

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

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Joint Task Force on Overdose Prevention and Response

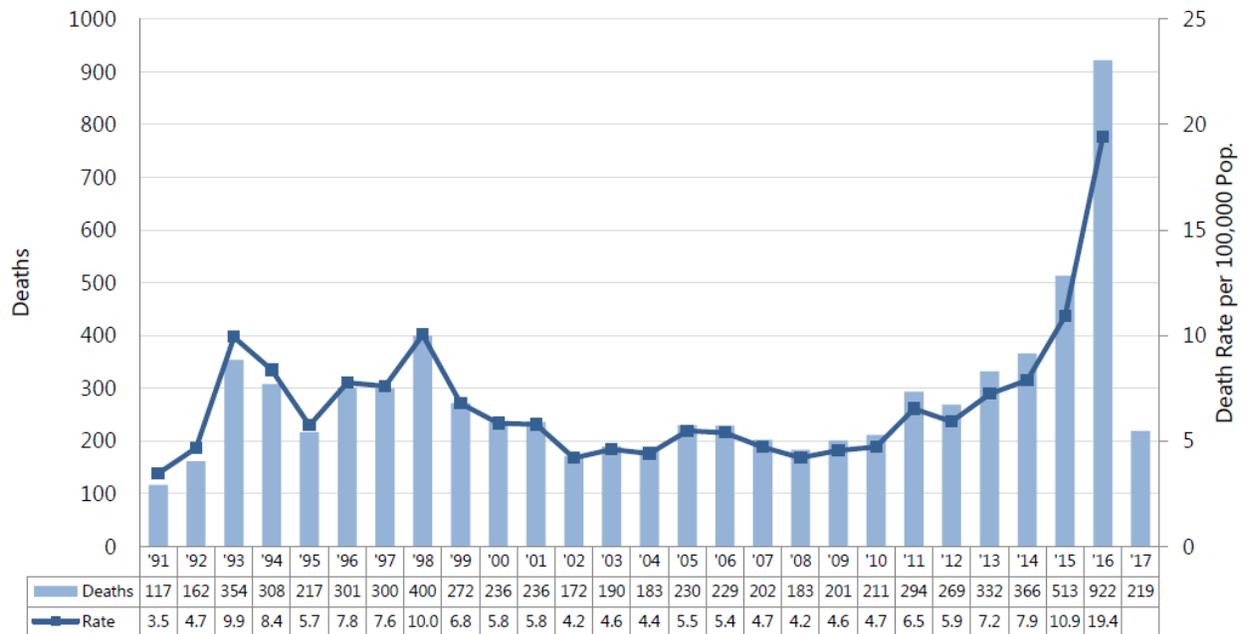
Fourth Progress Update

March 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 increase 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, health care and public safety sectors, supported by a comprehensive seven-point plan. This report provides a detailed update on the work that has been completed since the [third progress report](#) released in January 2017.

On February 17, 2017 the provincial government announced a further [\\$5 million](#) investment into the opioid overdose response; this brings the tally to nearly \$100 million in efforts and initiatives. Unfortunately, despite continued efforts across the province, the public health emergency continues in B.C., with over 900 illegal drug overdose deaths reported by the BC Coroners Service in 2016. The number of people who die from overdoses each month continues to be the highest ever recorded in the province.



*Illicit Drug Overdose Deaths and Death Rate; 1990 – February 28, 2017; BC Coroners Services*

## Federal Government Engagement

The federal government is an integral partner in addressing B.C.'s public health emergency. On February 17, 2017, the federal Minister of Health Jane Philpott announced \$10 million in federal funding for British Columbia to help support the response to the opioid overdose public health emergency. The funding will support priority areas as identified by the Joint Task Force.

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Minister Philpott also announced in February an investment of \$65 million over five years to support the national response to opioid overdoses, overdose deaths and actions outlined in the [Opioid Action Plan](#).

