

Data Snapshot March 2025



Introduction



Getting people the mental health and addictions care they need

Right now, the world is feeling uncertain. The issues people are facing with mental health, addiction and homelessness have gotten harder in recent years – here and around the world. And the toxic drug supply has become more dangerous and deadly – hurting our loved ones and communities.

There is no one-size-fits-all solution for people experiencing mental health or addiction challenges. That's why we're taking action on all fronts to keep people and communities safe and well by intervening early, reducing risk of toxic drugs to save lives, connecting people to treatment and care, creating pathways to recovery and wellness, and providing support to get at root causes.

We're seeing results that it's making a difference, but there's more work to do.

This data snapshot provides a point-in-time overview of the progress Government is making to build an integrated and seamless system of care that works for all people in British Columbia. Data presented in the snapshot are from a variety of sources, including the Ministry of Health, the BC Centre for Disease Control, regional health authorities, First Nations Health Authority and government partners. Indicators will be refined as we continue to strengthen the system of care.



Introduction



BC's Mental Health and Substance Use System of Care



Intervening early so people can access care sooner

By addressing mental health and addiction challenges early, we can get people access to care sooner.



Reducing risk to save lives

BC continues to confront the toxic drug crisis through adding new treatment and recovery services, expanding overdose prevention and harm reduction services, and working to end stigma about addiction.



Connecting people to care where and when they need it People need to be met with the care they need when they need it. BC has been expanding treatment and recovery services to include outreach programs, day treatment, withdrawal management (detox), bed-based treatment and recovery, opioid agonist treatment, and more.



Creating pathways to recovery and wellness so people can live healthy lives

The pathway to recovery and ongoing wellness does not end at treatment. BC is expanding services so people in recovery can build connections, resiliency and wellness through mutual peer support, lifeskills programming, and relapse prevention.

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Intervening Early





Why early intervention?

By addressing mental health and addiction challenges early, we can prevent little problems from becoming bigger ones down the road.

Intervening early is particularly crucial for young people who deserve the best possible start in life. The last few years have not been easy on young people. Studies have shown that youth were disproportionately impacted by the pandemic.

What is Government doing to support this?

Foundry BC: A province-wide program operated in partnership with local lead agencies, Foundry is a network of youth wellness centres and online supports providing free primary care, mental health and addictions supports to young people between the aged 12 to 24.

Integrated Child and Youth (ICY) Teams: Operating in school districts, ICY teams help families navigate services, and provide mental health and addiction supports for children and youth.

Community counselling: Community counselling services provide in-person and virtual appointments and assessments, so more people can connect to care, especially those living in rural, remote and Indigenous communities.

MHSU services in primary care: Primary care services for those with mild to moderate mental health or substance use concerns.

Intervening Early





What We Are Monitoring: Foundry BC

16,047

young people accessed Foundry services in 2023/24

17

Foundry centres are open as of January 2025. An additional 18 are in development. All 35 Foundry centres are expected to be open by the end of 2027/28.

The number of young people accessing Foundry services has increased each year since 2019.



Figure: Number of young people accessing Foundry services (in-person or virtual).

Note: There are ongoing quality assurance initiatives to improve Foundry's overall data collection processes. Foundry recently updated their methodology to count the total number of young people accessing Foundry to align with national reporting requests. The revised reported number for 2022/23, compared to the last iteration of this report, is a result of this update.

What is Foundry?

Foundry is a province-wide network of youth wellness centres that removes barriers, and provides free and confidential primary care, mental health and addictions supports, sexual health care, peer support and social services to young people between the aged 12 to 24 and their families – all in one location. Foundry is a core component of BC's healthcare system, integrating with existing services within communities' primary care networks and providing wraparound services similar to urgent primary care clinics.

Why is this indicator important?

The number of young people accessing Foundry services, and the number of Foundry centres open across the province continues to grow. This means more young people can access vital, barrier-free, mental health and substance use, primary care, sexual health, and peer support services in one place, whether in-person or virtually.

Intervening Early





What We Are Monitoring: Integrated Child and Youth (ICY) Teams

Children and families are being supported by an increasing number of communities with ICY Teams, as the Province works to fill gaps in mental health and substance use care, removing roadblocks, and bringing providers together to deliver better care.

1,447

Children and youth being seen monthly (average) by ICY Teams in Phase 1* communities.

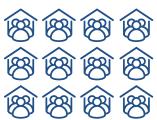
2022

5 communities



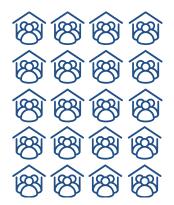
2023

12 communities



2024

20 communities



In total, 20 communities have ICY Teams operating or being implemented across the province in 2024, to be fully operational by 2025.

Figure: Number of communities with ICY teams operating or in implementation.

