family, friends, and loved ones to share challenges and reframe discussion to include Indigenous strengths and self-determination. The voice of people with lived and living substance use experience is an important element of these webinars.

Provincial Health Services Authority (PHSA)

- PHSA is collaborating with provincial stakeholders and Indigenous rights holders to develop low-barrier safer supply models offering a range of options that meet the identified needs and preferences of people who use substances.
- BC Centre for Disease Control is supporting monitoring and evaluation for provincial decriminalization and prescribed safer supply initiatives.
- PHSA involves people with lived and living experiences of substance use, elders and knowledge keepers, as partners in design of policies, service planning and care provision. This included providing meaningful input on priority-setting, planning, development and implementation of programs and services; evaluation of substance use and harm reduction services; updating staff education resources on trauma-informed and harm reduction-based care supporting a paradigm shift to normalize substance use.

High Quality and Fast Drug Checking Services Accessible Across the Province:

Access to drug checking services continues to be scaled up across the province, with growth in the establishment of both point-of-care and distributed sites. Fentanyl test strips are widely available through harm reduction sites across B.C., and Fourier Transform Infrared (FTIR) spectroscopy instruments are located in all health regions, with multiple sites offering point-of-care drug checking. Where FTIR instruments are not available, designated Urgent Public Health Need Site (UPHNS) service providers can collect, store and transport illicit drug samples for analysis elsewhere in the region—as of September 2022 there were over 70 UPHNS sites established across the province for distributed drug checking access. The drug checking results data can trigger public alerts about unusual or highly toxic samples, and aggregate results are compiled into monthly summary reports from the BC CSU and the Vancouver Island Drug Checking Project to monitor trends in the illicit drug supply.

HLTH/MMHA:

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- MMHA and HLTH are supporting drug checking expansion across the province with various technologies, including immunoassay test strips (fentanyl and benzodiazepine), Fourier-Transform Infrared Spectrometers (FTIR), or in a few locations such as the Vancouver Island Drug Checking Project noted below, confirmatory mass spectrometry technologies.
- Expansion of access to drug checking services is also being supported by the province’s implementation of a federal exemption to the *Controlled Drugs and Substances Act* to allow for the collection, storage and transport of drug samples for analysis, allowing for a distributed drug checking model that improves access for British Columbians in rural and remote locations.

Interior Health Authority (IH)

- Interior Health has 6 Fourier Transform Infrared (FTIR) spectroscopy instruments providing weekday drop-in services in Nelson, Kamloops, Penticton & Cranbrook; an additional FTIR instrument will be located in Vernon starting in fall 2022.
- Interior Health is currently leading the province in establishing Distributed Drug Checking sites, with 28 registered sites that support the collection, storage, transportation of samples for analysis by FTIR elsewhere in the region.

Island Health Authority (VIHA)

- Island Health currently has 19 designated distributed drug checking sites and has recently deployed 2 portable FTIR spectrometers for use across the region in collaboration with the University of Victoria’s federally funded “Vancouver Island Drug Checking Project”.
- Island Health will continue to support the Vancouver Island Drug Checking Project (University of Victoria and Vancouver Island University partnership) financially and in-kind for supplies and increased distribution of take-home and point-of-care Fentanyl test strips and mail-in drug checking kits.

Fraser Health Authority (FH)

- Fraser Health continues to increase its designated distributed drug checking sites (now at 19 location) and 2 FTIR machines offering point-of-care drug checking services.
- An objective and criteria-based process has been developed to activate toxic drug alerts, which balances providing timely and accurate information to people who use drugs, community partners, healthcare providers, and first responders, without creating stigma around the actual use of substances. This process includes detection, interpretation, decision-making, communication, expansion of harm reduction activities, mobilization of community supports, and obtaining samples of substances for drug checking.
- New partnership program with Peer group in Chilliwack supports peer-based drug checking program in the East.

Vancouver Coastal Health and Providence Health Care (VCH/PHC)

- VCH has FTIR drug checking available at 2 locations in the DTES and are currently supporting the establishment of a third point of care site in Powell River. Additional Drug checking in the DTES will be provided by the Drug Users Liberation Front with an anticipated launch in fall 2022.
- VCH/PHC collaborates with “Get Your Drugs Tested,” a privately funded drug checking site receiving both drop-off samples in Vancouver and mail in samples from elsewhere.
- 13,737 tests were conducted in the VCH region in FY 21/22 with an increase in testing anticipated in FY 22/23.