The federal, provincial and territorial governments have established a time-limited Special Advisory Committee on the Epidemic of Opioid Overdoses to focus on urgent issues related to overdoses and deaths associated with the use of opioids, including street opioids containing fentanyl and other analogues. The Committee is focused on advancing efforts related to harm reduction, improved data and surveillance, and prevention and treatment options, and B.C. is well represented on the committee.

The province continues to monitor progress on [Bill C-37](#), which seeks to amend the *Controlled Drugs and Substances Act* and other federal acts. 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 public safety officials to reduce harms associated with problematic substance use in Canada.

### **Shifting Focus to B.C.'s Treatment System**

The rapid expansion of naloxone distribution throughout the province, the establishment of overdose prevention services, and the ongoing operation of the province's Mobile Medical Unit has established a foundation for responding to overdoses, and preventing overdoses and overdose deaths. Sustaining this groundwork is essential to helping to save lives. While building this foundation, the province has also been working on the longer-term solutions that will improve opioid use disorder treatment system capacity and effectiveness.

When a person in B.C. suffers an injury, accident, or acute illness, our health system is set up to respond in as timely a way as possible, and strives to create a seamless experience for patients in need of urgent care. Ideally, a system for those at risk for substance use problems – including drug overdose – can be similarly responsive.

There is no single magic bullet when it comes to treatment modalities. Significant scale-up of all substance use treatment capacity will be required to meet the needs of most people who experience problematic substance use. This includes a spectrum of treatment options (for example, opioid agonist treatment, counselling, withdrawal management services, and recovery), and a spectrum of access points to ensure all people who need treatment services can access them.

## **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 use disorder, 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

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Naloxone, the antidote that reverses an opioid overdose, remains a key component in preventing overdose-related deaths. Both the federal and provincial government have made regulatory and legislative changes to allow anybody in B.C. to administer naloxone to reverse an opioid overdose.

Until recently, a federal restriction on naloxone administration in hospital settings meant that a prescription was required to administer this intervention to those suffering an overdose on hospital grounds or within a hospital. On January 20, 2017, B.C.'s Minister of Health signed an order as an interim measure to allow naloxone to be administered on hospital grounds outside of the clinical setting in which a naloxone prescription was required by federal regulation. Meanwhile, the province engaged with the federal government to request that the Prescription Drug List be amended to remove the prescription requirement. On February 2, 2017, Health Canada amended the Prescription Drug List to allow for the administration of naloxone by anyone for emergency response of an overdose in a hospital setting. B.C. rescinded the Ministerial Order, and reflected the federal change in its provincial Drug Schedules Regulation and the province's Health Professions General Regulation. As a result of these changes, anyone can now administer naloxone in any setting to an individual who has overdosed.

For those who are not eligible for [publicly funded response kits](#), naloxone can be purchased without a prescription at community pharmacies throughout the province. The rapid expansion of the number of people who are able to access and administer naloxone throughout the province has strengthened the capacity of communities to immediately respond to overdose events. Continued expansion of naloxone will increase the number of people prepared to respond to opioid overdoses, which will save lives.

## **Health Authority Liaison Officer (HALO) Pilot Program**

When paramedics transport overdose patients to the nearest hospital for emergency care, they are required to stay with these patients until there is a doctor available or until the patients can leave the hospital on their own. Because paramedics work in pairs, one overdose patient requires two paramedics and their ambulance to remain at the hospital, which means that these paramedics and ambulance cannot get back out onto the road to respond to other calls.

Recognizing the impact of having ambulances and paramedics tied up in emergency rooms, BC Emergency Health Services, the agency responsible for the BC Ambulance Service, ran a pilot project between mid-January and early March called HALO (Health Authority Liaison Officer). The program stationed dedicated paramedics or Unit Chiefs in emergency departments in

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Vancouver Coastal Health and in Fraser Health to allow arriving paramedics to transfer stable patients to these officers and get back on the road.

Initial reports suggest the HALO pilot was a success. Evaluation of the pilot will inform whether or not this project could be expanded in the future to alleviate pressures on paramedics as they continue to experience high volumes of overdose patients during the public health emergency.

