

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

September 2016

“Throughout B.C., we are dealing with the overwhelming effects of problematic substance use. In response to this crisis, experts from across the province are taking wide-ranging action to address the problem and prevent future tragedies. Services are in place to help British Columbians and their families, and we will continue to expand them.”

~ Statement from Premier Christy Clark

“Every day families and friends are losing loved ones to deaths that could have been prevented. No one is immune. People with long histories of drug use are overdosing, as are people trying drugs for the very first time. It’s crucial to remind people that no matter who you are, illicit drugs can be deadly, and that there are steps you can take to reduce the chance of an overdose.”

~ Statement from Dr. Perry Kendall and Clayton Pecknold,
co-chairs, BC Joint Task Force on Overdose Response

Background

The significant rise in opioid-related overdose deaths reported in B.C. since the beginning of 2016 is part of an increasing, alarming trend in North America over the last six years.

On April 14, 2016, provincial health officer Dr. Perry Kendall [declared a public health emergency](#) under the *Public Health Act*. The declaration of a public health emergency allows for real-time information to be collected, reported and analysed across the health system, to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs. This is the first time Dr. Kendall has used the act to enact these emergency powers.

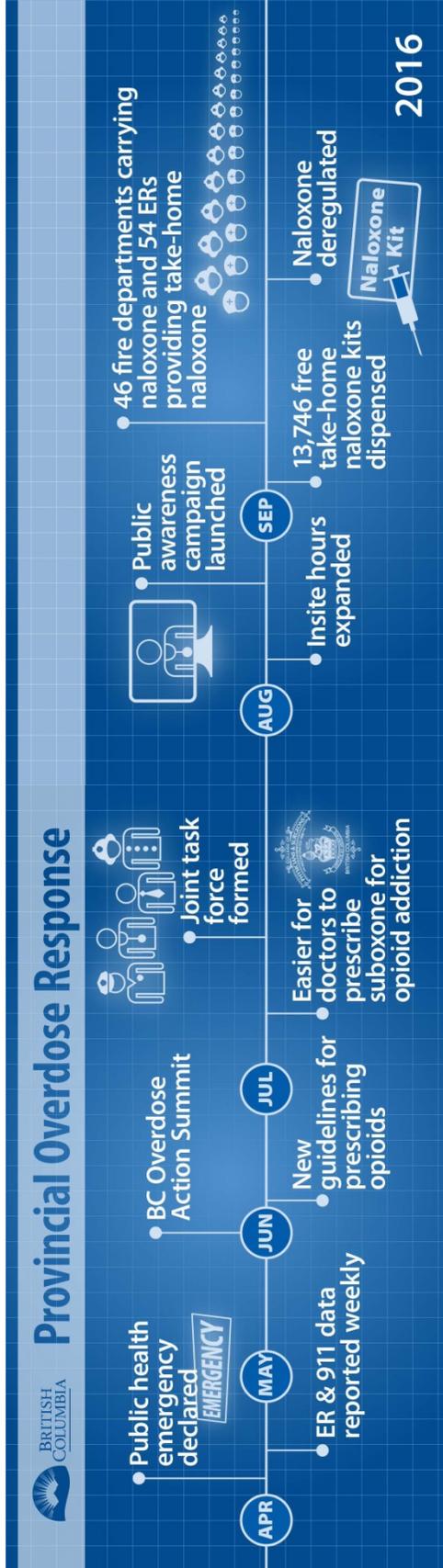
On July 27, 2016, the Premier established the [Joint Task Force on Overdose Response](#); this ground-breaking integration of the health and public safety sectors, and law enforcement efforts ensures co-operation between the health and public safety sectors to consistently and rapidly implement new provincial initiatives and strengthen existing approaches to address the crisis.

Ongoing Public Progress Reporting

This first overdose prevention and response progress report outlines action on B.C.'s public health emergency, identifying progress achieved to date and next steps underway.