What are ICY Teams?

The Province is creating new ICY Teams in communities around British Columbia. ICY Teams work to fill gaps in mental health and substance use care by removing roadblocks, bringing providers together and delivering better care.

On the ground, these teams help families navigate services and provide mental health and addiction supports for children and youth.

Why is this indicator important?

ICY Teams make it easier for young people and their families to connect to the care they need, when and where they need it – at school and in the community. Monitoring the number of children and youth being seen by ICY Teams is a good way of understanding the reach of the ICY Teams in different BC communities.

The teams also work towards culturally safer, distinctions-based approaches by building relationships based on trust and mutual respect with First Nations, Métis and Inuit communities.

^{*}Phase 1 communities: School District 42 Maple Ridge–Pitt Meadows, School District 71 Comox Valley, School District 82 Coast Mountains (Terrace, Hazelton), School District 53 Okanagan-Similkameen (Oliver, Keremeos), School District 38 Richmond.

Intervening Early





What We Are Monitoring: Utilization of community counselling

People in BC can access low or no-cost counselling, including virtually, through 47 agencies providing services, including those in equity-deserving communities across British Columbia. In fiscal year (FY) 2023/2024, more than 29,163 individuals accessed counselling, with **almost half** (14,219) doing so for the first time.

Region	Agencies
Fraser	11
Vancouver Island	8
Vancouver Coastal	12
Interior	10
Northern	6

Number of people who accessed low- or no-cost community counselling in FY 2023/2024



Note: Data provided from Community Action Initiative, with all agencies reporting. Data does not include health authority-funded counselling services or other counselling services not funded through this provincial program.

What is community counselling?

Government is working to ensure people from all walks of life, including those in rural, remote and Indigenous communities, can access free or low-cost counselling services, when and where they need it.

Since 2019, the Province has invested \$35 million to support 49 community counselling agencies throughout BC and 47 agencies continue to receive funding through March 2025.

Why is this indicator important?

Community counselling provides flexibility for counsellors to meet clients where they are at, whether that's through outreach, inperson counselling or through virtual supports.

The increase in the number of people accessing counselling for the first time shows improved accessibility of counselling services.

Intervening Early





What We Are Monitoring:
Mental health and substance use (MHSU) capacity in primary care

People can get MHSU care in primary care settings. As of January 2025:

355.25

are delivering dedicated MHSU services in primary care settings, with more expected as Primary Care Networks, Urgent and Primary Care Centres, Community Health Centres continue to grow. (↑ from 37.25 in January 2024)

FTEs

42

Urgent and Primary Care Centres in implementation, with plans for an estimated 50 UPCC's operating by 2025. (↑ from 10 in January 2024)

92

Primary Care Networks in operation. (↑ from 15 in January 2024)

77%

of Primary Care Networks are successfully recruiting staff with mental health and substance use training to ensure increased access to these services as of January 2025

What is MHSU in primary care?

Equitable access to quality, culturally safe, person-and-family-centred MHSU primary care services is a key focus within BC's primary care strategy. Same day mental health services are provided in a number of primary care settings, where primary care physicians, psychiatrists, nurses and other MHSU specialists are available 365 days per year.

Why is this indicator important?

This strategy was put in place to improve services for people with mild to moderate MHSU challenges, including through addressing gaps in access and ensuring increased attachment. More primary care settings with MHSU practitioners means more people can access the care and support they need.





Reducing Risk to Save Lives





The toxic drug crisis in BC

The toxic drug crisis continues to claim lives across Canada, and BC is no exception. In 2016, BC declared a public health emergency due to rising unregulated drug toxicity deaths. Since then, more than 16,200 lives have been lost due to toxic drugs, including more than 2,536 First Nations people.

In 2024, 2,271 people in British Columbia lost their lives to unregulated drug toxicity according to the BC Coroners Service. This is a 12 per cent decrease compared to the total for 2023. In 2024, about seven in every 10 people who lost their lives were between the ages of 30 and 59, and nearly three-quarters were male.

In 2012, unregulated **fentanyl** was present in four per cent of unregulated drug toxicity deaths. Since 2017, the proportion of drug toxicity deaths where fentanyl was detected has ranged from 82 to 87 per cent. There are now **increasing amounts of benzodiazepines in the unregulated drug supply**, the effects of which cannot be reversed with naloxone.

Despite these challenges, Government continues to confront the toxic drug crisis from every angle, making the large, systemic changes necessary to turn the tide on this emergency, including adding new treatment and recovery services, expanding overdose prevention and harm reduction services, and working to end stigma around addiction.

What is Government doing to address the toxic drug crisis?

Overdose Prevention and Supervised Consumption Services (OPS/SCS): Designated spaces providing on-site monitoring for people using drugs, allowing for rapid response when a drug poisoning event occurs.