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- 50,000 Fentanyl test strips were distributed in FY 21/22; anticipate a 20% increase in distribution in 22/23.
- VCH/PHC also participate in distributed drug checking – via harm reduction sites and at Insite, PHC’s OPS at St. Paul’s Hospital, and drug checking services available at all OPS sites and drug checking strips are distributed at 51 sites across the region. A list of key sites is available here: <http://www.vch.ca/public-health/harm-reduction/overdose-prevention-response/drug-checking>.

Northern Health Authority (NH)

- Northern Health’s drug checking is currently available through fentanyl test strips in many community sites, including 24 Northern Health Overdose Prevention Services, and with FTIR machines added in two Northern Health locations.
- Northern Health has implemented a distributed model to broaden the reach of FTIR technology with a focus on strategies to reach First Nations communities. Northern Health and FNHA partner to publish Drug Alerts when the supply is especially toxic or new contaminants are detected.

First Nations Health Authority (FNHA)

- FNHA has expanded fentanyl test strip availability for drug checking over the past year; this is centrally coordinated through FNHA’s Harm Reduction Hub. FNHA has also collaborated with the BCCDC and Northern Health in the deployment of a FTIR spectrometer in the Northern region.

Provincial Health Services Authority (PHSA)

- BC Centre for Disease Control and the Provincial Toxicology Labs work with a wide range of stakeholders to develop and disseminate toxic drug alerts arising from drug checking findings.
- BC Centre for Disease Control and the Provincial Toxicology Labs contribute to drug checking innovations through research projects, such as test strip research projects, and projects that support the timely identification substances of concern in the illicit drug supply.
- BC Centre for Disease Control is currently working in partnership with BC Centre on Substance Use to determine the most effective provincial structures to support the ongoing delivery of drug checking services in BC.

Recommendation 2(A): Develop A 30/60/90 Day Illicit Drug toxicity Action Plan with Ongoing Monitoring.

Actions Underway

Recommendation 2 identifies a need for an illicit drug toxicity response action plan with a strategic management and governance framework. MMHA was created in 2017 with a mandate to build a network of mental health and addictions services across B.C., and to lead the strategic policy direction in the province to address the illicit drug toxicity crisis. To do this, MMHA uses a comprehensive cross-government approach to mobilize efforts across ministries, agencies, and a wide range of health system partners, including HLTH. Other actions have been taken to build a governance framework, address data and information sharing, and enhance communications and reporting as outlined below.

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HLTH/MMHA:

Governance Framework:

- In 2019, MMHA released [A Pathway to Hope](#), government's ten-year roadmap for the development of mental health and addictions care in B.C., including direction for the provincial response to the illicit drug poisoning crisis. This document was developed based on extensive engagement and consultation with key partners, stakeholders, service providers, front line workers as well as people with lived experience.
- MMHA and HLTH have governance and oversight processes that form the framework for a shared stewardship of the health care system's planning and delivery of mental health and substance use services, including the response to the toxic drug supply. Government and health authorities work together to establish priorities, and all provincial cabinet Ministers receive mandate letters from the Premier, with both [MMHA](#) and [HLTH](#) ministers having direction to make addressing the toxic drug crisis as one of their primary responsibilities.
- MMHA and HLTH prepare annual service plans that outline the strategic direction of their respective contributions to health system stewardship, with [HLTH](#) committed to supporting [MMHA](#) in its number one goal of accelerating B.C.'s response to the illicit drug toxicity crisis. In turn, the five regional health authorities (Fraser, Interior, Island, Northern and Vancouver Coastal), as well as the Provincial Health Services Authority receive provincial direction and funding to implement a full continuum of mental health and addiction programs and services based on provincial, local and regional considerations.
- The First Nations Health Authority is embedded across all work to respond to the toxic drug crisis and is a key partner for MMHA, HLTH and all health authorities.
- The drug poisoning public health emergency response is overseen by the Overdose Emergency Response Centre, which is mandated to work with other government partners, health authorities, local Community Action Teams, people with lived and living experience, academic partners, and others to develop and implement provincial evidence-based and innovative strategies to preventing or responding to illicit drug poisonings.
- The Overdose Emergency Response Centre (OERC) works with each of the regional health authorities and FNHA to implement the response to the illicit drug poisoning crisis and brings key partners together regularly to share information and oversee the response.
- A new governance table has been created comprised of ADMs from HLTH and MMHA and VPs from all health authorities and FNHA. The mandate for this new table encompasses all mental health and substance use initiative across the health sector, including the response to the toxic drug crisis.

