

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

Joint Task Force on Overdose Prevention and Response

Second Progress Update

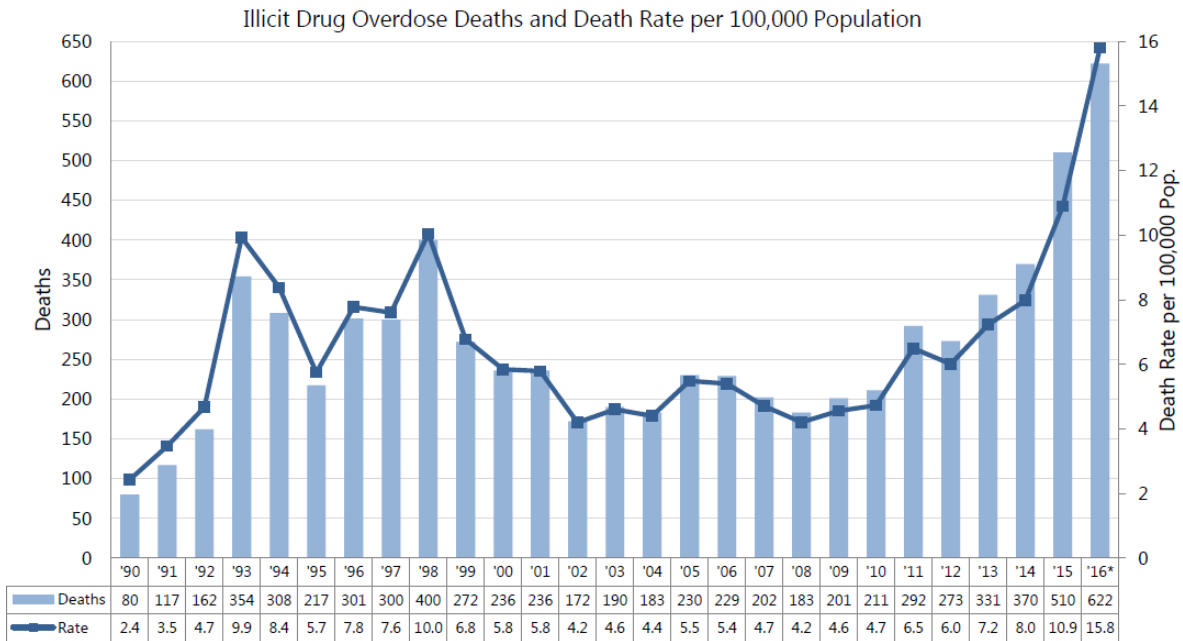
November 2016

Background

In April 2016, the Provincial Health Officer declared a [public health emergency](#) under B.C.'s *Public Health Act* in response to an unprecedented 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 seven-point plan.

Police, physicians, paramedics, emergency department staff, community members, families, loved ones and people from all walks of life have partnered with all levels of government to mobilize across the province. While the rate of overdose deaths remains unacceptably high, countless lives are being saved by community members and first responders through the rapid administration of naloxone. New investments have been made and there is progress on all fronts. On September 28, 2016, Premier Christy Clark announced \$10 million to enhance existing initiatives and to support additional activities in response to the overdose crisis.

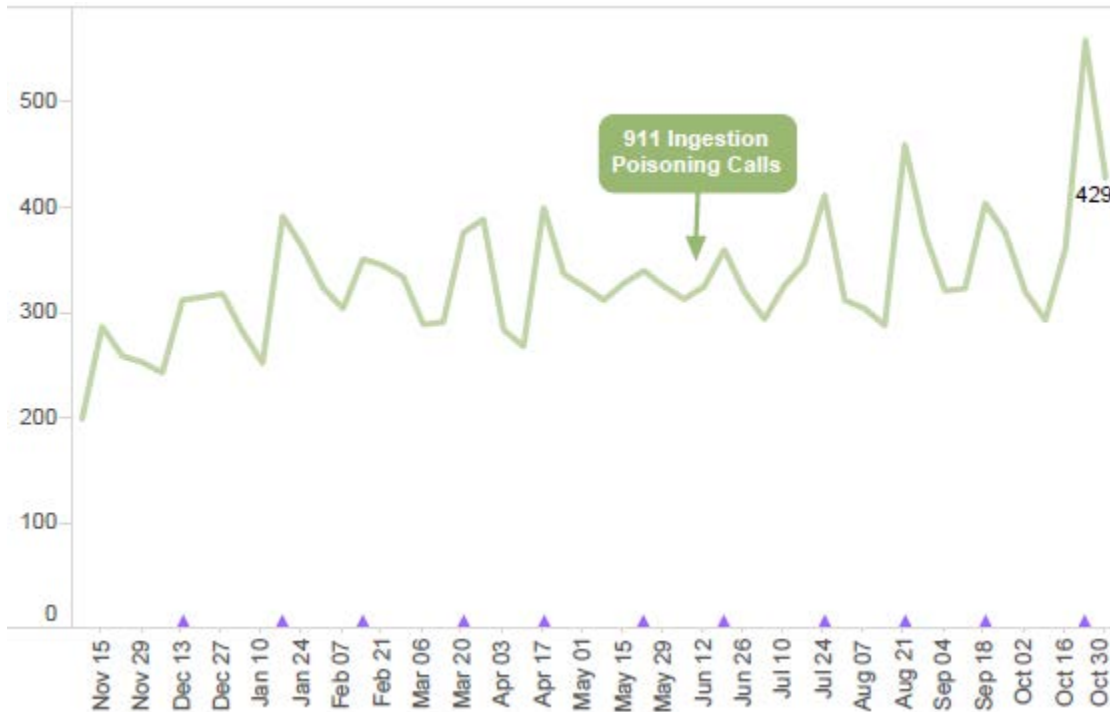
This report outlines progress across all seven provincial action areas and highlights important initiatives. This includes provincial funding for the BC Centre on Substance Use and the continued expansion of naloxone to first responders and community members on the front line, as well as many other actions provincial partners have been working on since the Joint Task Force's [first progress update](#) was released in September 2016.