Take Home Naloxone Program: Life-saving training and kits for people at risk of toxic drug poisoning.

Drug checking: Services helping people learn what is in their substances to reduce the risk of drug poisoning and connect them to supportive services.

Connect by Lifeguard App: A free app that connects people who use drugs alone to first responders if they become unresponsive.

Toxic drug and health alerts: A free, <u>real-time text messaging service</u> for anyone in BC to receive alerts about substances of concern or share information about drug poisonings in their community. As of mid-January 2024, there are 7,233 subscribers. To sign up, text the word JOIN to 253787 (ALERTS).

Prescribed Alternatives: A harm reduction strategy, that separates people at the highest risk of death from the toxic drug supply so they can stabilize their lives and connect to further supports.

Decriminalizing people who use drugs: As one part of the province's strategy to help treat addiction as a health issue and not a criminal one, so more people struggling with addiction feel more comfortable reaching out for help. Decriminalization currently applies to specific locations, including private residences, shelters, and outpatient addiction, overdose prevention and drugchecking service locations. As of May 2024, drug use is illegal in public places.

The BC Centre for Disease Control regularly models the estimated number of death events averted due to harm reduction and opioid agonist treatment interventions. From January 2019 to October 2024, 54,700 death events are estimated to have been avoided due to Take Home Naloxone, overdose prevention and supervised consumption services, and opioid agonist treatment. For up-to-date information, visit BCCDC Unregulated Drug Poisoning Emergency Dashboard.

Reducing Risk to Save Lives





What We Are Monitoring: Visits to Overdose Prevention and Supervised Consumption Services

To save lives and reduce the risk of toxic drug poisonings, BC has rapidly expanded access to overdose prevention services, as well as inhalation services, in communities hardest hit by the drug-poisoning crisis.



The number of OPS sites has significantly increased – from one site in 2016 to 43 sites reporting observed consumption visits in January 2025, including 25 sites reporting observed inhalation services. Note: not all sites report witnessing consumption every month.

From January 2017 until the end of January 2025, there have been:



More than 5.6 million visits to OPS/SCS



30,742 drug poisoning events reversed and survived

What are Overdose Prevention and Supervised Consumption Services?

Overdose prevention and supervised consumption services (OPS/SCS) respond to and prevent toxic drug poisonings and deaths by providing a safe environment in which someone can consume drugs while being observed for safety by a trained professional or peer.

OPS/SCS save lives, reduce the risk of toxic drug poisonings and connect people to life-saving supports. Every contact a person has with these services is an opportunity to connect that person with healthcare, with social services and housing and with treatment options.

Why is this indicator important?

Visits to OPS/SCS means that more people are proactively taking steps to reduce their risk of toxic drug poisoning, and being connected to life-saving supports, including healthcare, social services, housing and treatment services.

OPS/SCS services are a key public health service as part of the comprehensive approach to accelerating the response to the toxic drug crisis.

Figure: *Visits to Overdose Prevention Sites (OPS) and Supervised Consumption Services (SCS) in BC (January 2017 – January 2025). Number of visits declined in January 2020 due to the COVID-19 pandemic, but visits have returned to an all-time high.

Note: OPS/SCS visits may be limited by service availability (e.g. number of sites and hours).

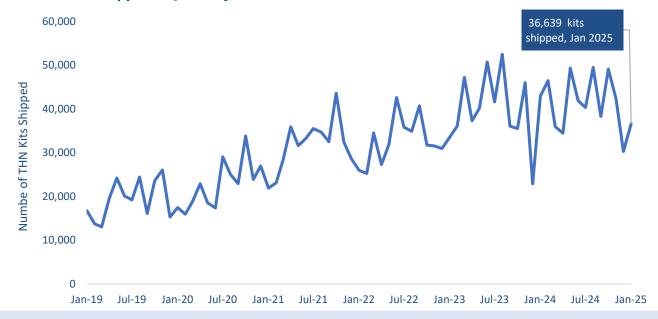
Reducing Risk to Save Lives





What We Are Monitoring: Demand for Take Home Naloxone (THN)

The number of THN kits shipped to sites has steadily increased since January 2019, with **36,639 kits shipped in January 2025**.



There are now more than **2,369** active distribution locations for THN kits in British Columbia.

Figure: Number of THN kits shipped to sites (January 2015 – January 2025).

Note: Month-to-month variation of demand is expected due to the different number of processing dates, certain sites ordering for more than one month's supply each time, drug alerts, and other factors. In addition, the program may pause processing for one to two weeks in December due to holiday closures, which may reflect lower processing volumes as a result. Urgent orders are still processed on an ad hoc basis during this window.

Data source: BCCDC Unregulated Drug Poisoning Emergency Dashboard

What is Take Home Naloxone?

