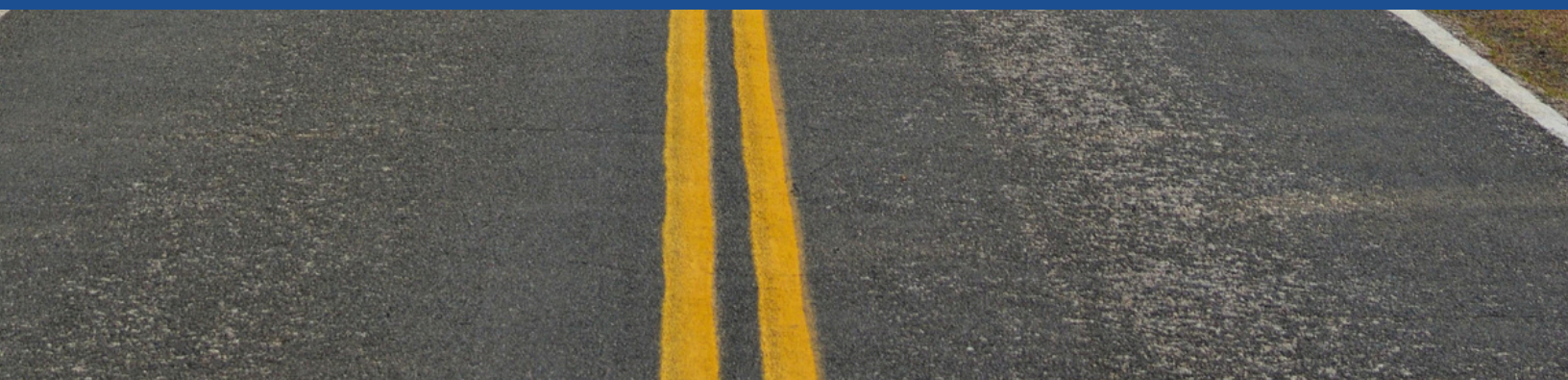
BRITISH COLUMBIA

Local Government Substance Use Resources Toolkit



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LOCAL GOVERNMENT TOOLKIT

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Module 1 – Toolkit Overview

A. Toolkit Purpose & Context

Toolkit Purpose

Communities across British Columbia continue to experience the toxic drug crisis in different ways. This Toolkit is a practical, optional resource to help local governments understand the overdose response system, work effectively with partners, and support informed local planning and decision-making. It is designed to be flexible and adaptable to local contexts and is not intended to create new responsibilities or prescribe specific policies.

How to Use This Toolkit

This Toolkit is organized by topics so information can be accessed easily based on local priorities, interests, and operational needs, rather than read sequentially from start to finish.

Content focuses on several issues that local governments may encounter in community overdose response efforts, including:

- Finding help for mental health and substance use in your community
- Overdose prevention services (OPS)
- Community Action Teams (CATs)
- Working with law enforcement and public safety partners
- Rural and remote considerations

B. Key Resources

Provincial Substance Use Resources

Provincial programs, services, and practical guidance related to overdose prevention, substance use supports and services, and health service delivery in BC.

- Know the Risks During the Toxic Drug Crisis | HelpStartsHere
- Find a broad range of substance use supports and resources: HealthLink BC
- Find mental health and substance use services near you: Browse Supports | HelpStartsHere
- Find naloxone kits and learn how to use them: Towards the Heart: BCCDC Harm Reduction Services
- Find mental health and substance use programs for people who live with severe mental health and substance use issues and need an integrated, whole-person treatment approach: BC Mental Health & Substance Use Services
- Find Addictions Care with Access Central | HelpStartsHere
- Find Same-Day Care for Opioid Addiction | HelpStartsHere
- Keeping yourself and others safer when doing things that involve risk: Harm Reduction | HelpStartsHere

Regional Health Authority Overdose Prevention Resources

Regional health authority resources, service information, and operational guidance related to harm reduction, overdose prevention, and local substance use supports across BC communities.