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

The weight of the public health emergency continues to be felt deeply by family members, volunteers and other front line staff. To help families dealing with the grief of losing a loved one, the BC Coroners Service will be staffing a new Family Liaison position to provide emotional support and practical assistance for family members, and appropriate referrals for resources in their community (such as grief counselling, trauma counselling, addictions services, long-term housing, personal safety resources, financial assistance, and mental health services).

Health Authorities continue to promote psychosocial support programs (including Critical Incident Stress Management and Employee Family Assistance Programs) for employees. In order to better support paramedics, the BC Emergency Health Services Critical Incident Stress program team brought in an occupational stress expert to create a one-day course to help build personal resiliency in the face of the ongoing public health emergency. This course was developed with input from front line staff, and approximately 70 paramedics in Vancouver and Surrey have completed the course so far.

### **Overdose Prevention Services and Mobile Medical Unit**

Twenty overdose prevention service locations continue to operate throughout the province. These locations have seen hundreds of visits and have reversed multiple overdoses since early December 2016, with zero deaths. The province's Mobile Medical Unit, stationed in Vancouver's Downtown Eastside, has treated over 600 patients and has acted as a health system touch point for those living with opioid use disorder to access treatment.

Health authorities continue to work toward submitting applications to Health Canada to expand the reach and range of supervised consumption services in the province. Following submissions by Vancouver Coastal Health and Island Health reported in the January 2017 Progress Report, Fraser Health has also submitted two applications to Health Canada to operate supervised consumption services in Surrey.

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

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### **Accomplishments since January 18, 2017 progress update:**

- ✓ [32,858 Take Home Naloxone kits have been distributed in the province as of March 5, 2017.](#)  
These kits are available at 476 locations throughout B.C., including 58 emergency departments, 10 provincial corrections facilities and 69 First Nations sites serving 96 communities.
- ✓ The Ministry of Children and Family Development is ensuring children in care and their guardians are able to access Take Home Naloxone kits if needed.
- ✓ Additional information on the Take-Home Naloxone program and online training for naloxone administration is available at <http://towardtheheart.com/naloxone/>.
- ✓ Provincial regulations and the federal Prescription Drug List have been amended to allow for the administration of naloxone in hospital settings. These changes ensure that anyone in the province is able to administer naloxone without a prescription to anyone suffering from an overdose in any setting.

### **Next steps:**

- The Take Home Naloxone program will continue dispensing no-charge naloxone kits to eligible individuals, and will continue to distribute [facility-based overdose response](#) boxes 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. and Exploring Drug Checking Services**

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### **Accomplishments since January 18, 2017 progress update:**

- ✓ On February 2, 2017, Fraser Health submitted two applications to Health Canada to operate supervised consumption services in Surrey.
- ✓ Interior Health has concluded public consultation on two potential mobile supervised consumption services 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.