Naloxone is a medication that quickly reverses the effects of an overdose from opioids such as heroin, methadone, fentanyl and morphine. It is available in BC without a prescription and often given as an injection into a muscle.

The BC Centre for Disease Control started the Take Home Naloxone program in 2012 to provide life-saving training and kits to people at risk of a toxic drug poisoning event

Why is this indicator important?

BC has a Take Home Naloxone (THN) program in place to save lives.

Monitoring the number of kits shipped is a good way of understanding the demand for Take Home Naloxone across the province.

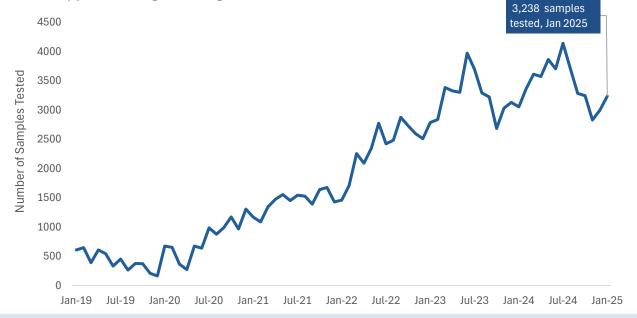
Reducing Risk to Save Lives





What We Are Monitoring: Drug checking utilization

More people are accessing drug checking since 2019. BC has implemented a distributed drug sample collection model and health authorities gradually expanded their support of drug checking.



113 locations around the province where people in British Columbia can drop off a drug sample for analysis, 48 of which offer immediate point-of-care testing with FTIR spectrometer on some days of the week.

Figure: Number of samples tested using FTIR spectroscopy at drug checking locations in BC (January 2019 – January 2025). Note: Drug checking may be limited by service availability (e.g., number of access points and hours). The data is based on BC Centre on Substance Use (BCCSU) drug checking reports and Vancouver Island Drug Checking project reports. Vancouver Island Drug Checking Project reporting does not start until September 2020.

What is drug checking?

Drug checking services are available across the province to help people learn what is detected in the substances they are taking to reduce the risk of drug poisoning and connect them to other healthcare services, such as substance use services and supports.

Drug checking using Fourier-transform infrared (FTIR) spectroscopy is a harm reduction service that allows people to check what is in their drugs and what levels.

Why is this indicator important?

Increasing number of visits to drug checking sites means that more people can make informed decisions about the substances they intend to use.

The data collected from these sites also helps provide public health with timely information about the composition of drugs circulating.

Reducing Risk to Save Lives





What We Are Monitoring: Prescribed Alternatives

Prescribed alternatives separate people at the highest risk from the toxic drug supply and helps them stabilize their lives so they can begin a pathway to treatment.

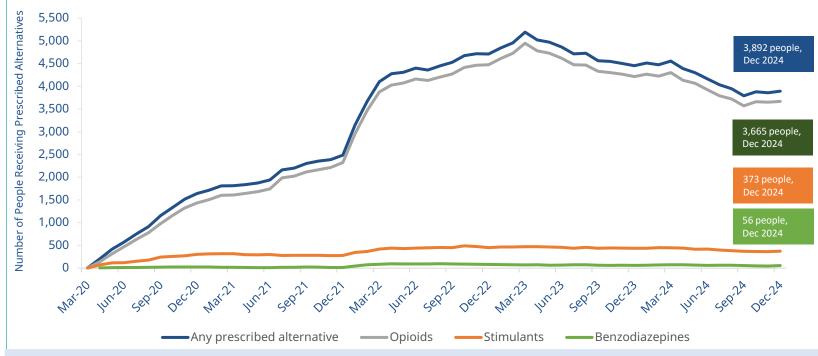


Figure: Number of people receiving prescribed alternatives by month and drug type (March 2020 – December 2024)

Note: BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, BC Ministry of Health. Data represent clients who filled prescriptions at community pharmacies within BC, not all clients received prescriptions. Recent data may change slightly due to prescription reversals/data quality improvements.

What is Prescribed Alternatives?

Prescribed Alternatives is a harm reduction that supports clients at risk of harms or death by separating them from the toxic illicit drug supply by prescribing pharmaceutical alternatives. The program is delivered through a medical model, which means that medications can only be prescribed by a physician or nurse practitioner and helps many people stabilize their lives so they can connect to treatment and care, including Opioid Agonist Treatment (OAT).

These medications are also used by people for other purposes such as pain management.

Why is this indicator important?

Prescribed Alternatives is part of BC's ongoing work to improve services for people with substance use challenges.

Reducing Risk to Save Lives





What We Are Monitoring: Use of the Lifeguard Connect App

Since May 2020, more people who use drugs were supported by the life-saving app.

