

# B.C.'s Public Health Emergency Progress Update on B.C.'s Response to the Opioid Overdose Crisis

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Joint Task Force on Overdose Prevention and Response

Third Progress Update

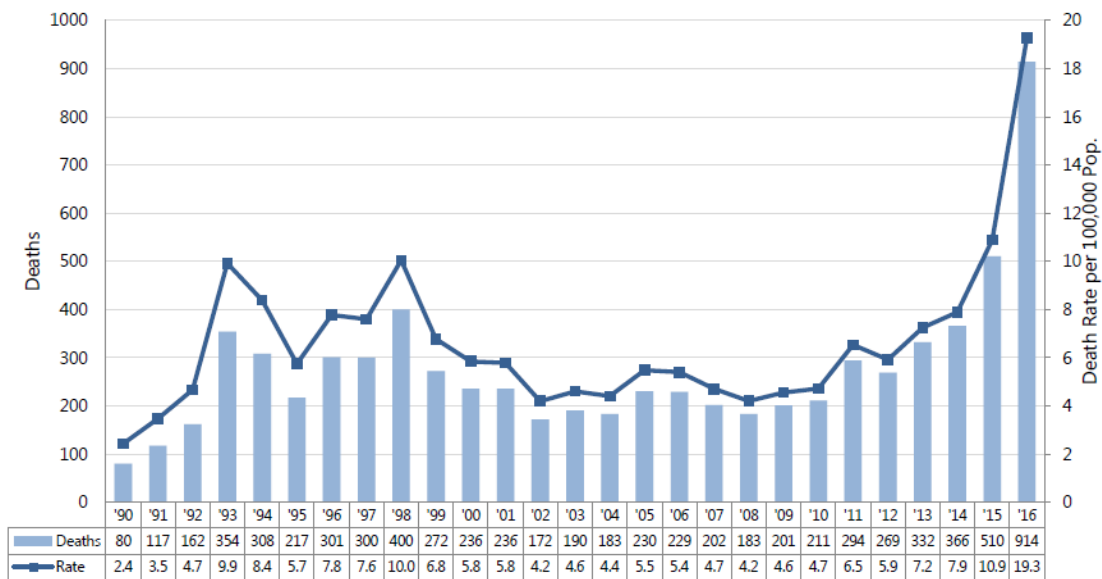
January 2017

## Background

In April 2016, the Provincial Health Officer declared a [public health emergency](#) under B.C.'s *Public Health Act* in response to a significant spike in the number of opioid overdose deaths across the province. In July 2016, Premier Christy Clark announced the establishment of the [Joint Task Force on Overdose Prevention and Response](#) to lead an integrated response to the emergency across the public health and public safety sectors, supported by a comprehensive plan with seven key areas of focus. This report provides an update on the work that has been completed since the [second progress report](#), which was released in November 2016.

Front line workers, including BC Emergency Health Services staff, community-based staff and volunteers, fire fighters, regional health authorities, municipal police, RCMP, and Canada Border Services Agency staff, continue to work exhaustively and extraordinarily hard to protect people from harm. Despite considerable efforts to stem overdose deaths, an unprecedented 914 British Columbians died of an illicit drug overdose in 2016; the number of families and friends suffering immeasurable loss continues to grow.

To date, short-term actions to address the immediate need of the public health emergency have been publicly observable – for example, expanding access to naloxone, opening overdose prevention sites and activating the province's Mobile Medical Unit. It is important to note that the province is equally focused on long-term solutions that will improve treatment system capacity and effectiveness and how the province addresses problematic substance use.



*Illicit Drug Overdose Deaths and Death Rate per 100,000 population; 1990 - 2016; BC Coroners Service*

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Month	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
January	15	18	23	16	24	20	20	22	41	85
February	14	8	15	14	24	17	21	39	30	60
March	19	17	10	15	25	25	33	28	30	77
April	24	18	8	9	26	31	31	29	34	68
May	10	18	19	22	22	19	28	40	41	48
June	18	18	16	21	22	25	25	28	34	65
July	11	24	19	23	33	29	38	25	36	65
August	21	16	27	24	22	19	21	37	52	52
September	14	12	16	20	22	16	28	31	46	57
October	15	10	13	18	23	19	19	35	52	67
November	19	9	18	18	27	28	31	28	47	128
December	22	15	17	11	24	21	37	24	67	142
<b>Total</b>	<b>202</b>	<b>183</b>	<b>201</b>	<b>211</b>	<b>294</b>	<b>269</b>	<b>332</b>	<b>366</b>	<b>510</b>	<b>914</b>

*Illicit Drug Overdose Deaths by Month; 2007 - 2016; BC Coroners Service*

## Federal Government Engagement

On November 18, 2016, the federal government and Ontario provincial government hosted a conference to engage a national dialogue on addressing and reducing harms associated with opioids in the country. On November 19, 2016, the federal government released a [joint statement of action](#) signed by Canadian jurisdictions and agencies on commitments to address the opioid crisis.