The province's response continues to focus on seven key areas:

1. **Immediate response to an overdose** (expanding naloxone availability and the reach of supervised consumption services in the province)
2. **Preventing overdoses before they happen** (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** (public awareness campaigns)
4. **Monitoring, surveillance, and applied research** (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*** (regulating drug manufacturing equipment such as pill presses, regulating precursors)
6. **Improving federal enforcement and interdiction strategies** (increasing enforcement activities, working with the Canada Border Services Agency to interdict the importation of illicit drugs)
7. **Enhancing the capacity of police to support harm reduction efforts related to street drugs** (including training for police and other first responders for safe fentanyl identification and handling practices)



A diverse range of agencies throughout the province have work underway to respond to the overdose situation in British Columbia. Efforts are ongoing and involve the provincial ministries of Health and Public Safety and Solicitor General, public health officials, health authorities, the Office of the Coroner, emergency first responders including paramedics, police and firefighters, social service agencies, community partners and people with lived experience and their families.

A number of task groups have been established to work on specific elements of the response.

1. Immediate Response to an Overdose

Saving lives is the province's first priority in this public health emergency. Intervening when a person is experiencing an overdose is imperative to preventing fatal outcomes. The task force's work on improving immediate response to an overdose involves expanding the availability of naloxone and expanding the reach of supervised consumption services in the province.

Naloxone is a medication that blocks or reverses the effects of an overdose from opioids (such as fentanyl, heroin, and morphine), restoring normal breathing and consciousness. Naloxone can be given by injection or intranasally. It is one of the primary tools in preventing death once an opioid overdose has occurred. Naloxone is available in B.C. through paramedics, many first responders, emergency departments, community pharmacies, recovery homes and homeless shelters, to inmates upon release from some provincial correctional centres, and the Take Home Naloxone program.

B.C. was the first Canadian jurisdiction to introduce a Take Home Naloxone program. Increasing access to naloxone for people at risk of overdose and those who may witness an overdose reduces the chances of death.

In addition, supervised consumption services are cost-effective interventions for improving health outcomes and reducing harms associated with non-medical drug use. In B.C., supervised consumption services currently operate only in Vancouver at Insite and the Dr. Peter Centre at St. Paul's Hospital. Expansion of these services beyond Vancouver is critical in view of the overdose epidemic and the demonstrated ability of supervised consumption services to prevent overdose fatalities. A significant barrier to rapid expansion of these services is the exemption process required for compliance with federal legislation; however, B.C. has engaged with the federal government to identify how exemption applications may be processed and approved smoothly.

Expanding Naloxone Availability in B.C.

Accomplishments to Sept. 15, 2016:

- ✓ B.C.'s Take-Home Naloxone program has:
 - ▶ Dispensed 13,746 no-charge naloxone kits
 - ▶ Had reports of 2,149 kits been used to reverse opioid overdoses
 - ▶ Trained 11,629 people (online training is available for those with access to the internet at <http://towardtheheart.com/naloxone>)

- ✓ Naloxone kits are now available in 297 sites across BC, including most emergency departments, three provincial correctional facilities (to be expanded to remaining centres over the next year), and one federal correctional facility.

- ✓ All ambulance crew and 46 fire departments are now carrying naloxone and are administering as needed.

- ✓ The College of Pharmacists of BC has descheduled naloxone, which will make naloxone available for purchase without a prescription and without requesting it over-the-counter.

- ✓ Regional health authorities continue to train people who use drugs, their family members and friends, health and social service providers and others on the administration of naloxone and continue to promote awareness of this intervention.

- ✓ Some people who use drugs have expressed reluctance to call 9-1-1 in an overdose situation due to a perception that police will attend and arrest. The RCMP and most municipal police departments have now adopted a policy that members will not attend 9-1-1 calls for overdose assistance unless requested to do so. Law enforcement attendance at overdose calls is reported to be declining as a result of this policy. However, in some regions of the province, especially in smaller communities, police may often be the first to respond to a call.

- ✓ The RCMP have announced they are acquiring intranasal naloxone for use both when members encounter someone experiencing an overdose, as well as their own members who may be exposed during the course of their work. The kits will be provided to all RCMP jurisdictions across the province. Abbotsford Police Department is similarly acquiring intranasal naloxone for the protection of its officers and for use on the public in cases of overdose when emergency health service providers are not in the vicinity.

- ✓ The Vancouver Police Department has acquired intranasal naloxone to administer to their members/employees who may be exposed during the course of their work.