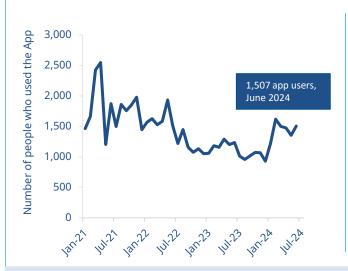


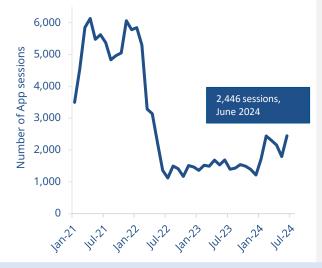
- Nearly **55,000** users († from nearly 30,000 users as of December 2023)
- More than **144,000** uses of the app († from 131,500 uses as of December 2023)



• As of December 2024, Lifeguard usage has prompted **972 calls to BCEHS**, resulting in **99 patients being transported to hospital**.

*data now excludes uses during testing phase





To date, **no drug poisoning deaths** have been reported through the app.

Lifeguard also now provides drug alerts.

What is the Lifeguard Connect App?

The Lifeguard Connect App is a life-saving tool that allows users to get help fast if an overdose occurs.

The app is activated by the user before they take their dose. After 50 seconds, the app will sound an alarm. If the user doesn't hit a button to stop the alarm indicating they are fine, the alarm grows louder. After 75 seconds a text-to-voice call will go straight to 911, alerting emergency medical dispatchers of a potential overdose.

The app includes a naloxone guide and CPR instructions, so that anyone present can assist before the ambulance arrives, and provides links to 811, suicide prevention and crisis hotlines, helping people to connect to other supports.

Why is this indicator important?

Utilization of Lifeguard Connect demonstrates reach and positive impact (e.g., overdoses reversed averting deaths and other related harms) of this important low-barrier and confidential health intervention.

Lifeguard Connect can be downloaded onto any desktop, tablet, or mobile device: https://lifeguarddh.com/

Figure 1: Number of Lifeguard Connect App Users by month (January 2021 – June 2024)

Figure 2: Number of Uses of the Lifeguard Connect App by month (January 2021 – June 2024)

Reducing Risk to Save Lives





Overview - Decriminalization

What is decriminalization?

Decriminalization came into effect January 31, 2023, and allows adults 18+ in BC to possess ("hold") small amounts of certain illegal drugs (opioids, crack and powder cocaine, methamphetamine, MDMA) for personal use. In May 2024, a change was made to make public drug use illegal. Decriminalization currently applies to specific locations, including:

- Private residences
- Places unhoused individuals are legally sheltering (indoor and outdoor locations)
- Overdose prevention, drug checking and supervised consumption sites
- Places that provide out-patient addiction services like rapid access addiction clinics

Decriminalization is not legalization. Illicit drugs are not legal. Possession is illegal outside of locations specified above, and drugs cannot be imported or exported, produced, or trafficked (sold).

Wellbeing of people who use drugs

The criminalization of people who use drugs negatively impacts social factors like employment, income, and housing that are key to support the wellbeing of people who use drugs. These negative impacts can also prevent people from accessing life-saving services and supports due to fear of criminal repercussions.

Research with people who use drugs was completed in the first year of decriminalization (February 2023 – January 2024).

Law enforcement

Decriminalizing people who use drugs aims to shift people who use drugs away from the criminal justice system and towards health and social supports, because drug use is a health issue, not a criminal one. Given this objective, decriminalization intends to reduce police interactions with people who use drugs based on simple possession of certain illegal drugs.

Police agencies continue to prioritize efforts to address drug trafficking, organized crime, and related offences.

*A violation of the Controlled Drugs and Substances Act (CDSA) is called a CDSA offence. An offence represents an interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction.

Two types CDSA offences are of interest for monitoring decriminalization:

- Possession offence: encounters involving personal possession.
- Trafficking offence: encounters involving trafficking or possession for the purpose of trafficking.

Reducing Risk to Save Lives





What We Are Monitoring: Criminalization and stigma as barriers to accessing supports



In the first year of decriminalization, 69% (299/433) reported at least one barrier that made them hesitant to access the services they needed to be healthy

Top reported reasons people were hesitant to access services in the last six months*



13%

(51/406)

Worried police, parole, probation would find out I use drugs



Worried about being treated badly based on my race or ethnicity



Worried I'd be stopped by police and have my drugs taken away



Worried family services would be notified



(104/406)

Worried friends or family would learn I use drugs



Worried employer would find out



Worried health care provider would find

Although some people interviewed felt more optimistic about accessing services and a greater willingness to discuss substance use, stigma and criminalization continue to be barriers that make people who use drugs hesitant to access services.

People interviewed reported persistent barriers to accessing services in healthcare settings. Some reported being reluctant to disclose their drug use due to fear of being treated differently or potential social, employment, or healthcare repercussions.