Data and Information Sharing:

- The Ministry of Mental Health and Addictions and the Ministry of Health work closely with the BC Centre for Disease Control, the Office of the Provincial Health Officer, the First Nations Health Authority, and regional health authorities to share information and provide oversight and monitoring of a range of programs and services relating to the drug poisoning crisis.
- These partnerships also include supporting data access and analysis with academic institutions involved in research and evaluation, particularly of novel response approaches such as prescribed safer supply, nurse prescribing and drug checking.

Communications and Reporting:

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- The BC Centre for Disease Control hosts an [Unregulated Drug Poisoning Crisis Dashboard](#), which provides a publicly-accessible reporting tool for data relating to several key indicators of the drug poisoning crisis and the provincial response; the Dashboard is updated bi-monthly, and data are available at the provincial or regional health authority level, broken down by age and sex where possible.

Health Authorities have identified the following actions and initiatives that address the Death Review Panel's recommendation 2, including:

Interior Health Authority (IH)

- Interior Health's Toxic Drug Supply Task Force is led by the MHSU Network Director / MHSU Medical Health Officer; it also includes MHSU Operational Leads, Peers, Addiction Medicine Leads, Communications, and representatives from the Harm Reduction Team.
- Interior Health's Regional Response Team (RRT) meets monthly with the MMHA's Overdose Emergency Response Centre (OERC), Practice Leads, the MHSU network Director, and designated MHO to help guide and provide updates on the IH response.
- As part of the Interior Health's Substance Use Framework, the supporting document *Time for Change: Interior Health Substance Use System of Care Gap Analysis and Service Inventory (2020)* was completed; this document includes targets and informs the planning for new SU investments in conjunction with morbidity and mortality data.

Island Health Authority (VIHA)

- Implementing re-aligned internal governance structure with dedicated roles focused on the Drug Toxicity Crisis response, including developing a new strategic plan addressing the Drug Toxicity Crisis (July 2022).
- Collaborating with the BCCDC, Coroner's Service, BC Emergency Health Service, and community service partners to solidify and enhance data sharing, analytics and reporting, overseen by dedicated epidemiology and surveillance resources; includes providing regularly updated indicators to Community Action Teams on a timely basis.
- Conducting ongoing data linkages between BC Emergency Health Service paramedic attended drug poisoning events and Coroner's illicit drug toxicity deaths with Island Health service encounters data to evaluate patient's pattern of service encounters prior to poisoning event.
- Implement Island Health Drug Toxicity Crisis Response Communications Strategy, including targeted, responsive Drug Poisoning Advisories as indicated by changes to epidemiological data to be circulated through community and health service communication channels and networks.

Fraser Health Authority (FH)

- FH has established a permanent Overdose Response Portfolio, which includes focused work with under-housed people in the region. This structure facilitates effective coordination of resources for people who are vulnerable to both the toxic drug supply and effects of homelessness. The primary goal of this portfolio is the prevention of death through harm reduction actions.
- Continuing to engage toxic drug poisoning response on multiple levels in the health care system; including MHSU, Emergency and Medicine Networks, Primary Care and in particular, Population and Public Health has re-engaged in the overdose prevention work and is creating a strategic plan that will inform the program structure and required

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resources to support long term work, including de-stigmatizing drug use, preventing and reducing problematic substance use, and effectively addressing the social determinants derived risks such as Adverse Childhood Experiences (ACEs), poverty, homelessness, and social isolation.

- Fraser Health has developed a regional Overdose Dashboard that provide a summary of data Fraser Health has direct access to, including BC Ambulance and the Surrey Fire Department data; Rapid Access Addiction Clinics and OAT clinic data includes Fraser Health owned and operated clinics.
- The Overdose Response Coordinating Committee has engaged with Fraser Health Communications and Public Relations to develop an overall communications strategy, both internal and public. South Asian Health Institute has recently begun an advertising campaign aimed at the South Asian community to raise awareness about overdose.

Vancouver Coastal Health and Providence Health Care (VCH/PHC)

- VCH produces monthly surveillance reports for the region and creates dashboards reporting weekly surveillance updates on overdose events and deaths, acute/ED dashboard, opioid use disorder cascade of care metrics (with BCCSU), as well as narrative-based evaluation evidence.
- May 2022: Presented a detailed workshop for the VCH Board, detailing key substance use priority gaps to address and mitigate impacts of the toxic illicit drug supply.