On November 30, 2016, in an effort to reduce supply, Health Canada announced the regulation of six chemicals used to manufacture fentanyl. On December 1, 2016, Bill C-224 – more commonly known as the Good Samaritan Drug Overdose Act – passed its third reading in the Senate. If passed, the Bill will amend the *Controlled Drugs and Substances Act* so that those in a position to contact life-saving emergency services can do so without fear that they will face charges for drug possession.

On December 12, 2016, the federal government announced a [new comprehensive drug strategy](#) and proposed amendments to the *Controlled Drugs and Substances Act* and related amendments to other federal legislation (Bill C-37). The proposed amendments include, among other things, a streamlined application process for expanding supervised consumption services, regulation of drug manufacturing equipment and newly identified chemical precursors, and additional legislative tools to support health and law enforcement officials to reduce harms associated with problematic substance use in Canada. If this Bill is passed, many of the identified federal government level barriers to progress in B.C.'s opioid crisis may be remedied.

## **Ongoing reporting**

The Joint Task Force remains focused on stemming the increase in opioid overdose deaths while addressing the larger picture of problematic substance use in the province. The Joint Task Force's response continues to focus on seven key areas:

1. **Immediate response to an overdose** by expanding naloxone availability and the reach of supervised consumption services in the province.
2. **Preventing overdoses before they happen** by improving treatment options for people with opioid dependence and exploring drug checking services and improving health professional education and guidance.
3. **Public education and awareness about overdose prevention and response** through public awareness campaigns.
4. **Monitoring, surveillance, and applied research** by improving timely data collection, reporting and analysis to inform action, evaluating implementation, and applied research.
5. **Improving the scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and the Precursor Control Regulations** by regulating drug manufacturing equipment such as pill presses, regulating precursors.
6. **Improving federal enforcement and interdiction strategies** by working with the Canada Border Services Agency to increase enforcement activities to interdict the importation of illicit drugs.
7. **Enhancing the capacity of police to support harm reduction efforts related to street drugs** by providing training to police and other first responders to support safe fentanyl identification and handling practices.

# 1. Immediate Response to an Overdose

Naloxone, the antidote that reverses an opioid overdose, remains a key component in preventing overdose-related deaths. Over 16,000 no-charge naloxone kits were distributed in 2016 through the province's Take Home Naloxone program, community-based organizations are stocking naloxone and have staff trained to administer, and the majority of law enforcement agencies have now equipped and trained their members to administer intranasal naloxone. In B.C., anyone can purchase naloxone without a prescription at community pharmacies. Continued expansion of the availability of naloxone will increase the number of people prepared to respond to overdoses and save lives.

Existing supervised consumption services continue to play a major role in reducing harms related to substance use. Health authorities continue to work toward submitting applications to Health Canada to expand the reach and range of these services in the province. Following Vancouver Coastal's two submissions in October 2016, Island Health submitted one application on January 3, 2017 to expand the reach and range of these services in that region.

## **Support for BC Emergency Health Services**

BC Emergency Health Services has received \$5 million in funding from the provincial government to enhance paramedic resources, including adding the equivalent of over 50 full time staff and implementation of:

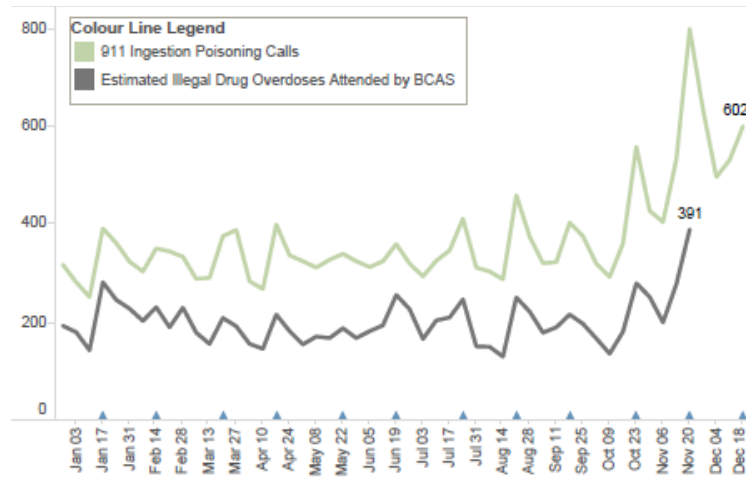
- Mobile support units in a high overdose areas to allow paramedics to triage and treat people who experience an overdose, access supplies, and offer information to people who use drugs;
- More flexible modes of transportation, including bicycles and ATVs, to more easily navigate areas that would be otherwise difficult to access via ambulance;
- Resources to support efficient triaging of patients at hospitals so that ambulances can respond to the next call; and
- Resources to increase dispatcher capacity to monitor and triage complex calls so that paramedics are well-supported to respond.

## **Overdose Prevention Services**

On December 9, 2016, spikes in 9-1-1 calls for overdose response and continued overdose deaths prompted Health Minister Terry Lake to sign a ministerial order under the Emergency Health Services Act and Health Authorities Act to activate overdose prevention services throughout the province. In contrast to the full suite of services provided by permanent supervised consumption services, these overdose prevention services are temporary and provide a safe space for people

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who use drugs to be monitored in case of overdose. Over 20 overdose prevention sites have opened across the province; regional health authorities continue to assess need for these services.



*Weekly Ingestion Poisoning (all substances) 9-1-1 Calls and Estimated Illegal Drug Overdoses Attended by the BC Ambulance Services; January 1, 2016 – December 18, 2016; BC Centre for Disease Control*

## **Mobile Medical Unit Deployment**



*B.C.'s Mobile Medical Unit, stationed in Vancouver's Downtown Eastside*

To alleviate pressures on paramedics, congestion in emergency departments, and to improve patient health outcomes, BC Emergency Health Services in partnership with Vancouver Coastal Health deployed the province's Mobile Medical Unit in Vancouver's Downtown Eastside on December 13, 2016. Acting as an extension of an emergency department, the mobile medical facility can treat and triage overdose patients onsite, and is staffed with community outreach workers, physicians, and nurses. Alongside providing emergency medical care and referrals to

other services such as supportive housing, the unit is a health system touch point that allows on-site addictions physicians to engage people in starting opioid substitution treatment.

## **Psychosocial Support for Families, Community Staff, Volunteers, and others on the Front Lines**

Since the public health emergency was declared nine months ago, thousands of overdose events have been reversed and lives have been saved. In response to this crisis, systems have been stretched, staff have been redeployed, and volunteers have been trained. Despite these efforts, in 2016, British Columbia recorded 914 deaths from illicit drug overdose, the highest number in a single year ever recorded in the province. As the public health emergency continues, its troubling effects are being felt and will continue to be felt more widely and with more intensity than ever before by families, friends, community members, and front line responders.

To help address immediate needs, the B.C. Coroners Service has added a new position to provide emotional support and practical assistance for family members and to provide referrals to appropriate resources in their community (such as grief counselling, trauma counselling, addictions services, long-term housing, personal safety resources, financial assistance, and mental health services).

In addition, the Provincial Lead of Health Emergency Management BC's Disaster Psychosocial Program and his team reached out to community organizations and front line responders in various communities and identified a range of practical supports that will be most helpful to staff and volunteers working on the front line. Repeated interventions associated to overdoses can have an emotional and physical impact. Prompt and appropriate psychosocial supports may reduce the impacts of trauma and assist those affected. A response plan is in development.

## **Expanding Naloxone Availability in B.C**

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### **Accomplishments since November 16, 2016 progress update:**

- ✓ Since January 1, 2016, B.C.'s Take-Home Naloxone program has dispensed 16,597 no-charge naloxone kits (75% of the total number of kits dispensed since program began in 2012).
- ✓ Take-Home Naloxone kits are now available at no-charge to those who are most likely to witness and respond to an overdose.
- ✓ Additional information on the Take-Home Naloxone program and online training for naloxone administration is available at <http://towardtheheart.com/naloxone>.