What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards life-saving health and social supports.

BC Centre for Disease Control (BCCDC) conducted Harm Reduction Client Survey (HRCS) in 2023 to provide data on the first year of decriminalization.

Why is this indicator important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Knowing the barriers to services is important to understanding how to better connect people to services.

Data Sources: Interviews with people who use drugs and who are marginalized (conducted by Simon Fraser University between August 2023 and January 2024); and 2023 Harm Reduction Client Survey (by BCCDC).

^{*}Survey question included response options where respondents could answer yes or no.

Reducing Risk to Save Lives





What We Are Monitoring: Experiences of people who use drugs during the first year of decriminalization

Interview participants reported both positive and negative experiences from the first year of decriminalization.



People interviewed, who had stable housing and employment, reported that benefits of decriminalization included greater job security, social inclusion, and social connections.



People interviewed discussed a willingness to talk about substance use with family and friends. Some described less stigma and more compassion and understanding.



However, people interviewed also reported experiencing substance use stigma in society and being acutely aware of negative public attitudes towards drugs and people who use them.

"It [decriminalization] will make people more willing to actually talk about their use without fear of repercussions. At least, you know, coming forward and saying like, yeah, I use and I would like to feel less alone."

Data Sources: <u>Interviews</u> with people who use drugs (conducted by Simon Fraser University between August 2023 and September 2024); and <u>2023 Harm Reduction Client Survey</u> (by BCCDC).

What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In 2023, researchers from Simon Fraser University (SFU) conducted interviews with people who use drugs to provide data on the first year of decriminalization.

Findings from these interviews are therefore relevant to the original s.56 exemption.

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

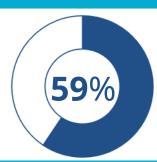
Understanding the barriers to services is important to encouraging these connections.

Reducing Risk to Save Lives





What We Are Monitoring: Changes in interactions with police during the first year of decriminalization



Following implementation of decriminalization, over half of survey respondents (233 of 393) reported having at least one police interaction in the previous three months.

Survey respondents indicated that they experienced slightly fewer punitive enforcement actions from police and slightly more interactions centered around health and social supports in the first year of decriminalization. Decriminalization intends to shift people who use drugs away from the criminal justice system and towards health supports by having police offer information on voluntary health and social services when requested.

Survey respondents reported slightly fewer punitive enforcement actions (compared to 2022)

- 26% (31%) had their syringes or pipes taken away
- 25% (28%) had drugs not prescribed to you, including illegal drugs taken away
- 32% (40%) reported being arrested
- 3% (12%) reported being arrested for drug possession

Survey respondents reported slightly more connections to health and social supports (compared to 2022)

- 30% (25%) reported police did a health check or asked if they were okay
- 14% (8%) received information about health or harm reduction services

What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In 2023, researchers from Simon Fraser University (SFU) conducted interviews with people who use drugs to provide data on the first year of decriminalization.

Why is this important?

Criminalization and stigma can prevent people from accessing lifesaving services and supports. Drug seizure can lead to financial impacts, elevated overdose risk, loss of housing, violence, and survival crime.

Decriminalization aims to encourage voluntary connections to health and social supports.

Reducing Risk to Save Lives





What We Are Monitoring: Changes in interactions with police during the first year of decriminalization

Following implementation of decriminalization, 36% of survey respondents agreed that they were treated with respect in their last interaction with police, while 44% disagreed.







In the first year of decriminalization, some people interviewed expressed a sense of relief, knowing that they would not be criminalized for personal possession.

Interactions with police, however, were still a common occurrence for many people who use drugs.

Many of the people interviewed who do not have stable housing reported interactions with police (64% of those living in shelters and 71% with no usual residence, vs. 50% of other respondents).

People interviewed who have stable housing and employment reported nearly no police interactions after decriminalization. They saw their social positioning and housing status as privileges that reduced the chances of police interaction.

Data Sources: <u>Interviews</u> with people who use drugs (conducted by Simon Fraser University between August 2023 and January 2024); and 2023 Harm Reduction Client Survey (by BCCDC).

What is decriminalization?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In 2023, researchers from Simon Fraser University (SFU) conducted interviews with people who use drugs to provide data on the first year of decriminalization.

Why is this Indicator important?

Criminalization and stigma of drug use impact social factors like employment, income, and housing, and can prevent people from accessing lifesaving services and supports.

Decriminalization aims to improve interactions between law enforcement and people who use drugs and increase trust in law enforcement and the criminal justice system.

Reducing Risk to Save Lives





What We Are Monitoring: Possession offences after Decriminalization

Possession offences gradually decreased from 2019 to 2022, and to a much greater extent during BC's original s.56 exemption. Since the new s.56 exemption (effective May 7, 2024), offences have increased.