Northern Health Authority (NH)

- Participating in provincial tables and supporting the development and implementation of frameworks and provide input to the BCCDC and MMHA.
- Working with BCCDC and provincial structures to establish metrics and data sources and ensure data collection/sources are sustainably collected.
- Utilizing population health and overdose data and Northern Health Service Distribution Framework to inform where to locate services in Northern Communities.

First Nations Health Authority (FNHA)

- FNHA's Framework for Action: *Responding to the toxic drug crisis for First Nations* captures a system-wide response to slow and stop toxic drug death. The Framework for Action is focused on the most urgent goal of preventing deaths while also supporting First Nations broader mental health and wellness goals and is guided by Reciprocal Accountability and underpinned by its teachings of cultural safety.
- Partnering in the development of a renewed public health framework and exploring the related data governance elements associated with oversight and monitoring, including a focus on the need for wellness indicators that reflect strength-based measures that are meaningful and relevant to First Nations in BC.
- Running harm reduction and overdose response communications campaigns that feature online videos and information, promoted through social media, radio spots and ads at bus shelters at targeted locations around the province. In the fall 2022, FNHA will launch a new campaign specifically focused on grief and loss, targeted to the friends and family of people who use substances.

Provincial Health Services Authority (PHSA)

- Supporting provincial health system stakeholders and government agencies, and engaging with PWLLE in developing guidance to inform the regulatory landscape for those implementing safer supply programs.

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- Utilizing continuous quality improvement frameworks and tools, including incorporating standardized patient-reported experience measurement (PREM) to inform practice improvements and services that are evidence-informed and evidence-generating, and that best practices and Indigenous ways of knowing are embedded into all aspects of service delivery.
- Expanding a provincial mental health and substance use network to address mental health and substance use system of care gaps (e.g., roles, responsibilities, access, quality, and data collection).
- Employing appropriate structures, such as a Health Improvement Network, to scale up and create alignment at a provincial level.
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Recommendation 2(B): By April 11, 2022, the federal Minister of Health will approve British Columbia’s October 2021 request for a federal exemption from *Section 56(1) CDSA* to decriminalize personal possession of illicit substances in British Columbia.

Update: MMHA, HLTH, and the Health Authorities—along with the Ministry of Public Safety and Solicitor General—are working to implement the Health Canada exemption to decriminalize personal possession of certain controlled substances in BC. Health Canada approved an exemption on May 31, 2022 which will come into effect on January 31, 2023 for an initial 3-year period.

Recommendation 3(A): Establish an Evidence-Based Continuum of Care

Actions Underway

Recommendation 3 of the Death Review Panel report advises the Ministry of Health and the Ministry of Mental Health and Addictions, in partnership with the health authorities, review recommendation 1 from the 2017 Panel report and ensure an evidence-based continuum of care. Since the 2017 Death Review Panel report, government has implemented initiatives and system changes to build a robust and comprehensive continuum of care, and invested over \$500 million to expand and enhance a range of services and address critical gaps.

HLTH/MMHA:

The 2019 cross-government roadmap, [A Pathway to Hope](#) emphasizes the need for services ranging from prevention and harm reduction to treatment, and it outlines four pillars of the plan: Improving Wellness for Children, Youth and Young Adults; Supporting Indigenous-led Solutions; Substance Use- Better Care, Saving Lives; and Improved Access, Better Quality. *A Pathway to Hope* is guiding the province in building the continuum of care.

Foundry and Foundry Virtual:

- Foundry is a provincial network of integrated youth centres and virtual supports, offering health and wellness services for youth ages 12-24 and their families. Each integrated centre offers primary care, mental health and substance use (MHSU) services, peer support, and social services under one roof.

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- There are currently 12 centres open across the province, offering in-person and virtual services. Seven more centres are currently in development, and funding through Budget 2021 will support an additional 4 Foundry Centres, with planning starting in 2023/24 for a total of 23.
- Foundry Virtual offers MHSU services, peer support, and group sessions by telephone and online through the Foundry BC app for youth and their families from anywhere in B.C.