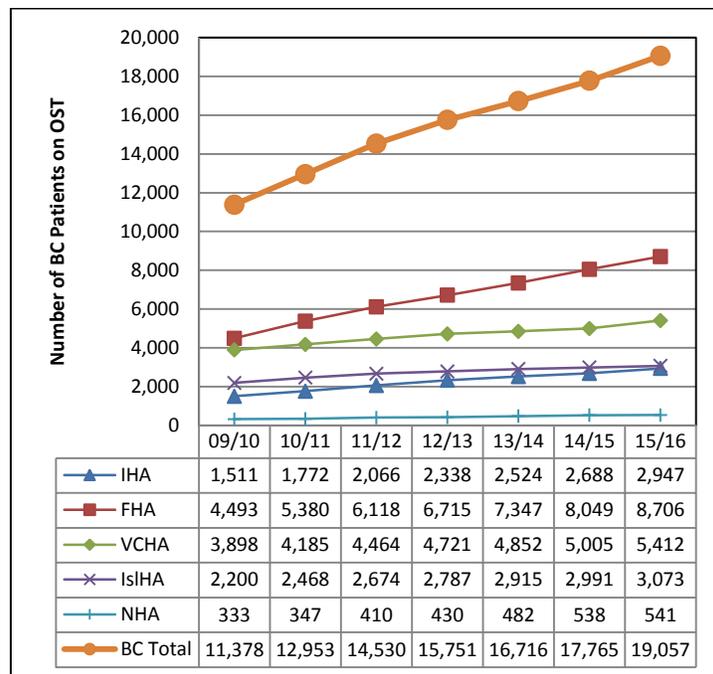
### **Next steps:**

- Health authorities are continuing to work on developing and submitting applications to Health Canada to expand supervised consumption services in the province.
- The Ministry of Health will continue to monitor the progress of 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 with local governments, communities, and public safety members to provide education on evidence-based health interventions to address problematic substance use.
- Review evaluation recommendations on fentanyl detection dipstick testing from the BC Centre on Substance Use to develop a protocol for where and how drug testing could be used effectively to reduce overdose risks.
- Confirm optimal regulatory approval options under the *Controlled Drugs and Substances Act* with federal partners to ensure that drug checking services have appropriate approval under the *Act*.

## 2. Preventing Overdoses Before They Happen

People who are prescribed appropriate and effective treatment for opioid dependence are less likely to seek out and use illegal opioids. Therefore, expanding the reach and improving upon the range of existing treatment modalities for people with opioid dependence is a key component of preventing overdoses.

An important aspect of a robust treatment system is its capacity to respond promptly when individuals reach out and request support. Accordingly, even before the Public Health Emergency was declared in April 2016, British Columbia was moving to expand the reach and range of treatment options—including a rapid expansion of buprenorphine/naloxone (Suboxone™) and methadone treatments for those living with opioid use disorder. As outlined by BC's Provincial Health Officer in the chart below, more than 19,000 British Columbians were receiving opioid substitution treatment (OST) when the public health emergency was declared in April, 2016; the Ministry of Health estimates that by December 31, 2016, this number had increased to nearly 23,000. The Ministry of Health and its health system partners continue to plan for significant future expansion: the magnitude of the province's public health emergency suggests unmet treatment need is greater than previously estimated.



Number of B.C. Patients on Opioid Substitution Treatment between Fiscal 2009/10 – 2015/16;  
Provincial Health Officer, British Columbia Ministry of Health

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Ensuring appropriate reach and timely access to treatment programs in the context of the public health emergency has led regional health authorities to develop new approaches that can respond quickly and where needed respond holistically to better engage those who need it in a comprehensive program of care. One new approach is embodied in the recently launched Connections Clinic, described below. Supporting such new approaches, either already launched or currently in development, are comprehensive new clinical guidelines for patient care also described below. And, given that the best treatment and care outcomes are achieved when patients are partners in their own care, a group of current patients has worked with the Centre for Addictions Research of BC to develop a handbook for new patients entering the system of care.

### **Connections Clinic**

Vancouver Coastal Health opened its new Connections Clinic on March 1, 2017 in Vancouver's Downtown Eastside. The walk-in clinic offers on-demand opioid agonist treatment as well as naloxone kits. Patients can start on buprenorphine/naloxone or methadone right away, with their first dose within two hours. Alongside physicians and pharmacists, the care team also includes on-site nurses, social workers, community and financial liaison workers, and peers who have first-hand experience with street life and substance use. It is expected that Connections Clinic will treat 600 people annually, on top of the estimated 3,000 to 3,500 people throughout Vancouver currently being treated for opioid use disorder through various other programs. On March 3, 2017, Prime Minister Justin Trudeau visited Connections Clinic, commending the work underway to address the ongoing opioid overdose public health emergency.

### **New Clinical Guidelines for the Treatment of Opioid Dependence**

In the context of the public health emergency, there is an urgent need for a provincial evidence-based guideline articulating the full range of therapeutic options for the optimal treatment of adults and youth living with opioid use disorder. The lack of a comprehensive guideline has been a challenge for the provincial health system, and has resulted in a lack of awareness and use of the full scope of medical and psychosocial interventions available to treat opioid use disorder among care providers across the addiction care continuum. As part of its early work, the BC Centre on Substance Use developed a [Guideline for the Clinical Management of Opioid Use Disorder](#) which comes into effect on June 5, 2017. This guideline strongly endorses the use of buprenorphine/naloxone (Suboxone<sup>TM</sup>) as first line treatment for opioid use disorder.