*2016 data is limited to January 1, 2016 – October 31, 2016

Illicit Drug Overdose Deaths and Death Rate; 1990 - 2016; BC Coroners Services

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Weekly Ingestion Poisoning (all substances) 911 Calls; November 2015 – October 2016; BC Centre for Disease Control

The spike in 9-1-1 Ingestion Poisoning calls the week of October 23, 2016 reflects a trend of increased calls during the weeks that the Ministry of Social Development and Social Innovation distributes income assistance and disability cheques.

Partnership with other levels of government

A provincial health emergency of this magnitude – where more than 620 overdose-related deaths and thousands of non-fatal overdose-related events have occurred so far in 2016 in communities across the province– merits a comprehensive response. As with natural disasters and other public emergencies, effective responses simply cannot be mounted without an unwavering commitment from communities and all levels of government.

- Local Governments** Local governments interact in many ways at the front line (police officers, fire fighters) and engage in important work at the community level to prevent and respond to opioid overdose deaths.
- Provincial Government** The provincial public health and public safety sectors are working in tandem; the ground-breaking integration of these sectors has shown that "the whole is greater than the sum of its parts". Premier Clark's announcement of \$10 million in funding in September 2016 will accelerate the province's response.
- Federal Government** The federal government has acted quickly in some areas (e.g., improving intranasal naloxone access); adjustments to policy and legislation must continue where obstacles to progress are identified.

In addition to outlining actions accomplished since the first progress update, this report highlights the important partnerships

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between different levels of government, their involvement in the overdose crisis response, and next steps for our collaborative response. Some hurdles to progress remain. It is crucial that partners continue to work together to remove these barriers.

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

Persistent and rapid response to overdose events is imperative to saving lives. Ensuring people at high risk of overdose and those likely to witness an overdose have access to naloxone reduces the chances of death. B.C. continues to work with local governments and with Health Canada to expand the availability of this life-saving antidote across the province.

Supervised consumption services remain a key component of reducing harms related to substance use. In nearly fifteen years of operation, there have been zero overdose fatalities at Vancouver's Insite or at the Dr. Peter Centre; evidence is clear that this intervention saves lives. All levels of government have a role to play in the development of supervised consumption services; barriers that threaten the expansion of these services must be promptly addressed at every level.