- Interior Health: Guide to Harm Reduction
- Fraser Health: Harm Reduction Resources
- Island Health: Harm Reduction for Substance Use
- Northern Health: Harm reduction
- Vancouver Coastal Health: Harm Reduction

Policy & Community Planning

Resources to support local governments in understanding provincial and national policy directions and planning community responses**.**

- Union of BC Municipalities: Resources for Municipal Governments
- BC Harm Reduction Strategies and Services Policy and Guidelines
- Canadian Drugs and Substances Strategy: Overview

Research, Evidence & Best Practices

Research organizations, evidence summaries, and implementation guidance to support evidence-informed policy and program development.

- British Columbia Centre on Substance Use
- BC Mental Health & Addictions Research Institute
- British Columbia Centre for Excellence
- Canadian Centre on Substance Abuse
- BC Centre on Substance Use: Drug Checking Implementation Guide; lessons learned from a British Columbia drug checking project
- University of Victoria: An Evidence Brief – Harm Reduction Implementation Framework

First Nations and Métis Harm Reduction, Treatment, and Recovery Resources

Resources developed by or in partnership with First Nations and Métis organizations that support culturally safe, trauma-informed, and community-led approaches to harm reduction, wellness, treatment, recovery, and substance use care.

- Harm Reduction at the FNHA
- Indigenous Harm Reduction
- Mental Health & Harm Reduction | MNBC

- Indigenous-Harm-Reduction-Policy-Brief
- Indigenous Treatment, Recovery and Aftercare Services (ITRAS)

C. Rural and Remote Communities

Rural and remote communities across British Columbia experience the toxic drug crisis in different ways. While many challenges are shared across communities, rural and remote areas often face additional barriers related to distance, transportation, staffing, privacy, and access to services. Approaches that work well in larger urban centres may not always work the same way in smaller or more isolated communities.

Rural and remote communities often face the same challenges as urban centres, but with fewer services, less infrastructure, and greater geographic and workforce barriers. Effective local responses therefore often depend on flexibility, collaboration, strong local relationships, and approaches that reflect local context. While local governments are not responsible for delivering health services, they can play an important role in convening partners, supporting local planning, and helping identify community-specific barriers and opportunities.

Geography and Access

Long travel distances, transportation availability, weather conditions, and limited service hours can make access to health services, overdose prevention services, or treatment options more difficult.

Communities have identified a range of approaches that may help improve access depending on local circumstances, including:

- Identifying transportation barriers and existing local transportation options
- Understanding and strengthening referral pathways to services available in neighbouring communities
- Working regionally with neighbouring local governments and health partners where services are shared

- Supporting awareness of available virtual health and overdose prevention services
- Leveraging existing community facilities or trusted local organizations to improve access to information and supports

Privacy and Stigma

In smaller communities, concerns about privacy can create additional barriers to accessing services. People may worry about being recognized when seeking care or support.

Communities have found that improving privacy and reducing stigma may involve offering information through multiple trusted locations, supporting discreet access where possible, and working with local partners to increase awareness of available services.

Collaboration and Partnerships

Effective local responses often depend on coordination among:

- Local governments
- Health authorities
- First Nations and Indigenous partners
- Community organizations
- Community Action Teams (CATs)
- Law enforcement

Local governments may help support collaboration by bringing partners together to share information, identify local priorities, coordinate community planning, and strengthen referral pathways between organizations. Clear communication, strong relationships, and shared understanding of roles can support coordinated local response efforts.

Indigenous and Cultural Considerations

Many rural and remote communities are First Nations communities or have significant Indigenous populations. Local responses should consider the importance of:

- Supporting Indigenous-led responses
- Relationship-building and engagement
- Recognizing the historical and ongoing impacts of colonialism
- Distinctions-based and culturally safe approaches
- Awareness of Indigenous-specific treatment, recovery, and aftercare services that may be available within the community or region

*See the **Directory of Resources** for Indigenous-specific services and planning resources.*

Local Context Matters

There is no single approach to responding to the toxic drug crisis in rural and remote communities. Community size, geography, available services, local relationships, and cultural context all influence what approaches may be most effective and appropriate.

Reflection questions for local governments may include:

- What partnerships already exist locally?
- What gaps are most significant in your community?
- What local strengths can be built upon?
- What barriers are unique to your geography or community?
- Which existing community organizations or spaces could help improve awareness of available supports?
- Are there provincial or regional resources that could help address local gaps?