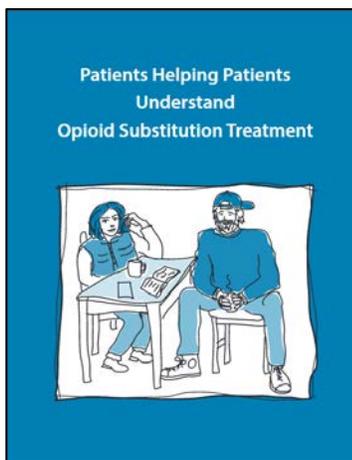
## Helping New Patients Navigate the Treatment System

In late January 2017, the Centre for Addictions Research of BC released a patient-developed handbook for patients new to the opioid substitution treatment (OST) system of care. The need for, and desire to produce, such a handbook was repeatedly expressed in a series of multi-stakeholder consultations on the province's OST system that began in 2013. In 2016, the Ministry of Health provided resources to support a group of patients to undertake the work of writing this handbook and the Centre for Addictions Research of BC provided coordinating and editing support.

The handbook, titled [\*Patients Helping Patients Understand Opioid Substitution Treatment\*](#), is the result of the dedicated work of a group of patients who all have many years of experience with medication-assisted treatments for opioid dependence. It answers some of the common questions that people have when they need help addressing opioid use disorder.

## Child and Youth Mental Health and Substance Use Collaborative

While the treatment and care efforts outlined above are largely focused on adults, a corollary effort is under way to focus on the needs of children, youth and their families. Increasing timely access to mental health and substance use supports and services for child and youth has been a



long-standing commitment of the provincial government and Doctors of BC. Through mutual funding and support of these two agencies, the [\*Child and Youth Mental Health and Substance Use Collaborative\*](#) works towards the common goal of improving the lives of children, youth, and families struggling with mental health and substance use issues. This work has been undertaken by Local Action Teams – 64 of which operate throughout the province – and has included addressing communication barriers, service delivery gaps, and coordination of care both locally and system-wide. The Collaborative includes representation from all health authorities and the Ministries of Health, Education, and Children and Family Development alongside hundreds of physicians, numerous

community partners such as police, school districts, community agencies, Aboriginal groups, and others. Youth and parents are embedded in every Local Action Team and have assumed leadership roles in every area of the Collaborative.

Local Action Teams across the province have been holding or supporting information sessions on the public health emergency for youth and parents using multi-pronged strategies (including in-person meetings, social media, and peer-to-peer education and training).

## Improving Treatment Options for People with Opioid Dependence

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### Accomplishments since January 18, 2017 progress update:

- ✓ The Centre for Addictions Research of BC released [\*Patients Helping Patients Understand Opioid Substitution Treatment\*](#), a handbook for patients new to the OST system. This handbook has been developed by patients with experience with medication-assisted treatments for opioid dependence and answers some of the common questions that people have when they need help addressing opioid dependence.
- ✓ The BC Centre on Substance Use developed a [Guideline for the Clinical Management of Opioid Use Disorder](#) to take effect June 5, 2017.
- ✓ On February 7, 2017, Minister Lake announced \$5 million in additional funding for the [BC Centre on Substance Use](#), as well as \$1.9 million in ongoing annual funding to support the centre's operations.
- ✓ Since November 2016, the BC Centre on Substance Use has hosted 20 training events for more than 1,000 health care providers on new guidelines for the treatment of opioid addictions, including how to treat patients living with opioid dependence with buprenorphine/naloxone (Suboxone™).
- ✓ On February 15, 2017, the Ministry of Health distributed a [guidance document](#) to providers of supportive housing and homeless shelters to guide them in the preventative actions they can take to reduce overdose fatalities in their facilities.
- ✓ On February 20, 2017, the province announced \$140 million over the next three years that will make it easier for thousands of British Columbians to find mental health and substance use services and supports closest to them.