Expanding Naloxone Availability in B.C

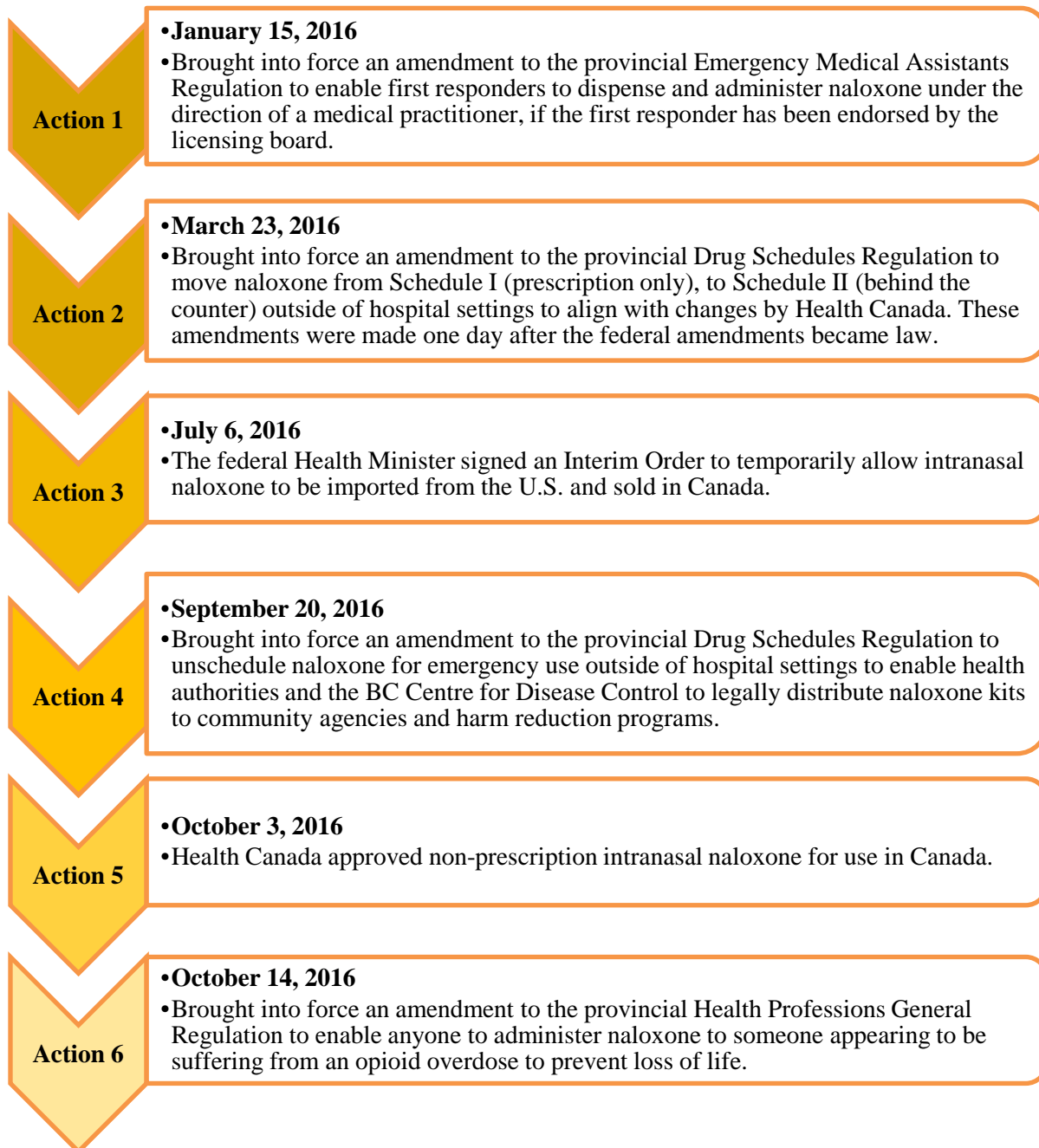
Accomplishments since Sept. 15, 2016 progress update:

- ✓ B.C.'s Take-Home Naloxone program has:
 - Dispensed 15,841 no-charge naloxone kits
 - Had reports of 2,458 kits being used to reverse opioid overdoses
 - Trained 14,820 peopleAdditional information on the Take-Home Naloxone program is available at <http://towardtheheart.com/naloxone>.
- ✓ B.C. is the first jurisdiction in Canada to deregulate and unreschedule naloxone so that it can be carried and sold outside of pharmacy locations (e.g., treatment centres, community agencies, and other locations suitable for reaching people at high risk of or likely to witness overdoses).
- ✓ RCMP detachments in B.C. have now acquired intranasal naloxone for use both among members who are exposed to opioids such as fentanyl during the course of their work and among members of the public suffering an overdose.
- ✓ Municipal police departments are in the process of acquiring intranasal naloxone for use among members who are exposed to opioids during the course of their work. Policies on use among members of the public suffering an overdose are being developed.
- ✓ The Ministry of Health has amended regulations under the *Emergency Health Services Act* and the *Health Professions Act* to enable all healthcare professionals, first responders (e.g.,

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police and firefighters) and social workers to administer naloxone outside of a hospital setting. This amendment also extends to all citizens, which allows people employed in places where overdoses are more likely to happen – but where health care workers are not regularly employed (e.g., shelters and recovery homes) – to administer naloxone.