This Toolkit is intended to support local governments in understanding how local context shapes community needs and to help identify opportunities to strengthen local partnerships, improve coordination, and connect communities with existing provincial, regional, and community resources.

Module 2 - Community Action Teams (CATs)

A. What is a CAT?

Community Action Teams (CATs) are local groups that bring together community partners to support coordinated responses to the toxic drug crisis. CATs help communities identify local priorities, improve coordination, and support local action related to overdose prevention, health, and social supports.

CATs were established in 2018 and now operate in 35+ communities across British Columbia. They are funded by the Ministry of Health and administered by the Community Action Initiative (CAI).

How CATs Support Communities

CATs support local planning, communication, and coordination related to the toxic drug crisis. CATs often support initiatives related to prevention, overdose response, treatment and recovery, education, and coordination among community partners. CATs bring together diverse community perspectives by engaging organizations and partners to support coordinated local responses. CATs do not deliver frontline services.

In this role, CATs:

- Bring together organizations and community partners, including local government? to support coordinated responses and identify local priorities and emerging issues
- Improve coordination across local services and community initiatives
- Support community education and stigma reduction

B. Working with Your Local CAT

Local government participation can help strengthen coordination and community response efforts.

Participation may include:

- Regularly attending CAT meetings and sharing local perspectives and community knowledge
- Sharing local priorities, data, and emerging issues
- Collaborating on planning and community response efforts
- Inviting your local CAT to present to Council
- Supporting coordination across municipal, health, and community initiatives Supporting community awareness and engagement activities, for example participation in awareness activities such as International Overdose Awareness Day (Aug 31).

Benefits of Participation

Engagement with local CATs can support:

- Better awareness of regional and provincial priorities
- Early awareness of emerging community issues
- More coordinated and effective local responses

To find and connect with your local CAT, visit the Community Action Initiative (CAI) website.

Module 3 – Treatment and Recovery

Local governments are often asked about the substance use treatment and recovery services available in their communities. Understanding the services available can help municipalities connect residents to appropriate supports and work effectively with health system partners.

Treatment and recovery services include a range of supports designed to meet people where they are and provide care at different stages of their recovery journey. Substance use care is continuum that supports different needs along a client's recovery journey, including access and assessment; withdrawal management (detox) and stabilization; transitional support; treatment and recovery services, and long-term aftercare support

- Health authorities, and other community partners deliver a wide range of treatment and recovery services, including:
    - Bed-based treatment (licensed facilities and recovery homes)
    - Withdrawal management (sometimes called detox)
    - Transitional care options
    - Outpatient and community-based programs, like day treatment programs, support groups or opioid agonist treatment.
    - Recovery community centres, and aftercare programs.
- It is also important to note that bed-based substance use services only represent a small part of a much broader continuum of care when it comes to options for people living with addictions.
- Beds, including for withdrawal management, are typically most appropriate for people who require a higher intensity of services and support to address complex or acute mental health or addiction problems.
- Outpatient substance use services are an important for people who want to access care at home or in community, often because of existing home, work or childcare responsibilities.

Road to Recovery

- The Road to Recovery model is a new model of addictions care being implemented in each health region in B.C. Road to Recovery establishes a seamless continuum of care from access and assessment to withdrawal management (detox) to treatment and aftercare services for clients with moderate to severe substance use disorders.
- Access Central is a key component of Road to Recovery that provides a single point of access to treatment and recovery services in each health region. Access Central is a clinical phone service that connects adults aged 19 and older in B.C., in health regions where the service is available, to local substance use bed-based services like withdrawal management (detox).
- The Access Central personalized substance use care plan, includes:
    - Same or next day clinical screening and assessment.
    - Placement in a withdrawal management (detox) bed according to medical need, and/or rapid connection to outpatient services.
    - Initiation of opioid agonist therapy (OAT) or anti-craving medications for alcohol use, when appropriate.
    - Ongoing support throughout the withdrawal and recovery journey.
- Regional Access Central Contact Information:
    - Vancouver Coastal Health (VCH), 1-866-658-1221
        - Seven days a week, 9:00 am – 7:45 pm, at
    - Fraser Health (FHA), 1-833-866-6478
        - Seven days a week, 8:30 a.m. - 8:30 p.m.
    - Interior Health (IHA), 1-866-777-1103
        - Seven days a week, 9:00 a.m. - 4:30 p.m.
    - Vancouver Island Health (ISLH), 1-888-885-8824
        - Seven days a week, 8:30 a.m. - 8:30 p.m.