718

Possession Offences / Month Baseline Average 2019 - 2022

165

Possession Offences / Month Original s.56 Exemption Average

450

Possession Offences / Month New s.56 Exemption Average

Figure: Number of possession offences, where possession is the most serious offence, by all police in BC (January 2019 – July 2024).

Note: "Original exemption" refers to BC's s.56 exemption in place from January 31, 2023 to May 6, 2024. "New exemption" refers to BC's s.56 exemption that came into effect on May 7, 2024.

What is a possession offence?

A possession offence is a police encounter involving personal possession of controlled substances listed in the exemption.

An offence is not a charge nor a conviction. An offence represents a formal police interaction or investigation based on a particular type of suspected crime.

Why is this indicator important?

Decriminalization aims to balance public safety with people's need for health care., while helping to shift people who use drugs away from the criminal justice system and towards health and social supports.

In May 2024, the decriminalization exemption changed to enable police to enforce the CDSA in public places. Since then, offences have increased, reflecting the use of these enforcement tools to address public safety concerns in balance with public health goals

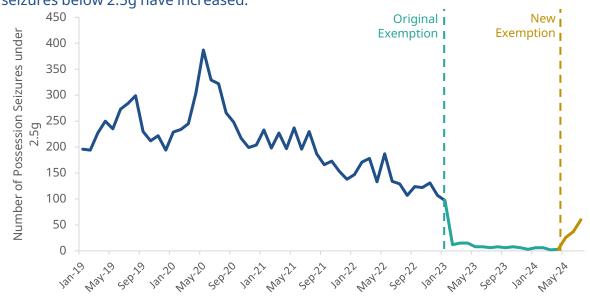
Reducing Risk to Save Lives





What We Are Monitoring: Possession seizures below 2.5g after Decriminalization

Possession seizure under 2.5g of exempted drugs gradually decreased from 2019 to 2022 and to a much greater extent during the first year of decriminalization. Since the subsequent changes to the decriminalization rules (effective May 7, 2024), possession seizures below 2.5g have increased.



206

Possession Seizures Under 2.5g / Month Average 2019 - 2022

15

Possession Seizures Under 2.5g / Month Average during the first year of Decriminalization

43

Possession Seizures Under 2.5g / Month Average following subsequent changes to the decriminalization rules

Figure: Number of seizures of exempted drugs, under the exemption threshold (2.5g), where possession is the most serious offence, by all police in BC (January 2019 – July 2024)

Note: The seizure amount in this dataset represents the cumulative total amount of drugs seized. "Original exemption" refers to BC's s.56 exemption in place from January 31, 2023 to May 6, 2024. "New exemption" refers to BC's s.56 exemption that came into effect on May 7, 2024. Number of drug seizures do not include amounts that were unquantifiable (i.e., no weight on record).

What is possession seizure?

A possession seizure is a police seizure of controlled substances listed in the exemption based on a possession offence.

Why is this important?

Decriminalization aims to balance public safety with people's need for health care, while helping to shift people who use drugs away from the criminal justice system and towards health and social supports. Research shows that drug seizures have negative impacts on people who use drugs.

In May 2024, the decriminalization exemption changed to enable police to enforce the CDSA in public places. Since then, seizures have increased, reflecting the use of these enforcement tools to address public safety concerns in balance with public health goals.

Reducing Risk to Save Lives





What We Are Monitoring: Decriminalization: Proactive Outreach

Proactive outreach workers in health authorities provide information and help connect people to services.

Regional Highlights:



Average 159 calls a month

Island Health created a toll-free call line – Service Link – to connect community members, families and clinicians to Mental Health and Substance Use Services. From January to November 2024, Island health reached **1,750 people** through Service Link, the toll-free call line, and direct outreach by the Liaison Nurse, an average of **159 people per month**.



Average
49
interactions
a month

Vancouver Coastal Health has placed outreach workers in qathet, Squamish, and the Sunshine Coast. From January to November 2024, outreach workers **reached 533 people** through direct outreach, an average of **49 people per month.**



Average 239 interactions a month

Northern Health added three proactive outreach workers in Fort St. John, Smithers and Quesnel. From January to November 2024, Northern Health's proactive outreach workers have made **2,631 connections** with community members to support their access to care, an average of **239 connections per month**.

Note: Data is preliminary and hiring proactive outreach positions is still in progress. Because proactive outreach varies significantly from community to community, they are not easily comparable.

What is Proactive Outreach?

New proactive outreach positions in each regional health authority and the First Nations Health Authority support connections to care for people who use drugs and liaison activities with law enforcement in communities.

Proactive outreach roles vary greatly across the province to align with community needs and mental health and addictions services.

Why is this indicator important?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

Data associated with Proactive Outreach help determine the number and quality of connections to care.