Integrated Child and Youth Teams:

- ICY Teams provide wraparound mental health and substance use services to children and youth aged 0-18 with mental health and/or substance use challenges, including those with different abilities, needs, strengths, backgrounds and situations.
- Team members include child and youth mental health clinicians, substance use practitioners, program leaders, education clinical counsellors, peer and family support workers and Indigenous support workers working together in an integrated way to provide multidisciplinary support.
- Work is underway in the first five communities towards launching the 12 ICY teams. Comox Valley (2 teams), Maple Ridge-Pitt Meadows (3 teams), Richmond (4 teams), Coast Mountains (2 teams) and Okanagan Similkameen (1 team) are at various stages focused on hiring core teams, implementing community service pathways, and working with employer organizations towards full implementation.
- Core ICY team members are now in place and providing services in Comox Valley and Maple Ridge-Pitt Meadows, with implementation fully underway in the remainder of the first five communities (Okanagan-Similkameen, Richmond, and Coast Mountain).
- This approach will see the teams providing service to those on current waitlists while also enabling them to build community and relationships within new ICY teams. These communities will serve as a model for the next 15 communities.

Youth Substance Use Beds and Services:

- MMHA and HLTH are working with health authorities to implement 123 new youth substance use treatment beds across the province, with an investment of \$51 million dollars over the next three years. This is on top of the 20 youth treatment beds opened 2020 in Chilliwack. Additional services already implemented for YSU will be announced in October. This work is expanding access to youth substance use services from early intervention to community-based and wraparound services, as well as crisis intervention and system supports.

Mental Health in Schools:

- In 2020, the Ministry of Education and Child Care released its Mental Health in Schools Strategy, to embed positive mental health in all aspects of the education system, including culture, leadership, curriculum and learning environments.
- The Mental Health in Schools strategy includes funding for school districts to support mental health promotion activities, which in many districts has included adding capacity for school-based counsellors.

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- To enhance the substance use prevention and harm reduction elements of the Mental Health in Schools Strategy, the Ministry of Health funds the ABCs of Youth Substance Use initiative, to curate and disseminate prevention resources to school-based professionals.

Opioid Agonist Treatment (AKA Medication Assisted Treatment):

- Opioid Agonist Treatment is an evidence-based medication-assisted treatment for opioid use disorder that is delivered across the province that prevents withdrawal and reduces cravings for illicit opioids, therefore helping to stabilize peoples' lives and reducing their risk of exposure to the toxic drug supply.
- Increasing access to, system capacity for and patient retention in OAT is a key priority for the province, including by supporting the BC Centre on Substance Use to develop a [2022 practice update](#) to its [clinical guideline for treatment of opioid use disorder](#) and supplemental guidelines for providing [injectable OAT](#), and for treating special populations such as [youth](#) and [pregnant individuals](#).
- The province also provides funding to the BCCSU and health authorities to train clinicians through the [Provincial Opioid Addiction Treatment Support Program](#) and the [Addiction Care and Treatment Online Certificate](#).

Nurse Prescribing:

- The prescribing of opioid agonist treatment can be particularly challenging for patients in rural and remote locations, as there are a limited number of traditional prescribers such as physicians and Nurse Practitioners who are trained and willing to offer this intervention.
- In 2020, a Provincial Health Officer's order enabled Registered Nurses and Registered Psychiatric Nurses (RN/RPN) to prescribe controlled substances to expand the reach of treatments such as OAT. RN/RPN prescribing is particularly helpful in providing OAT in smaller, rural communities or to augment team-based care options for primary care clinics. BC is the only jurisdiction in Canada this is allowed.
- As of August 2022, 191 RNs and RPNs from all health authorities have enrolled in OAT prescriber training and 94 have fully completed their training.

Addiction Treatment – Strengthening Quality:

- In 2019, a new [Assisted Living Regulation](#) was brought into force to set mandatory health and safety requirements for all registered assisted-living residences—including supportive recovery residences (also known as recovery homes) for addiction treatment—ensuring that employees have necessary skills, training, and qualifications and allowing for individuals and families to make better-informed decisions about their treatment options.
- In September 2021, new [Provincial Standards for Registered Assisted Living Supportive Recovery Services](#) were published to provide more guidance for delivering high-quality care based on the available research evidence; health authorities have been directed to incorporate these standards into the contract language they use for agreements with non-governmental service delivery partners.

Addiction Treatment – Enhancing Access:

- Budget 2022 provides \$144.5 million over the fiscal plan to provide a full spectrum of adult substance-use treatment and recovery services, including new and enhanced withdrawal management services, transition and assessment services, treatment and recovery services and aftercare throughout the province—this includes 195 new adult substance use beds, to help more people get on a path to recovery.