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- ✓ Vancouver Coastal Health has developed a training curriculum for internal staff; the BC Centre for Disease Control has developed a [training manual](#) for overdose prevention, recognition and response.
- ✓ It is expected that all RCMP detachments and municipal police departments will be trained and carrying naloxone by early 2017.
- ✓ Police present at a scene involving serious harm or death that can be potentially linked to police action or inaction must notify B.C.'s Independent Investigations Office, which carries out an independent investigation into the situation. In December 2016, B.C.'s Independent Investigations Office introduced a new policy that it will not routinely initiate an investigation into police officers who administer of naloxone or take other good faith lifesaving actions such as CPR. This assists in providing police officers with the confidence to administer naloxone.
- ✓ Vancouver Coastal Health, Island Health, Fraser Health and community partners have implemented outreach teams for overdose prevention in Vancouver, Victoria, and Surrey, municipalities with the highest illicit drug overdose rates.
- ✓ The BC Centre for Disease Control has developed facility overdose response boxes for community organizations and is distributing these boxes to registered sites such as shelters and drop-in centres where overdoses are likely to occur. The boxes include up to 20 ampoules of naloxone (including plastic ampoule breakers), Vanishpoint® syringes, gloves, and breathing masks. Community agencies can re-order supplies through the BC Centre for Disease Control. As of January 12, 2017, 47 boxes have been distributed. For more information, visit: <http://towardtheheart.com/naloxone/forb/program-modules>.
- ✓ The Ministry of Children and Family Development now offers no-charge naloxone kits and training to foster parents, community partners and ministry staff in communities in the Lower Mainland and southern Vancouver Island.
- ✓ On December 7, 2016, the Director of Licensing at the Ministry of Health implemented a Standard Practice under the *Community Care and Assisted Living Act* that directed all licensed and registered treatment facilities in the province to carry naloxone and ensure staff are trained to administer naloxone in the event of an overdose.
- ✓ Staff at all ten provincial correctional facilities are receiving naloxone administration training in order to administer naloxone in situations where an overdose occurs in the absence of medical staff; eight out of ten facilities are now dispensing Take Home Naloxone kits to individuals upon discharge.



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### **Next steps:**

- The Take Home Naloxone program will continue dispensing no-charge naloxone kits to all remaining emergency departments, public health units, and correctional facilities in B.C., and overdose responses boxes will continue to be distributed to community organizations with high rates of overdose.
- Health officials will continue to monitor the need for additional resources to provide naloxone administration training to the increasingly broad range of people who can access and administer naloxone in the province.

## **Expanding Reach of Supervised Consumption Services in B.C.**

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### **Accomplishments since November 16, 2016 progress update:**

- ✓ On January 3, 2017, Island Health submitted the first of three applications by that health authority to Health Canada to open supervised consumption service locations in Victoria.
- ✓ Fraser Health is undertaking public consultations with respect to two potential sites in Surrey.
- ✓ Interior Health is engaging in public consultation on two potential mobile supervised consumption service locations in Kamloops and Kelowna. The proposed mobile units would allow supervised consumption services, support and other health-care services to be provided in an outreach model to more than one area of each community.

### **Next steps:**

- Health authorities are continuing to work on developing and submitting applications to Health Canada to expand supervised consumption services in the province.
- British Columbia will monitor progress and provide input on federal Bill C-37, which proposes amendments to relevant federal legislation to streamline and accelerate approval of applications for supervised consumption services under the *Controlled Drugs and Substances Act*.
- The Joint Task Force will continue to work to educate local governments, communities, and enforcement on evidence-based health interventions to address problematic substance use.

## 2. Preventing Overdoses Before They Happen

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Effective and sustained treatment for opioid dependence means people prescribed these medications are less likely to seek out and use illicit opioids. Therefore, expanding and improving upon existing effective treatment options for people with opioid dependence is a key component of preventing overdoses. Ensuring health providers are well equipped to effectively diagnose opioid use disorders and appropriately prescribe effective treatments is crucial. Health Canada approves medications for use before they can be used in Canada; in the case of medications which are controlled substances, Health Canada may place additional requirements on their use based on the federal *Controlled Drugs and Substances Act*.

Opioid overdoses do not discriminate; risk of overdose occurs in private homes, in public spaces, and among a range of individuals. Recognizing that overdoses are preventable, it is important that people who choose to use drugs that they have obtained illegally have as much information as possible about the substances they acquire to reduce the risk of substance-related harms. Drugs acquired from the illicit market are not subject to government controls for safe manufacture, storage, and distribution. Offering services that allow people to test their drugs for adulterants provides information for both the individual and for the system to identify the substances circulating in the community.