- In the future, people in the Northern Health region will also be able to access services through Access Central. In the meantime, Northern Health's Virtual Clinic (1-844-645-7811) is available to people in the region with medical concerns, including substance use concerns.
  - Seven days a week, 10:00 am - 10:00 pm PST

- Learn more: Find Addictions Care with Access Central | HelpStartsHere

A. Finding Treatment and Recovery Services

- In addition to services accessed through health authorities, publicly funded treatment and recovery beds are available through a variety of providers across British Columbia.
- Many services accept self-referrals, allowing individuals to contact programs directly without a referral from a health care provider.
- The BC Recovery Services directory provides information on publicly funded treatment and recovery services across the province, including services that accept self-referrals and are available at no cost to clients.
- For more information, visit the BC Recovery Services directory.
- Learn more at Treatment and Recovery | HelpStartsHere

First Nations Health Authority

- First Nations Health Authority offers culturally responsive virtual services for First Nations people and their families across B.C.
- First Nations Virtual Doctor of the Day
  - Open to all First Nations people and their families living in B.C.
  - Provides access to doctors and allied health care professionals are trained in practices of cultural safety and humility, and the program includes doctors of Indigenous ancestry.
  - Appointments can be booked by phone: 1-855-344-3800
- Virtual Substance Use and Psychiatry Service

- Referral-based service providing access to specialists in addictions medicine, psychiatry and mental health professionals.
- Available at no cost to all First Nations people and their families living in B.C.

Opioid Treatment Access Line

- The Opioid Treatment Access Line provides individuals with quick, same-day access to opioid addiction treatment and support. This service helps people connect to opioid agonist treatment (OAT); a medication-based options that can help prevent withdrawal symptoms and reduce overdose risks.
  - This toll-free access line is open every day from 9 am to 4 pm across B.C. at 1-833-804-8111
  - Provides access to a healthcare worker, including doctors and nurses, who can prescribe opioid treatment medication over the phone that can be picked up at a pharmacy in their local area.
- Learn more: Find Same-Day Care for Opioid Addiction | HelpStartsHere

HelpStartsHere.gov.bc.ca

- Residents looking for information about treatment, recovery, counselling, crisis services, or local supports can also use HelpStartsHere, which provides a searchable directory of provincial, regional, and community resources.
  - Provides access to more than 2,600 publicly funded or not-for-profit mental health and substance use services across the province.
  - Includes information and articles featuring easy to understand language on commonly searched topics.

Additional Resources

- Multi-Language Services in BC | HelpStartsHere
- Free or Low-Cost Services in BC | HelpStartsHere
- Virtual Mental Health and Substance Use Supports | HelpStartsHere

Module 4 - Overdose Prevention Services (OPS)

Communities respond to the toxic drug crisis through many complementary approaches, including prevention, treatment, recovery, housing, outreach, community partnerships, and overdose prevention services. This section provides background on one component of that broader response: overdose prevention services (OPS).

Decisions about OPS can generate questions from local governments, residents, businesses, and community organizations. Understanding the purpose of these services, the evidence supporting them, and the roles of different partners can help inform local discussions.

A. Questions and Answers

What are OPS?

OPS provide a supervised space where people can use drugs under the care of trained staff who can respond to an overdose or other medical emergency. OPS also provide education on using substances more safely, distribute naloxone, and offer pathways to withdrawal management, treatment, and other health and social supports.

In B.C., OPS were established under a provincial public health order to respond to the toxic drug crisis. Supervised consumption sites (SCS) are similar to OPS but are authorized through a federal exemption under the *Controlled Drugs and Substances Act*. In this toolkit, 'OPS' is used as a general term that includes SCS and other forms of observed consumption service, unless otherwise specified.

Why were OPS established?