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- In 2021, the province opened the Red Fish Healing Centre for Mental Health and Addiction in Coquitlam (on former Riverview lands), a 105-bed facility to treat patients with complex mental illness and addiction issues.
- Funding was also provided to 14 organizations throughout the province for an additional 105 new publicly funded addiction treatment beds for adults.

Naloxone:

- BC provides opioid antagonist medication naloxone, which can immediately reverse an opioid overdose or poisoning, at no cost to people who are at risk of illicit opioid poisoning/overdose, or individuals who may witness and respond to such an event.
- As of July 2022, the BC Centre for Disease Control has 2,004 active naloxone distribution sites, including over 812 community pharmacies, and has distributed 1,430,037 THN kits throughout B.C. since the program began 10 years ago; of these kits, 139,461 were reported as used to reverse an overdose (which only accounts for reported reversals, likely many more unreported).

Lifeguard App:

- B.C. Emergency Health Services supports the Lifeguard app, a digital tool that can directly link people to emergency responders if a toxic drug poisoning occurs.
- It is activated by a client before they use and automatically notifies 911 dispatchers when a person is unresponsive and unable to turn off a pre-set timer in the situation of a drug toxicity event.
- Since launching the app in May 2020, there have been 10,827 unique app users, over 100,000 sessions in which the app has been used, over 130 emergency responder calls, and 27 lives saved, to date, no drug death have been reported through the app.

Acute Overdose Management:

- The focus of Acute Overdose Management is improving referrals and supporting better connections to appropriate services for individuals known to be at risk of toxic drug poisoning.
- For example, B.C. Emergency Health Services recently implemented a project connecting individuals to supports within community when declining transportation to hospital for further medical attention after an illicit drug poisoning event.

Overdose Prevention Services:

- Overdose prevention services (OPS) were established in B.C. under the [2016 ministerial order](#) and Health Canada has authorized supervised consumption sites through Section 56 exemptions—as of July 2022, there are 42 locations providing OPS and/Supervised Consumption Services (SCS) in B.C. and from January 2017 through July 2022, there were more than 3.2 million visits to OPS/SCS and more than 22,300 toxic drug poisonings responded to, and zero deaths occurred.
- In recent years, there has been a shift towards a preference among substance users to consume their drugs through smoking or inhalation; in response, 13 inhalation OPS sites have been established, with more being planned.
- B.C. has also been supporting the expansion of episodic overdose prevention services (or e-OPS), a flexible overdose prevention service model for an individual to be supported when needing on-demand witnessing of their use. As of May 2022, B.C. had 21 of these services available.

Stigma reduction:

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- Since 2017, MMHA has invested in public awareness campaigns to address the stigma that stands in the way of people getting the help they need to stay safe.
- The most recent version (Stop the Stigma) launched in November 2021 was the direct result of engagement with people impacted by the harmful effects of stigma.
- The campaign aims to shift perceptions about people who use drugs, as well as their families and loved ones, by delivering key messages such as, “addiction is not a choice, but a complex health condition.”
- MMHA recognizes that stigma shows up in many ways, whether it be the result of criminalizing individuals, in how people access health care services, or the actions of individuals.
- MMHA also partners with professional sports teams, including the Vancouver Canucks, BC Lions, and Vancouver Whitecaps to help expand the reach of the campaign and diversify the voices contributing to the conversation. Visit stopoverdosebc.ca to learn more.

Complex Care Housing:

- Budget 2022 provides \$164 million over three years to implement complex care housing for those with overlapping and complex mental health and substance use issues, providing an enhanced suite of services that will establish stability and break the frequent cycle of homelessness.
- Team-based services will include access to a range of substance use supports, such as: overdose prevention and education services, OAT and other prescribed safe supply, harm reduction services, and access to addictions medicine.
- The first four Complex Care Housing projects are operating in Vancouver, Surrey and Abbotsford.

Engagement of People with Lived and Living Experience:

- Engagement of People with Lived and Living Experience (PWLLE) is core to the work of the MMHA, including through its funding of a Provincial Peer Network to strengthen collaboration and information sharing across drug user-led organizations and between these organizations, health authorities, and the Overdose Emergency Response Centre.
- PWLLE are also engaged in the 36 Community Action Teams – multi-sectoral local teams – in high priority communities throughout the province. MMHA also provides funding to Moms Stop the Harm (MSTH) for a provincial support network for families who have lost a loved one to drug toxicity or who are supporting their loved one to navigate the substance use system of care.