### **Improving Treatment Options for People with Opioid Dependence**

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#### **Accomplishments since November 16, 2016 progress update:**

- ✓ Interruptions in opioid dependence treatment is associated with an increased risk of engaging in illicit opioid use. As of February 1, 2017, the Ministry of Health's PharmaCare Plan G program will include 100% coverage for buprenorphine/naloxone (Suboxone and its generic versions) and methadone for individuals who earn too much to qualify for Plan C (B.C. Income Assistance) or who have to meet a Fair PharmaCare deductible or family maximum. For more information, please visit [www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover](http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover).
- ✓ As of January 6, 2017, Nurse Practitioners can continue existing prescriptions for Suboxone for patients whose physician initiated them on this treatment method.
- ✓ An updated support resource that outlines best practices for pain management and treatment has been distributed to physician offices throughout the province through the Doctors of BC.
- ✓ The BC Centre on Substance Use has held several information sessions on how increased capacity for Suboxone prescribing contributes to expanding the reach and range of effective

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treatments for patients with opioid use disorder. More than 500 health care professionals – including allied health care providers, nurse practitioners, physicians, pharmacists, registered nurses, and, mental health and substance use clinicians have attended these sessions across the province since November 1, 2016.

- ✓ 300 new addiction treatment beds have opened across the province since 2013.
- ✓ The province is investing \$10 million to open 60 additional short-term publicly-funded treatment beds over the next year to combat the overdose crisis. Twenty of the beds will be for youth. An additional 50 intensive outpatient treatment spaces will also be created with the funding. These new services will provide up to 440 people residential or intensive outpatient treatment for opioid addiction over the next year as a result of the investment. One year of follow-up support in the community will also be provided after the 90-day treatment programs.

### **Next steps:**

- New opioid use disorder treatment guidelines and support tools are being finalized for providers so they have up-to-date information about best practices in treating opioid use disorder, leading to more effective treatment and retention for people with opioid dependence.
- The province will continue to expand access to opioid use disorder treatment by increasing the number of primary care providers who are familiar with and are able to prescribe the full range of evidence-based medications to treat opioid use disorder.
- The Ministry of Health and the College of Physicians and Surgeons of British Columbia will continue to work together to further enhance prescription monitoring to ensure more appropriate use of prescription opioids and other controlled medications.
- The BC Centre on Substance Use is conducting a rapid review of evidence and eligibility criteria for additional existing medications as treatments for opioid use disorder, including hydromorphone, extended-release naltrexone, and slow-release oral morphine. The Ministry of Health will utilize this evidence to formulate policy options for expanding treatment options for opioid use disorder.
- Health authorities will continue work to open additional planned substance use treatment beds into 2017, with 400 beds opened by January 31, 2017. The remaining 100 beds will be opened in early 2017 for a total of 500 new treatment spaces created since 2013.

## Drug Checking Services

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### Accomplishments since November 16, 2016 progress update:

- ✓ The BC Centre on Substance Use continues to conduct qualitative research on the utility of fentanyl detection dipsticks.

### Next steps:

- The BC Centre on Substance Use is reviewing evidence on street drug checking, and will provide recommendations for how this type of service could be modeled in B.C.
- Review evaluation recommendations from the BC Centre on Substance Use and determine effectiveness, and potentially explore feasibility of expanding fentanyl detection dipstick testing to other parts of the province.

## 3. Public Education and Awareness

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Spreading the word that you can never be sure what an illegally obtained substance actually contains, and that use can lead to significant harms, remains a crucial component of preventing overdose deaths. As some people will continue to use illicit substances regardless of risks, it is also imperative to educate people on how to use more safely and how to recognize and respond to an opioid overdose when it occurs.

Since the launch of B.C.'s multi-pronged public awareness campaign on International Overdose Awareness Day—August 31, 2016— more comprehensive resources continue to be made available for teachers, parents, friends, family, those who may witness an overdose, and anyone wanting more information on the public health emergency. Visit [www.gov.bc.ca/overdose](http://www.gov.bc.ca/overdose) for more information.

### Accomplishments since November 16, 2016 progress update:

- ✓ HealthLinkBC now offers a comprehensive website, [Be Drug Smart](#), dedicated to providing information, tools, resources, and links to services for parents, youth, and the general population.
- ✓ To support broad reach of information about overdose awareness, the province continues to release paid public service announcements through digital media, radio, and television.
- ✓ Additional outreach using targeted materials to reach desired audiences continues through videos in clinics and other public venues, and a poster campaign in restaurants and bars across the province. In addition, almost 20,000 posters have been distributed to health authorities, post-secondary institutions, and community agencies.