### Next steps:

- St. Paul's Hospital in Vancouver will be opening a [HUB](#) this spring, where specialized addictions nurses and physicians will provide faster and better care for people with mental health and substance use challenges. The HUB will triage an estimated 6,000 patients with mental-health and/or substance-use challenges each year, or more than half the patients who visit the emergency department annually, ensuring they're directed to the appropriate care they require.
- To support the HUB, St. Paul's Hospital has opened a [Rapid Access Addictions Clinic](#), a new outpatient addiction clinic where clients can access treatment and care.

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- 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 able to prescribe evidence-based medications to treat opioid use disorder.
- The province will continue to increase the capacity and effectiveness of the treatment system by working to expand access to the full spectrum of treatments for opioid use disorder.
- Health authorities will continue work to open additional planned substance use treatment beds into 2017, with 500 new beds opened by March 31, 2017.
- In addition to the 500 new treatment beds, a \$10-million investment in substance use treatment interventions will support regional health authorities to improve access to substance-use treatment services by establishing 60 intensive residential treatment beds and 50 intensive outpatient treatment spaces. These services will provide follow-up care for up to 440 people for a year and will begin opening in the coming months, with all beds expected to be open by fall 2017.
- 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.

### 3. Public Education and Awareness

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

Since the launch of the 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 January 18, 2017 progress update:**

- ✓ On March 13, 2017, the Public Engagement Task Group held a strategic planning session to gather feedback and ideas on the next phase of strategic campaign elements, including target audiences, key messages and tactics. Attendees included family members with lived experience, and representatives from health authorities, the ministries of Health, Public Safety and Solicitor General, Education, and Children and Family Development, and the BC Coroners Service, and BC Centre for Disease Control, among others.
- ✓ To support broad reach of information, 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 handout materials, videos in clinics and other public venues, and a poster campaign in restaurants, bars, and transit shelters across the province.
- ✓ With input from family members and people with lived experience, the province and public engagement task group partners continue to share and adjust messages using social media to ensure there is a credible channel for open dialogue on this critical public safety issue.

#### **Next steps:**

- The Public Engagement Task Group will continue to work with partners, including people with lived experience of addiction, to develop new communications tools to enhance public engagement. The work of the task group will continue to build on lessons learned from the first phases, and refine the approach to public education and awareness using data from the BC Coroners Service, health authorities, and BC Centre for Disease Control. Areas of focus will include work to address stigma and reach those at high risk of using drugs alone, as well as those who continue to use but may be in a position to move towards treatment options.

## 4. Monitoring, Surveillance, and Applied Research

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A key component of responding to the 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 January 18, 2017 progress update:**

- ✓ The BC Centre for Disease Control now publicly reports detailed surveillance data on the emergency, including where overdoses are occurring, the characteristics of those who are overdosing, and the severity of reported overdoses. In addition, the report provides related resources (including where to access naloxone, and information and resources by region) for the public to access. The reports are updated every two months, and are accessible by visiting: <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/overdose-data-reports>
- ✓ The Michael Smith Foundation for Health Research posted a request for proposals to review how other jurisdictions have responded to opioid overdose deaths – particularly those jurisdictions that have experienced fentanyl and other analogues in circulation. The findings from the review will be discussed with Joint Task Force members and other experts, and will inform both B.C.'s ongoing response to the current public health emergency and the design of an evaluation of the province's opioid crisis response strategy.
- ✓ LifeLabs is now providing the province with weekly reports on the presence of carfentanil in street drugs. Carfentanil, an opioid that is 50 to 100 times more potent than fentanyl, has been detected in street drugs circulating in Vancouver Coastal Health, Fraser Health, Island Health, and Interior Health regions.

### **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 illegal substances are controlled. However, the illegal drug market does not abide by provincial or territorial boundaries. Therefore, strengthening the public safety response to the production and trafficking of existing controlled substances and newly identified substances has to be a coordinated, national effort.