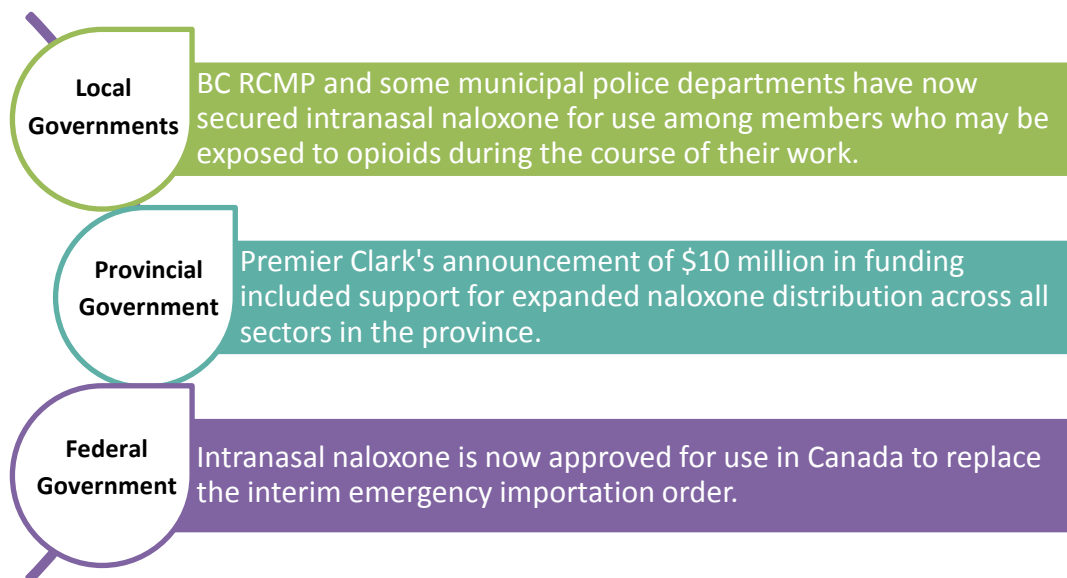
- ✓ A number of regulatory amendments expanding access to naloxone have been made over the past year in response to the significant increase in opioid overdoses occurring in B.C.:



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Next steps:

- The Take Home Naloxone program will continue the expansion of no-charge naloxone kits to all remaining emergency departments and public health units as well as to all provincial and federal correctional facilities in B.C.
- Naloxone kits will continue to be distributed to sites where there are people at risk of overdose but healthcare professionals are not customarily present such as recovery homes and homeless shelters.
- Vancouver Coastal Health will continue developing a standardized online training curriculum for first responders across the province to ensure ongoing competency in naloxone administration.



Expanding Reach of Supervised Consumption Services in B.C.

Accomplishments since Sept. 15, 2016 progress update:

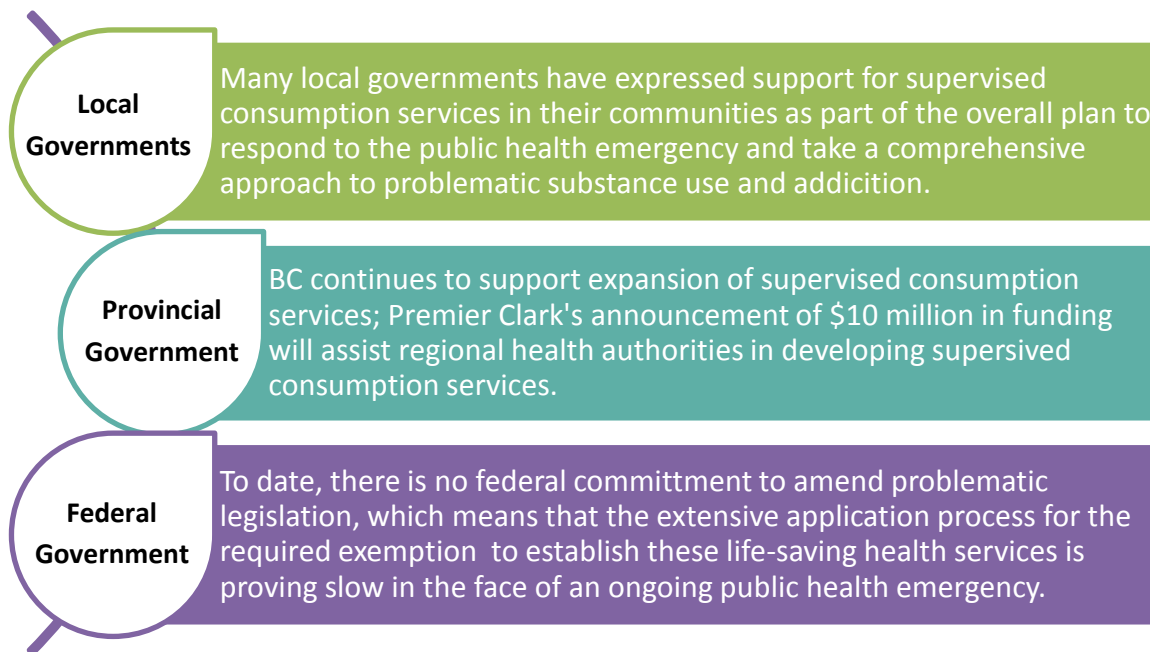
- ✓ On October 31, 2016, Vancouver Coastal Health submitted two applications to Health Canada to operate two integrated supervised consumption sites in the Downtown Eastside.
- ✓ On November 15, 2016, Island Health launched a public engagement process on establishing supervised consumption services in Victoria.