Next steps:

- The Ministry of Health is funding the expansion of no-charge naloxone kits to all remaining emergency departments and public health units, and to all provincial and federal correctional facilities in British Columbia.
- Naloxone kits will be distributed to sites where healthcare professionals are customarily not present (recovery homes, homeless shelters).
- Vancouver Coastal Health is developing a standardized online training curriculum for first responders to ensure ongoing competency in naloxone administration.

Expanding Reach of Supervised Consumption Services in B.C.

Accomplishments to Sept. 15, 2016:

- ✓ Vancouver Coastal Health has expanded Insite's hours of operation to 24 hours on Wednesdays, Thursdays and Fridays during weeks that income and disability payments are issued by the Ministry of Social Development and Social Innovation.
- ✓ Interior Health, Fraser Health and Island Health are developing applications for exemption to federal legislation in order to launch and run supervised consumption services in some locales in their regions.

Next steps:

- The Ministry of Health will continue to work with Health Canada to identify methods to streamline and accelerate approval of applications for exemptions under the *Controlled Drugs and Substances Act* and Bill C-2 to expand reach of supervised consumption services in each regional health authority.
- Regional health authorities will continue their work to prepare and submit applications to Health Canada to expand supervised consumption services across the province.

2. Preventing Overdoses Before They Happen

The potential for overdose risk is present in many scenarios. Overdose can occur among people who use drugs long-term, among those experimenting with new drugs, and among those who experience relapse from treatment. Every overdose is theoretically preventable. Work to equip providers, patients, families and friends with the resources to prevent overdoses before they occur focuses on improving available treatment options for people with opioid dependence and implementing drug checking services in the province to allow people to be aware of what is actually in powders, pills or liquids they have acquired from the illicit market.

Opioid agonist treatment (OAT, also referred to as opioid substitution treatment or OST) is the most effective intervention to treat opioid use disorder and other associated harms. Professional guidance on opioid use disorders is imperative for health care providers to ensure they have up-to-date information about best practices in treating opioid use disorders. This leads to more effective and sustained treatment for people with opioid use disorders, and ensures patients who access substance use services are provided the best quality evidence-based care, including how to reduce relapse and overdose risk.

Health authorities continue to open additional substance use treatment beds, and the province has invested in new mental health and addictions facilities for youth, young adults and others who have challenges with mental health and substance use.

Street drugs are of unknown potency and often contain unknown substances (e.g. fentanyl), adulterants and contaminants. Street drug checking is common in many European countries, and supports informed decision making by providing individuals with knowledge of what they are buying and consuming. With information about illicit drug composition (including adulterants or contaminants), individuals may make safer choices about what, where, how much and with whom they consume.

Improving Treatment Options for People with Opioid Dependence

Accomplishments to Sept. 15, 2016:

- ✓ College of Physicians and Surgeons of British Columbia removed its requirement for physicians to have a special federal exemption (required for methadone prescribing) in order to prescribe Suboxone as a treatment for opioid addiction.
- ✓ Suboxone has been added as a regular coverage benefit under PharmaCare.

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- ✓ Interdisciplinary addiction medicine training provided to 14 clinical fellows (physicians with a sub-speciality in addictions), 113 medical students/residents, and 5 intensive preceptorships, with enrollment ongoing.
- ✓ Health Canada has made changes to the schedules of the *Food and Drugs Act* that now allow physicians to prescribe diacetylmorphine (also called prescription heroin) through the Special Access Programme as a treatment for patients with opioid dependence who have failed other treatment options (e.g., methadone, Suboxone).
- ✓ The College of Physicians and Surgeons of B.C. released new opioid prescribing guidelines that set the new professional standard on safe prescribing of opioids.

Next steps:

- Health authorities will continue to open the additional planned substance use treatment beds in 2017, for a total of 500 new beds opened since 2013.
- The Ministry of Health will continue discussions with Health Canada on the possibility of physicians accessing two new long-acting opioid agonist medications (Vivitrol®, Probuphine®) through the Special Access Programme.
- The Ministry of Health continues to work with partners to develop and release new opioid disorder treatment guidelines and support tools for providers and patients.
- Expand access to opioid agonist treatment by increasing the number of these providers who prescribe the treatment.
- The Ministry of Health and College of Physicians and Surgeons are working together to further enhance prescription monitoring to ensure more appropriate use of prescription opioids and other controlled medications.