### **Accomplishments since January 18, 2017 progress update:**

- ✓ At the time of writing, Bill C-37, an *Act to Amend the Controlled Drugs and Substances Act* and related amendments completed second reading in the senate on March 9 and has been referred to the Standing Senate Committee on Legal and Constitutional Affairs for review.
- ✓ Bill C-37 contains several amendments of critical interest to enhancing public safety. These include:
  - Prohibiting unlawful ownership and use of pill presses
  - Improve ease of scheduling of precursors used in the manufacture of illicit substances
  - Streamlining processes for the safe destruction of substances seized by police in drug investigations
  - Enhancing capacity of Canada Border Services Agency to interdict packages under 30 grams

### **Next steps:**

- The province will monitor the 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 illegal drug manufacturing equipment and controlling chemical components of synthetic opioids.

## 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 public safety partners.

### **Accomplishments since January 18, 2017 progress update:**

- ✓ The Joint Task Force continues to work with police and the Canada Border Services Agency to support the measurable expansion of interdiction efforts including the co-ordination of efforts to intercept, detect, and investigate illegally imported fentanyl and precursors.
- ✓ Earlier this year, the RCMP began training narcotics profile dog teams to detect fentanyl. It is expected that all 139 RCMP narcotics profile dog teams across Canada, including 24 in B.C., will be trained by mid-July 2017. For more information on the training, including a demonstration video, visit <http://www.rcmp-grc.gc.ca/en/news/2017/31/rcmp-dogs-join-battle-fentanyl>.
- ✓ The Canada Border Services Agency reports successes in intercepting fentanyl entering Canada, and the RCMP and some municipal police departments have reported seizures of fentanyl and detection of other substances, including:
  - In February 2017, the Gangs and Drugs Unit of the Abbotsford Police Department seized drugs suspected to contain Fentanyl and sent them for analysis. The result of analysis has determined that both fentanyl and carfentanil were present in the samples.
  - Lab results from Health Canada have confirmed carfentanil is in Nanaimo. This powder was seized by investigators as part of an ongoing investigation following the execution of a search warrant.
  - RCMP, Central Saanich and Saanich Police announced a year-long investigation of a Saanich Peninsula trafficking ring that resulted in significant drug seizures and \$1 million in cash.
  - Surrey RCMP arrested three individuals and seized thousands of doses of street drugs, including suspected fentanyl, and approximately \$16,000 in cash following a two-month investigation.
  - Cranbrook RCMP seized a substantial amount of cocaine, heroin, marijuana and cash.
  - Charges were approved for two individuals after the Combined Forced Special Enforcement Unit BC's Uniform Gang Enforcement Team seized restricted firearm and drug paraphernalia.

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- A New Westminster alleged drug trafficker was charged following a multi-agency investigation.
- Kelowna RCMP raided a drug house and seized suspected cocaine, heroin, marijuana, methamphetamine and over 300 various illegal pills.

#### **Next steps:**

- The province will continue to engage with RCMP and the Canada Border Services Agency to ensure continued dialogue on the public health emergency.
- Complete provision of funding for drug detection scanners in strategic public safety 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 illegal 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 illegal 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 January 18, 2017 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.
- ✓ All police departments and the RCMP are completing training of members as well as many civilian staff on how to administer naloxone in case of an opioid emergency. To date, nearly 7,000 members and civilian staff have been trained. The RCMP and Vancouver Police Department have made their training materials available to other departments.
- ✓ All police departments 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 are being finalized. RCMP and municipal departments have administered nearly 100 doses of naloxone since the inception of the program.

### **Next steps:**

- The Ministry of Public Safety and Solicitor General will continue partnering with RCMP and municipal police departments on the overdose response.
- Workshops for first responders to assist them with dealing with fentanyl and other opioids are being developed.

## **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. Nearly a year 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 on the front line.

In 2016, British Columbia recorded over 900 deaths from illegal drug overdose, the highest number in a single year ever recorded in the province. The 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.

The provincial government has committed another \$5 million to the response. The federal government has made a significant \$10 million contribution to B.C., and 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.