Barrier identified:

- ☒ The federal government has yet to repeal or amend legislation (*Respect for Communities Act*) which is proving to be an obstacle to the timely expansion of supervised consumption services commensurate to the magnitude of the public health emergency.

Next steps:

- ☐ Health authorities will continue 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 work with Health Canada to streamline and accelerate approval of applications 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

People who are prescribed appropriate and effective treatment for opioid dependence are less likely to seek out and use illicit opioids. Therefore, expanding and improving upon existing treatment modalities 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 treatment is crucial. Health Canada approves medications for use before they can be used in Canada; in the case of medications which are controlled

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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 illicit drugs 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

Accomplishments since Sept. 15, 2016 progress update:

- ✓ Health Canada has established access to two long-acting medications for treating opioid dependence through the federal Special Access Programme. The Special Access Programme was created to allow physicians access to non-marketed drugs for treating patients who have otherwise not been responding to conventional treatment. In Canada, Special Access to long-acting medications to treat opioid dependence (injectable naltrexone and a buprenorphine subcutaneous implant, both available in the United States) requires physicians to fill out multiple application forms to Health Canada to access treatment modalities that are common standards of practice in other jurisdictions.

Barrier identified:

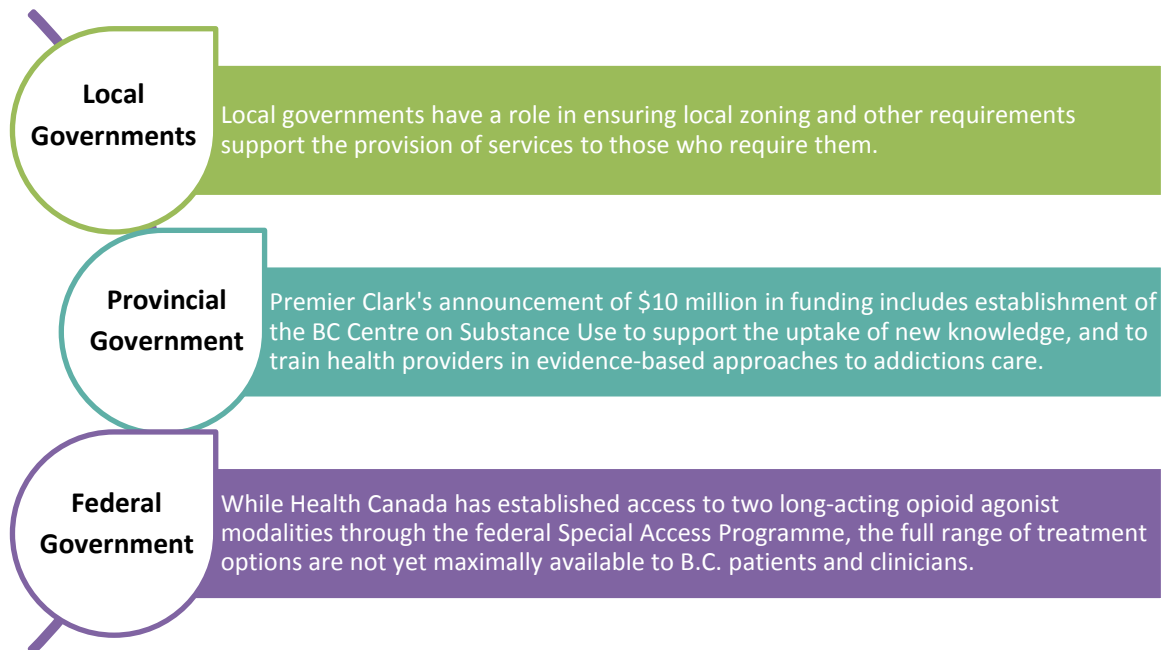
- ☒ Unlike other high-income countries, the full spectrum of evidence-based pharmacological treatments for opioid use disorder is not yet maximally available to health care providers and their patients.

Next steps:

- With support from the Centre for Addictions Research of BC, support tools and a handbook on navigating the opioid agonist treatment system are being finalized for patients. Patients new to the opioid agonist treatment system will have an information resource (developed by patients) that will help them navigate the system of care, and achieve better health outcomes (including reduced relapse and overdose risk).
- 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.

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- Health authorities will continue work to open additional planned substance use treatment beds into 2017, for a total of 500 new beds opened since 2013.
- The province will continue discussions with Health Canada on expanding availability and access to the full spectrum of opioid agonist treatment for providers and patients to ensure those with opioid use disorders are effectively treated.
- 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 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 are working together to further enhance prescription monitoring to ensure more appropriate use of prescription opioids and other controlled medications.



Drug Checking Services

Accomplishments since Sept. 15, 2016 progress update:

- ✓ The BC Centre on Substance Use is reviewing and analyzing available evidence related to drug checking and the use of fentanyl detection dipsticks.