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- ✓ On January 5 - 6, 2017, the Ministry of Education held a Traumatic Event Systems training workshop with 85 members of the education sector including superintendents and safe school coordinators from most of the school districts. Provincial health officer Dr. Perry Kendall led a presentation on the public health emergency, including information about naloxone kits in schools and resources for schools and teachers.
- ✓ With input from family members and people with lived experience, the province and public engagement task group partners continue to develop and share messages using social media to ensure there is a credible channel for open dialogue around this critical public health issue.
- ✓ The Community Action Initiative – an organization that supports community-based projects focused on mental health and substance use issues – is finalizing resources and supports for parents and communities to convene, activate, devise and implement local plans to respond to the overdose crisis.

### **Next steps:**

- Development and distribution of print materials with overdose prevention and response messaging for people who use drugs and people close to them.

## **4. Monitoring, Surveillance, and Applied Research**

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One of the key components of responding to a public health emergency is the real-time collection and analysis of more robust drug overdose information across the province. Enhanced population health surveillance activities are now providing more detailed information about overdoses and risk factors to enable targeted interventions and evaluation.

### **Accomplishments since November 16, 2016 progress update:**

- ✓ The Provincial Health Services Authority has increased the capacity of provincial toxicology labs to test blood samples for opioids and other new substances through the purchase of a mass spectrometer. This will lead to improved data on trends of different opioid substances involved in overdoses that result in hospitalization or death.
- ✓ Health Canada has approved testing for carfentanil within B.C. rather than having suspect substances sent to the federal laboratory for testing; B.C. will be able to test for carfentanil by March 2017.

**Next steps:**

- Invest in technological improvements at the BC Centre for Disease Control to improve real-time information sharing across the province, allowing for timely responses to local and regional contexts.
- Build on successful overdose related data sharing across the health and public safety sectors to help support real-time responses to provincial, regional and local data inquiries.

## 5. Improving the Scheduling of Substances and Equipment under the Controlled Drugs and Substances Act and the Precursor Control Regulations

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A foundational component of addressing the public health emergency includes improving how substances and equipment used to manufacture illicit substances are controlled. However, the illicit drug market does not abide by provincial or territorial boundaries. Therefore, strengthening public safety responses to the production and trafficking of existing controlled substances and newly identified substances has to be a coordinated, national effort.

**Accomplishments since November 16, 2016 progress update:**

- ✓ On December 12, 2016, the federal government has announced a [new comprehensive drug strategy](#) and proposed amendments to federal legislation (Bill C-37). They provide additional legislative tools to support health and law enforcement officials to reduce harms associated with problematic substance use in Canada. Among other things, Bill C-37 :
  - restricts possession, production sale, importation or transportation of anything intending that it be used to produce or traffic a controlled substance as well as creates a regulatory scheme for the importation of pill presses and encapsulators into Canada.
  - creates new provisions which will permit the Minister of Health Canada to quickly schedule and control dangerous new substances on a temporary basis.
- ✓ Health Canada has announced the regulation of six chemicals used to manufacture fentanyl in an effort to reduce supply.
- ✓ The RCMP and Chinese Ministry of Public Security [announced](#) joint efforts to curb importation of fentanyl into Canada.

**Next steps:**

- The province will monitor progress of Bill C-37 and will engage with the federal government as needed to ensure there is a full understanding of the sense of urgency on regulating illicit drug manufacturing equipment and controlling chemical components of synthetic opioids.
- Work will continue to monitor the effectiveness of Canada's public safety response, including the implementation of the RCMP agreement with China on reducing the supply of illicit synthetic opioids at the source.

## 6. Improving Federal Enforcement and Interdiction Strategies

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Responding to the manufacturing and trafficking of illegal fentanyl requires increased federal enforcement and interdiction strategies seeking stricter and escalating penalties and fines. Efforts at addressing these activities are underway with justice and law enforcement partners.