People working in trades:

- The province continues engagement with WorkSafe BC and construction industry, providing funding to health authorities specifically to address pain management, and working with the Ministry of Labour to develop better options for chronic work-related pain.
- In 2021, the province invested \$1 million through the Canadian Mental Health Association, BC Division (CMHA) and the Community Action Initiative (CAI) for the Vancouver Island Construction Association, in partnership with other regional trades organizations, to expand its delivery of the Tailgate Toolkit throughout B.C., increasing access to access to harm reduction services and supports for those working in the construction industry. The BC Centre on Substance Use is also completing a scoping review to understand return-to-work processes for trades workers and recommended ways to support medication-assisted addiction treatments in these contexts.

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In addition to all the provincial actions outlined above, the Health Authorities have taken the following actions to enhance the continuum of care for residents living in their respective jurisdictions:

Vancouver Island Health Authority (VIHA)

- Executive-sponsored “sprint” initiative with dedicated resources established to provide oversight and accountability for advancing priority MHSU projects, including introduction of Island Health harm reduction/substance use policy, accelerating toxic drug crisis response, Child Youth Family system of Care redesign, addressing adult MHSU counselling wait-times, increasing access to detox.
- Creation of new Wellness and Recovery Centre in Central Vancouver Island, facilitating linkage between overdose prevention services and addiction treatment options in this region.
- Establishing Intensive Substance Use Outpatient program to improve flow and reduce pressures on withdrawal management services.
- Providing low-moderate acuity counselling through contracted community services accepting Island Health clinic patient referrals.
- Improving referral processes and wait list tracking and management.

Interior Health Authority (IH)

- Completing the first year of implementation of IH’s three-year work plan—developed and approved in alignment with the Pathway to Hope—that focuses on the implementation of a governance structure, evaluation, expanding access, safe services, child and youth, primary care, and Indigenous pathways.
- Currently aligning the implementation of the year 2 activities with the budget 2021 investments.
- An internal Substance Use Framework Steering Committee has been established to provide oversight and accountability for its implementation, including ongoing alignment with the Ministry of Mental Health and Addictions’ forthcoming provincial substance use system of care framework.

Fraser Health Authority (FH)

- Ensuring accountability for the substance use system of care through permanent VP portfolio for Overdose Response and Vulnerable Populations led by an Executive Director and a Department of Addiction Medicine.
- Expanding clinical services, including Rapid Access Addiction Clinics, enhanced wrap around services, Virtual Health Addiction Clinic, Young Adult Early Stabilization Program, 8 health authority- run or funded OAT clinics, and expanded coverage at Creekside Withdrawal Management Centre.
- Supporting evidence-based Substance Use care practices, including through acute care pre-printed orders for OAT, implementation of clinical practice guidelines and decision support tools for the care of individuals with opioid use disorder.
- Supporting professional development and enhancing skills/human resource potential: As of July 2020, all four Family Practice Residency Programs in the Fraser Health region (Vancouver, Surrey, Abbotsford, and Chilliwack) have residents complete a two-week mandatory core rotation in Addiction Medicine.

Vancouver Coastal Health and Providence Health Care (VCH/PHC)

- VCH has established a Regional Addiction Program, in partnership with PHC, and together have developed a model to guide the on-going development of an integrated region-wide system of care across the continuum from prevention to long term recovery.

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- The program is using regional data to transform substance use services so that people can readily access high quality, evidence-based substance use and addiction care and supports across the continuum, and to identify gap and address gaps in care across the system.
- VCH/PHC are working on system redesign and capacity building to increase accessibility of a range of community-based services, including expansion of withdrawal management, ongoing development of rapid access strategies, virtual care, and ensuring bed-based and community-based recovery services are evidence based, and responsive to the changing needs of people who use substances.
- VCH/PHC have strong collaboration with BCCSU to ensure access to addiction training for all disciplines and have developed capacity building education tools to address stigma and improve substance use care for patients across the system.
- Regional program is supporting capacity building to in acute care settings evaluation of newly developed opioid withdrawal pathways underway, including providing suboxone-on-discharge service; trained all staff to provide nasal naloxone in non-clinical settings.
- New initiatives are piloting innovative community-based approaches to managed alcohol, contingency management for stimulant use, and nurse prescribing for opioid use disorder
- Implementing a Peri-operative Opioid Management project builds a post-surgery monitoring system that will collect patient data and provide doctors with information to better manage the prescription and use of opioids.
- “Hope to Health” opened in Vancouver’s downtown, a clinic providing team-based approach to primary care, and clinical addictions services planned using evidence and best-practices.