Next steps:

- Review evaluation recommendations and determine effectiveness, and potentially explore feasibility of expanding fentanyl detection dipstick testing to other parts of the province.
- 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*.

3. Public Education and Awareness

Spreading the word that you can never be sure what an illicit 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 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 have been 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 for more information.

Accomplishments since Sept. 15, 2016 progress update:

- ✓ Supported by partnerships to ensure broad reach, paid public service announcements have been released through digital media, radio, and television.
- ✓ Additional outreach using targeted materials to reach desired audiences through handout materials, videos in clinics and other public venues, and a poster campaign in restaurants and bars across the province.
- ✓ Working in collaboration with the education sector, the Centre for Addictions Research of BC has developed four teaching modules for grades 6 to 9 and grade 11. These modules are now available to teachers and school districts at <http://www.uvic.ca/research/centres/carbc/publications/helping-schools/index.php>.
- ✓ 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 around this critical public safety issue.

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- ✓ The Justice Institute of B.C. has launched a comprehensive training website to provide first responders with accurate safety information related to situations where opioids may be involved. For more information visit www.fentanyl-safety.com.

Next steps:

- The Community Action Initiative – an organization that supports projects focused on mental health and substance use issues – is using \$750,000 in funding received from the province through the Provincial Health Services Authority to finalize resources for parents and community members who work with youth.



4. Monitoring, Surveillance, and Applied Research

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 Sept. 15, 2016 progress update:

- ✓ The BC Centre for Disease Control reports weekly enhanced overdose data and analysis to public health officials and decision-makers to inform further action.

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- ✓ B.C.'s Chief Coroner announced a specialized Coroners Service Drug Death Investigation Team that will provide enhanced investigations into accidental illicit drug deaths to identify trends and patterns to inform prevention efforts.