**Accomplishments since November 16, 2016 progress update:**

- ✓ The federal government has announced a [new comprehensive drug strategy](#) and proposed amendments to federal legislation (Bill C-37). Among other things, Bill C-37 proposes to allow the Canada Border Services Agency to inspect suspicious packages weighing less than 30 grams
- ✓ The Joint Task Force continues to work with police and law enforcement to support expansion of interdiction efforts including the co-ordination of efforts to intercept, detect, and investigate illegally imported fentanyl and precursors.
- ✓ The Canada Border Services Agency has reported success intercepting fentanyl entering Canada, and the RCMP and some municipal police departments have reported seizures of fentanyl and detection of other substances, including:
  - Detection of carfentanil in a seizure made by the Vancouver Police Department on November 22, 2016;
  - Seizure of 1.45 kilograms of fentanyl and several other substances by the Victoria Police Department on December 1, 2016;
  - On January 5, 2017 charges were laid in regards to interception of an estimated 1,800 capsules, including 321 fentanyl pills, and numerous other import-controlled substances by the Canada Border Services Agency.

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- On January 10, 2017 Vernon/North Okanagan RCMP announced charges had been laid against 19 individuals for 30 counts of trafficking in controlled substances including heroin and fentanyl.
  - Following several months' investigation by New Westminster Police Department, several RCMP detachments and the Canada Border Services Agency, on January 6, charges were approved against an individual for multiple counts of drug related offences. Fentanyl was amongst the drugs seized.
- ✓ Law enforcement representatives remain fully engaged in the response to the overdose crisis by providing the province.

### **Next steps:**

- The province will monitor progress of Bill C-37 and engage with the federal government, and the RCMP as needed to ensure continued dialogue on the opioid crisis.
- Deploy drug detection scanners in strategic law enforcement locations in the province to improve the interdiction of fentanyl and related compounds.
- Continue to advocate that the federal government increase federal RCMP drug enforcement resources and increase Canada Border Services Agency resources to better interdict the importation and trafficking of illicit drugs.

## **7. Enhancing Capacity of Police to Support Harm Reduction Efforts Related to Street Drugs**

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First responders are broadly exposed to activities related to illicit drug acquisition and use. In this capacity, there are opportunities for first responders to educate the public on the risks and harms associated with fentanyl and other dangerous substances.

### **Accomplishments since November 16, 2016 progress update:**

- ✓ The Ministry of Public Safety and Solicitor General continues to work with the RCMP and municipal police departments to ensure that appropriate information is available to police services to formulate local operational policy and ensure that they have the supports to work with community partners to decrease opioid overdose deaths.



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- ✓ All police agencies within B.C. continue to train additional members regarding administering naloxone in cases of opioid overdose. The RCMP and Vancouver Police Department have made their training materials available to other departments.
- ✓ All police agencies have now acquired or are in the process of acquiring naloxone for use by their members who may be exposed to opioids. Policies that allow municipal police to administer naloxone on members of the public suffering an overdose continue to be developed as more police officers are trained.

#### **Next steps:**

- The Ministry of Public Safety and Solicitor General will continue partnership with RCMP and municipal police departments on the overdose response.
- All police agencies in B.C. will train and equip their members with naloxone, and policies on administration of naloxone to members of the public will be solidified.

## **Conclusion**

Organizations, communities and individuals across the province—including BC Emergency Health Services staff, fire fighters, regional health authorities, municipal police, RCMP, housing providers, contracted agencies, the Canada Border Services Agency, and other community staff and volunteers, peers, friends, and loved ones—continue to work together to save lives every single day. Nine months after a public health emergency was declared under the *Public Health Act*, the tragic overdose death toll continues despite the thousands of overdoses that have been reversed through the heroic efforts of those working at the front line.

In 2016, British Columbia recorded 914 deaths from illicit drug overdose, the highest number in a single year ever recorded in the province. This public health emergency continues to impact families and communities right across the province.

There is, however, reason for hope. The demand for training and access to naloxone continues to grow, as individuals and communities look for ways to engage and be prepared. Existing non-profit organizations are partnering with health authorities and local governments to strengthen action on the ground. New community groups involving people who use drugs, their families and their loved ones have become powerful voices for change, and for informed public discourse that can reduce stigma and other barriers to effective action. A dynamic treatment system is finding new ways to expand reach and improve access to care that is informed by the latest evidence. The public safety sector continues to expand interdiction efforts, and to work closely with the Canada Border Services Agency to stem the flow of fentanyl and its analogues at the border. And, the federal government is moving to amend legislation and regulation in ways that support British Columbia's response.

British Columbia remains committed to taking continued action on all fronts to stem the tide of this emergency.