- In 2016, deaths and poisonings linked to the toxic drug supply increased sharply in BC, and a public health emergency was declared.
- The increase in deaths was driven by a more toxic drug supply.
- People who use drugs remain at very high risk of experiencing death or brain injury.

- Provincial direction (Provincial Ministerial Order 488/2016) requires BC Emergency Health Services and regional health authorities to provide OPS where there is a need for these services.

Who uses OPS?

- People who use OPS are at high risk of overdose and are often long-term substance users experiencing housing instability, trauma, or other significant challenges.
- Many people using OPS may otherwise use substances in public.

What can I do if I think my community would benefit from an OPS?

- Regional health authorities can provide information about local planning and service delivery where a need has been identified. Community consultation is an important part of establishing an OPS. If your region has a Community Action Team (CAT), it may be able to help support conversations with local residents and businesses. See the **Community Action Teams (CATs)** module for more information.
- Additional supports, contacts, and information are available in the **Directory of Resources** section of this Toolkit.

See also **Talking with Community Members About OPS.**

B. Talking with Community Members About OPS

Supporting Communities with OPS

- Municipalities can work with regional health authorities and local Community Action Teams (CATs) to support communication and collaboration between OPS and the broader community.
- Community members may have strong or differing views about OPS. Questions and concerns may relate to safety, visibility of substance use, or lack of familiarity with substance use services.

- Fixed and mobile community-based OPS, as well as all hospital-based OPS, are required to meet the Province's Minimum Service Standards to support safety, quality, accessibility, and cultural safety.
- OPS work with partners to respond to community concerns related to the operation of the service. Most OPS are operated by regional health authorities or community organizations contracted to provide these services.
- Many OPS have established processes for receiving and responding to community concerns through the service operator.

Key Background to Support Community Conversations

- OPS are intended to reduce overdose deaths by providing a supervised environment where trained staff can respond to overdoses and connect people at high risk with health and social services, including treatment, recovery, primary care, housing, and other community supports.
- The BC Centre for Disease Control estimates that OPS and similar services prevented more than 17,000 deaths in B.C. between 2019 and 2025.
- Overdose deaths have significant impacts on families, friends, and communities. OPS are one component of a broader response that helps reduce these harms.
- OPS provide naloxone and safer substance use supplies to help reduce the risk of overdose, injury, and transmission of blood-borne infections.
- Research shows that OPS reduce public substance use and discarded drug paraphernalia (e.g., needles), and studies have not found evidence that they increase crime in surrounding communities.

Common Concerns

Community members may have questions or concerns about OPS. A few common discussion points are listed below, as well as relevant context to support conversations about OPS. For a more detailed look at the evidence, see **Key Research on OPS** below.

Why invest resources in OPS instead of treatment?

What the evidence says:

- People may be at different stages in their recovery or treatment journey.
- OPS help keep people safe and reduce pressure on emergency health services (e.g., emergency departments).
- OPS support connections with other health and social services and are associated with increased treatment uptake.

I'm worried about the impact of OPS on personal safety and/or street disorder.

What the evidence says:

- OPS support people who are already experiencing significant substance use and overdose risk within the community.
- Studies of OPS and similar services generally find that they reduce public substance use and drug-related litter and do not increase crime in surrounding areas.
- OPS may be accessed by people who are experiencing homelessness and/or poverty as well as substance use. OPS do not create these issues, but can help address them by connecting people with other health and social services where needed.

I feel that OPS send the wrong message about substance use.

What the evidence says:

- OPS are part of a broader system of substance use care that includes prevention, early identification and intervention, treatment, and recovery.
- OPS do not provide drugs and there is no evidence that OPS increase rates of substance use.
- Recovery is complex, and relapse is common during treatment for substance use disorder. In addition to preventing deaths among people

who are actively using substances, OPS are a critical safety net for people who return to use during their recovery journey.

Key Research on OPS

- Canadian Centre on Substance Use and Addiction (2024). Supervised Consumption Sites: Evidence Brief*. A Canadian evidence summary on supervised consumption and overdose prevention services.*
- Shorter et al. (2023). Overdose Prevention Centres, Safe Consumption Sites, and Drug Consumption Rooms: A Rapid Evidence Review*. An international review of research on OPS and similar services.*