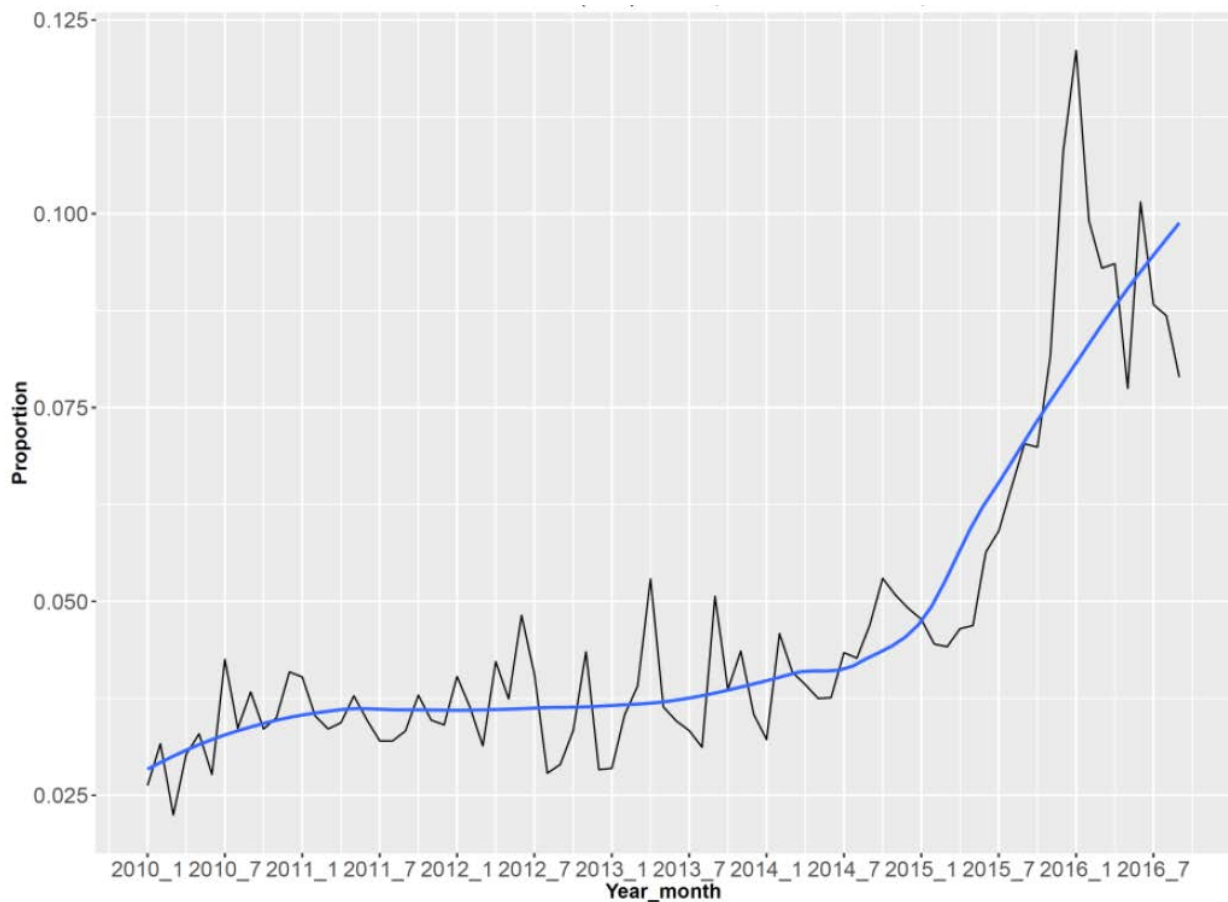


Figure 1: Enhanced surveillance has shown increasing severity in the level of consciousness (measured by the Glasgow Coma Scale) and has helped inform allocation of multi-dose naloxone kits to community members and first responders

Barrier identified:

- ✘ A nationally coordinated process to gather and analyze provincial and regional data to produce a national picture of the harms associated with substance use does not exist. Provinces and territories continue to operate without nationally agreed upon common case definitions which makes it difficult to share and analyze commonly collected information.

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.

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- Increase the capacity of provincial toxicology labs to test blood samples for opioids and other new substances by procuring testing equipment (e.g., mass spectrometer). This will lead to improved data on trends of different opioid substances involved in overdoses that result in hospitalization or death.
- Build on successful overdose related data sharing across the health and enforcement 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*

A foundational component of addressing the public health emergency includes improving how substances and equipment used to manufacture illicit substances are controlled. Recognizing that the illicit drug market does not abide by provincial or territorial boundaries, strengthening enforcement response to the production and trafficking of fentanyl-based substances has to be a coordinated, national effort.

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On July 27, 2016, the Minister of Public Safety and Solicitor General requested assistance from the federal government in the following areas:

- Improve the scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and the *Precursor Control Regulations*, notably regulation of equipment used in the manufacture of illicit pills;
- Streamline the safe destruction of substances seized by police in drug investigations without jeopardizing prosecutions; and,
- Expand authority for interdiction of incoming products used in the production of street drugs and greater police partnership with Canada Border Services Agency.

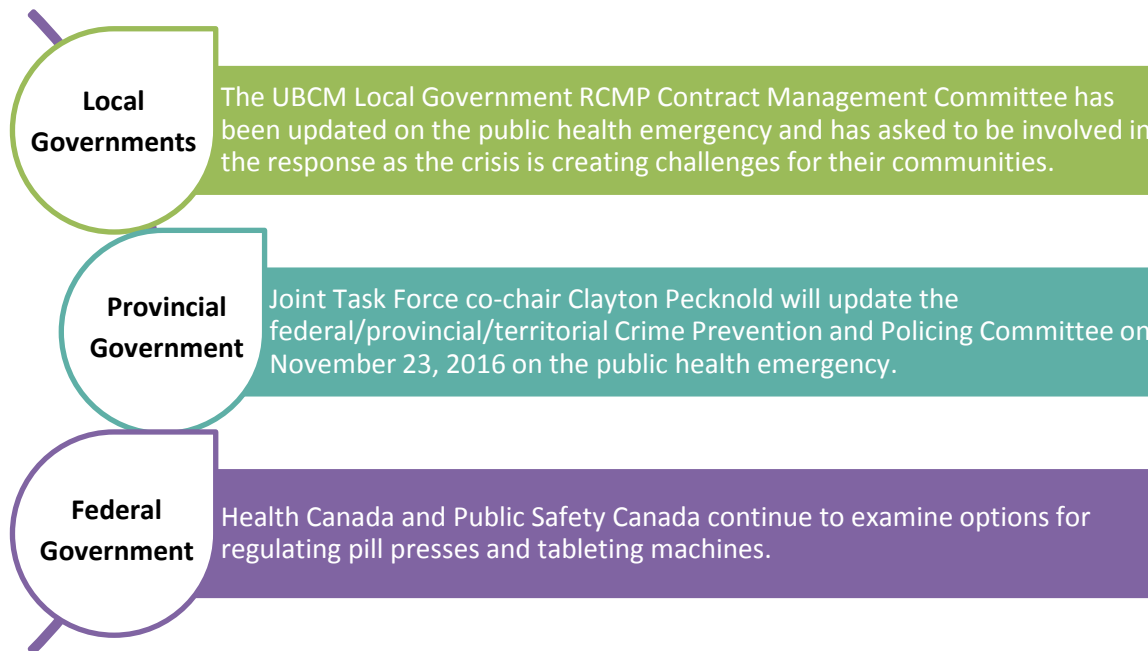
The federal government has yet to provide a response to this request.

Accomplishments since Sept. 15, 2016 progress update:

- ✓ The federal government has completed consultation as of October 2, 2016 on the Proposed Order Amending Schedule VI to the *Controlled Drugs and Substances Act* and Regulations Amending the Schedule to the *Precursor Control Regulations* with respect to six chemical agents used in fentanyl production.