Drug Checking Services

Accomplishments to date:

- ✓ Fentanyl detection pilot project is underway at Insite.

Next steps:

- The Network for Excellence in Substance Dependence and Related Harms will lead drug checking technical, operational and logistical scoping work, including expansion of dipstick testing to other parts of British Columbia.
- Confirm regulatory approval options with federal partners through the *Controlled Drugs and Substances Act*.

3. Public Education and Awareness

Populations at risk for overdose are not limited to those with long histories of illicit drug use. Information on fatal and non-fatal overdoses is showing that people who are experimenting with drugs, recreational users (including stimulant users), chronic pain patients, illicit opioid users, those discharged from corrections, and those discharged from abstinence-based opioid addiction treatment are at risk for overdose. Information on overdose risk also needs to extend beyond these groups to family members, friends, and the general public.

There is no single approach to effectively reach such a broad audience, which has led the province to launch a multi-pronged campaign. It is imperative that B.C. residents are aware of the risks of non-medical opioid use, the potential toxicity of illicit substances, and how to recognize and respond to an opioid overdose.

Accomplished to date:

- ✓ First phase of a multi-pronged [provincial awareness campaign](#) launched on International Overdose Awareness Day (Aug. 31, 2016), including an informational website at www.gov.bc.ca/overdose and paid media on Facebook with messages highlighting the dangers and life-saving supports.

Next steps:

- The Community Action Initiative – an organization that supports projects focused on mental health and substance use issues – is using \$750,000 in previous funding received from the Province through the Provincial Health Services Authority to develop resources for parents and community members who work with youth.
- The Province will issue paid video public service announcements (PSAs) through digital media and on television, supported by partnerships to ensure broad reach and additional airing through PSA status.
- Additional outreach is planned with targeted materials to reach specific audiences, such as people who use illicit drugs regularly, through handout materials, videos in clinics and other public venues, and through a poster campaign.
- The Province and public engagement task group partners continue to share and adjust messages using social media channels to ensure there is a credible channel for open dialogue around this critical public safety issue.

4. Monitoring, Surveillance, and Applied Research

One of the main components of declaring a public health emergency allows for the immediate, real-time sharing of information across systems to accurately identify areas of concern.

Improving monitoring and surveillance of fatal and non-fatal overdoses and data on trends of different opioid substances involved in overdoses that result in hospitalization or death inform the health system and partners of the magnitude of the problem; trends identified are used to support targeted interventions and other actions as needed.

The Canadian Research Initiative on Substance Misuse (CRISM), supported by the Canadian Institutes of Health Research, is a national interdisciplinary research group that has a regional node in BC. This regional node collaborates with provincial health authorities and the Ministry of Health in translating scientific evidence to inform provincial health policy. To ensure that research priorities align with lived experience of those affected by substance use disorders, CRISM leverages well-established partnerships with community and advocacy groups, including the BC Association of People on Methadone, the Vancouver Area Network of Drug Users, the Western Aboriginal Harm Reduction Society, From Grief to Action, and Moms United and Mandated to Save the Lives of Drug Users.

Improving timely data collection, reporting and analysis

Accomplished to Sept. 15, 2016:

- ✓ Ambulance and emergency departments are now reporting data to the BC Centre for Disease Control on non-fatal overdoses.

- ✓ Weekly reporting by the BC Centre for Disease Control on overdose data, including ingestion poisoning 9-1-1 calls, naloxone interventions by the BC Ambulance Service, regular and enhanced emergency department surveillance, overdoses broken down by substance, and illicit drug overdose deaths by regional health authority.

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- ✓ Two applied research projects are underway, utilizing \$4.4 million in funding from the Canadian Institutes of Health Research and other partners :
 - [TASA Cheque Issue Day study](#): this study, led by the Urban Health Research Initiative, aims to examine whether changing when and how often social assistance is disbursed will benefit individual health and safety; decrease drug-related harm within the community; and decrease demand on health, social and police service providers.
 - [OPTIMA clinical trial](#): this study, led by the Canadian Research Initiative on Substance Misuse, will compare and evaluate two treatments for prescription opioid dependence, methadone, which is the current standard of care in Canada, and combination buprenorphine/naloxone.