Northern Health Authority (NH)

- Working to increase access to evidence-based treatment, including expansion of its OAT prescriber base.

First Nations Health Authority (FNHA)

- Over the past 5 years, FNHA has worked to establish a mental health and substance use continuum of care that includes cultural connections, land-based healing, treatment, mental health supports, harm reduction services, and connections to primary care - this work is ongoing and evolving.
- FNHA, MMHA and PHSA are working together to address existing access challenges for First Nations in BC in securing provincial residential treatment beds as it pertains to the disproportionate representation of First Nations people experiencing substance use challenges.

Provincial Health Services Authority (PHSA)

- Providing high quality, evidence-informed integrated mental health and substance use care by workforce capacity building, expanding access and reduce barriers to the full continuum of care, and integrating mental health and substance use care into the health care system.
- Developing and implementing concrete mechanisms to ensure that health and cultural needs for Indigenous peoples accessing PHSA services are met, aligning with: In Plain Sight report, The UN Declaration on the Rights of Indigenous Peoples action plan, and the Truth and Reconciliation Commission of Canada: Calls to Action report.
- Leveraging appropriate data assets to inform and monitor provincial response to the illicit drug toxicity crisis.

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Recommendation 3(B): The Ministry of Mental Health and Addictions will prioritize completion of A Pathway to Hope priority action “Substance Use: Better Care, Saving Lives”.

Actions Underway

- In 2019, the province released *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* outlining its 10-year vision for improving mental health and addictions care in B.C. As part of the priority actions in *A Pathway to Hope*, the B.C. Government is currently developing a Substance Use System of Care Framework (the Substance Use Care Framework) to ensure that people with substance use challenges experience seamless and cohesive care. The Framework, which was designed with consultation and involvement of system partners, will articulate a shared vision for how to build an integrated, coordinated, and cross-sector system of care, identifying the core services that are needed and how they work together.
- The Framework will be released in the fall of 2022 and will guide future action, long-term system transformation, and have a meaningful impact on service delivery and care experiences.

Recommendation 3 (C): The Ministry of Health and Ministry of Mental Health and Addictions, in partnership with the Doctors of BC, the College of Physicians and Surgeons, and the College of Nurses and Midwives, will develop a practice standard to support health care providers and prescribers within emergency departments, hospitals and community settings to assess, screen and diagnose patients for substance use disorders, and develop referral mechanisms to link patients to evidence-based services.

Actions Underway

- Through Budget 2021, the province is investing in initiatives that ensure health care providers have access to the addictions medicine specialists' services needed to support appropriate screening and referrals (e.g., Addictions Medicine Consult Teams, expansion of Virtual Addictions Health Clinic in Fraser Health).
- Through partnership with the BC Centre on Substance Use, the Ministry of Mental Health and Addictions has released clinical guidance to support practitioners in preventing, assessing and treating substance use disorders (e.g., clinical guidance for Opioid Use Disorder and Alcohol Use Disorder along with a supplement for Alcohol Use Disorder and pregnancy). The BC Centre on Substance Use has also developed Provincial Episodic Overdose Prevention Service (e-OPS) Protocol and implemented the 24/7 Addiction Medicine Clinician Support Line.
- HLTH and MMHA are using targeted funding in 2022/23 to support projects aimed at improving engagement and retention of patients in OAT, including building system capacity to train and support potential OAT prescribers and allied care professionals.
- Work is also underway within HLTH and MMHA to include Screening for Unhealthy Drug Use in the Lifetime Prevention Schedule.

Recommendation 3 (D): The Ministry of Health and Ministry of Mental Health and Addictions, in partnership with the Doctors of BC, the College of Physicians and Surgeons, and the College of Nurses and Midwives, will Invest in health care provider training programs with respect to assessing, screening, supporting recovery and appropriately referring persons with substance use disorders and provide adequate resources to health care providers to deliver the care.

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Actions Underway

- BC Centre on Substance Use is funded by Ministry of Health and MMHA to deliver several training programs to clinicians in the substance use system of care across the province. Health Authorities support participation of their health care practitioners in these programs: Provincial Opioid Addiction Treatment Support Program (POATSP); About the Addiction Care and Treatment Online Certificate (ACTOC); BC ECHO on Substance Use – Alcohol Use Disorder; and Registered Nurse/Registered Practical Nurse training in nurse prescribing of opioid agonist treatment.