Next steps:

- The province will continue to engage with the federal government 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 with the Canadian Association of Chiefs of Police Drug Committee and the British Columbia Association of Chiefs of Police to help influence changes to federal regulation and laws.



6. Improving Federal Enforcement and Interdiction Strategies

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 Sept. 15, 2016 progress update:

- ✓ The Joint Task Force has continued to work with police and law enforcement to support measurable 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 reports that agents are seeing successes in intercepting fentanyl packages entering Canada.
- ✓ The province continues to advocate that the federal government increase penalties under the *Controlled Drugs and Substances Act* and the *Criminal Code* for those who import and traffic fentanyl and related compounds.
 - Police are requesting sentencing considerations if the file involves trafficking and/or importation of fentanyl.

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- ✓ Many of the task groups addressing the public health emergency include law enforcement representatives to provide a public safety lens to developing and implementing initiatives.

Next steps:

- Deploy drug detection scanners in strategic law enforcement locations in the province to improve the interdiction of fentanyl and related compounds.
- Call for the federal government to re-instate 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

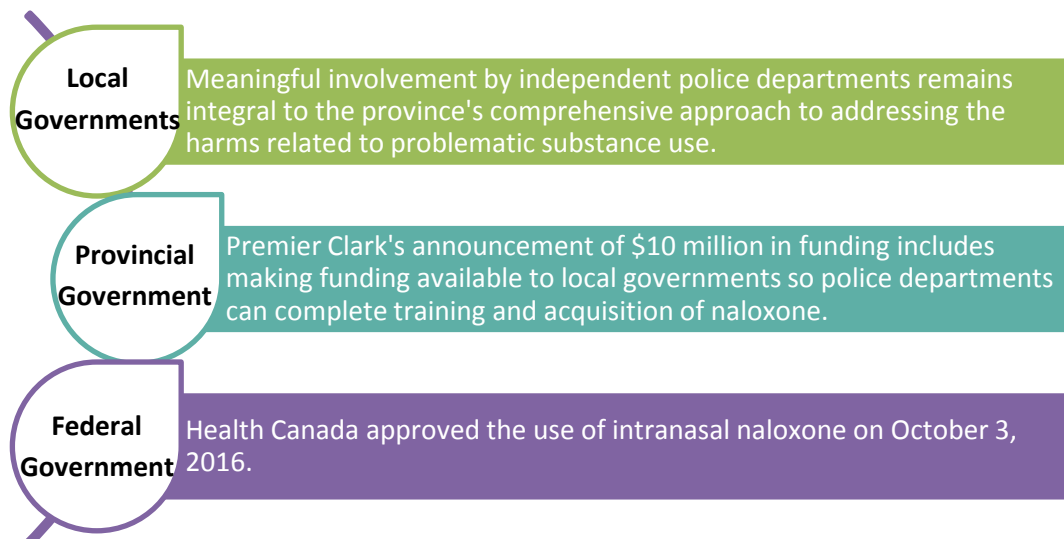
First responders are broadly exposed to activities related to illicit drug acquisition and use. In this capacity, there are opportunities for first responders to educate the public on the risks and harms associated with fentanyl and other dangerous substances.

Accomplishments since Sept. 15, 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.
- ✓ A number of police departments (RCMP, Vancouver, Victoria, and Abbotsford Police Departments) have begun training members how to administer naloxone in cases of opioid overdose. The RCMP and Vancouver Police Department have made their training materials available to other departments.
- ✓ The Justice Institute of B.C. has launched a comprehensive training website to provide first responders with accurate safety information related to situations where opioids may be involved. For more information visit www.fentanyl-safety.com.
- ✓ RCMP detachments in B.C. have now acquired intranasal naloxone for use both among members exposed to opioids during the course of their work and on members of the public suffering an overdose.
- ✓ 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. Independent municipal policing departments' policies that allow for the administration of naloxone on members of the public suffering an overdose continue to be developed as more police officers are trained.

Next steps:

- The province will make funding available for police departments to complete training and for the acquisition of naloxone on the understanding naloxone use is for officer safety and public safety where an overdose is believed to have occurred.



Conclusion

Since being declared in April, 2016, this provincial public health emergency has recorded hundreds of preventable deaths, and thousands of calls to first responders and visits to emergency departments. Behind each number is a terribly human story—the story of a spouse, a son or a daughter, a sister or brother, or a parent. Seven months into B.C.'s public health emergency the numbers remain unacceptable high, and constitute not just a local or provincial issue, but a crisis of national concern.

The Province of B.C. remains committed to taking continued action on many fronts, working closely with partners across the health and public safety sectors, to reduce the toll this public health emergency is taking on families across the province and across the country.