Next steps:

- The BC Centre for Disease Control will issue detailed monthly overdose data reporting and analysis to public health officials and decision makers to inform further action.
- The BC Coroners Service is working towards collecting more detailed information about illicit overdose deaths that can be used to share trends and patterns with the health system and other stakeholders to support evidence based solutions.

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

Improving how substances and equipment used to manufacture illicit substances are controlled is an important component of addressing this public health emergency at a foundational level. Drug enforcement is ultimately a federal responsibility, but it is well understood that the illicit drug market does not abide by provincial boundaries; therefore, strengthening enforcement response to the production and trafficking of fentanyl-based substances has to be a co-ordinated, national effort. To this end, the Ministry of Public Safety and Solicitor General has requested that the federal government lead this role. Specifically, Minister Morris has requested:

- Improvements to 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;
- Streamlined and safe destruction of substances seized by police in drug investigations without jeopardizing prosecutions; and,
- Expanded authority for interdiction of incoming products used in the production of street drugs and greater police partnership with Canadian Border Services Agency.

Accomplished to date:

- ✓ Health Canada is proposing to restrict six chemicals used in the production of fentanyl and has posted a public consultation on this regulatory change to render the unauthorized importation and exportation of these chemicals illegal.

Next steps:

- The provincial government continues to advocate that the federal government regulate/restrict equipment associated with the manufacture of illicit pills, including pill presses, tableting machines, pill counters, punches and dies.

6. Improving Federal Enforcement and Interdiction Strategies

Responding to the production and trafficking of illegal fentanyl involved in B.C.'s opioid overdose crisis requires increased federal enforcement and interdiction strategies, including greater penalties and fines. Efforts at addressing these activities are underway with the enforcement partners engaged in the response to the illegal drug trade.

Accomplished to date:

- ✓ Letter sent to federal ministers on July 27, 2016 requesting the prioritisation of federal (RCMP and Canada Border Services Agency) enforcement strategies, including focusing interdiction of imported products, packages and precursors.
- ✓ Commitment from the Canada Border Services Agency to assist further and expand interdiction efforts.

Next steps:

- The Task Force will work with Police and law enforcement, including Canada Border Services Agency, to support measurable expansion of interdiction efforts, including the co-ordination of efforts to intercept, detect and investigate illegally imported fentanyl and precursors.
- Continue 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.
- Continue with enhanced ongoing communication among law enforcement agencies.

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

As first responders, police have a broad exposure to activities related to street drug acquisition and use. In this capacity there are opportunities to educate the public on the risks and harms associated with fentanyl and other dangerous drugs.

Accomplishments to Sept. 15, 2016:

- ✓ Funding has been provided to the Justice Institute of BC to create a website with safety information for first responders, including training materials, for safe fentanyl identification and handling practices. The website is currently under development.
- ✓ A training workshop for police officers, paramedics, firefighters, Canada Border Services Agency agents, coroners and other first responders was held June 14-15, 2016 to focus on the dangers of fentanyl and to provide information on the safe handling and investigation of the drug.
- ✓ Local police have contributed to the Know your Source campaign and will continue engaging at-risk communities in awareness building on the dangers of fentanyl.

Next steps:

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

Conclusion

While significant first steps have been taken to address B.C.'s opioid overdose emergency, much remains to be done. The data are clear: opioid overdoses do not discriminate. With multiple populations in all corners of the province at risk, the response to this crisis must be comprehensive; everyone in the province has a role to play.

B.C. has long recognized that effectively addressing harms related to substance use requires meaningful engagement and involvement with people who use drugs and their families. The Joint Task Force on Overdose Response has mandated increased engagement with organizations of people who use drugs (such as the Society of Living Illicit Drug Users) and organizations of family members with lived experience (such as Moms Stop the Harm and From Grief to Action) to inform further action.

The public health emergency is a call to action. All levels of government – local, provincial and federal – and other sectors, such as the media, and organizations that engage with people who use drugs and family members with lived experience, must work together to address the health, public safety, social, economic and cultural factors that are driving this public health emergency.