Reducing Risk to Save Lives





What We Are Monitoring: Decriminalization: Proactive Outreach

Proactive outreach workers in health authorities provide information and help connect people to services.

Regional Highlights:



Average 101 interactions a month

Interior Health placed four RCMP liaison workers, working closely with law enforcement, in Williams Lake, Trail, Nelson and Cranbrook. From January to November 2024, the RCMP liaison workers made **1,109 connections** with community members to support their access to care, an average of **101 connections per month.**



Average 130 interactions a month

First Nations Health Authority has placed regional wellness navigators in four of its regions. From January to November 2024, the wellness navigators made **1,433 connections** with clients to support access to care, an average of **130 connections per month.**



Average **267** interactions a month

Fraser Health placed three new proactive outreach workers across the region. From January to November 2024, Fraser Health's three proactive outreach workers made **2,939 connections** with community members to support their access to care, an average of **267 connections per month.**

Note: Data is preliminary and hiring Proactive Outreach positions is still in progress. Because Proactive Outreach varies significantly from community to community, they are not easily comparable.

What is Proactive Outreach?

New proactive outreach positions in each regional health authority and the First Nations Health Authority support connections to care for people who use drugs and liaison activities with law enforcement in communities.

Proactive outreach roles vary greatly across the province to align with community needs and mental health and addictions services.

Why is this indicator important?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

Data associated with Proactive Outreach help determine the number and quality of connections to care.





Connecting People to Care





Connecting people to care so they can get the help they need

When people take the brave step towards recovery and wellness, they must be met with the care they need, when they need it. Everyone's journey to healing and recovery is different, and we are building a system that is comprehensive and responsive to meet individuals' needs. Options are key to meeting people where they're at and making sure they can access treatment and recovery services that are appropriate for their unique circumstances.

Since 2017, BC has been expanding treatment and recovery services, which span a range of options including outreach programs, day treatment, withdrawal management (detox), as well as bed-based services, medications for the treatment of substance use disorders (including opioid agonist treatment) and more, throughout the province.

What is Government doing to support this?

Substance use beds: Including withdrawal management (detox), supportive recovery, stabilization and treatment beds to support people along a continuum of care.

Outpatient substance use services: Outpatient services such as intensive case management teams (ICMTs), outpatient withdrawal management (detox), or evening and weekend programming.

Youth substance use beds and services: Substance use beds and programming specifically for young people.

Road to Recovery: A new model of seamless addictions care to support people through their entire recovery journey. Road to Recovery transforms how people access services through centralized access, standardized sameday clinical assessment, medical triaging to match people to the right level of care and coordinated care teams.

Concurrent Disorders Treatment: Live-in sites that are generally staffed 24/7 with medical professionals and offer highly structured programming to individuals with complex concurrent mental health and substance use concerns.

Opioid Agonist Treatment (OAT): Also referred to as medication-assisted treatment, is an option for people with substance use disorder that helps reduce the risk of death.

Expanded scope of nursing practice: Enabling registered nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe OAT.

CRCL: Crisis Response, Community Led (formerly known as Peer Assisted Care Teams or PACT): Mobile civilian teams comprised of mental health professionals and peers with lived and living experience responding to mental health crises.

Mobile Integrated Crisis Response Teams: Teams pairing a police officer with a health-care worker responding to mental health calls.

Help Lines: The Provincial Crisis Lines Network provides short-term emotional support and intervention by phone for people throughout British Columbia who are in crisis or contemplating suicide.

Assertive Community Treatment (ACT) Service Teams: Service delivery model facilitating community living supports and psychosocial rehabilitation for persons with severe and persistent mental illness, and/or substance use disorders.

First Nations-led services: First Nations Health Authority-led services play an integral role in providing connection to community, promoting person-centred wellness and supporting culturally safe healing that is informed by Indigenous Ways of Knowing.

Health Career Access Program – MHSU Expansion: Hire more mental health and substance use workers through affordable training, improving knowledge and skills to ensure people receive the quality care they need.

Connecting People to Care





Ongoing

Recovery & **Aftercare**

Substance Use Treatment & Recovery Continuum of Care

A continuum of care is an integrated, patientcentred approach to care that better supports people across their recovery journey.

Stabilization & Transition*

A safe space to manage the more serious symptoms of withdrawal from substances.

May be **bed-based** (short-term stays for five to seven days) or **outpatient** but always monitored by a healthcare professional.

> Withdrawal Management (Detox)*

A safe, temporary bed-based setting for people moving between services.

These are short-term services that **may** last from 24 hours to 30 days.

Provides a space for stabilizing for those who cannot safely do so from home.

Treatment can take place in a **live-in environment** (30 to 90 days) or at home through outpatient services. Often includes clinical supports such as counselling, life-skills training, and medical services like Opioid Agonist Treatment (OAT).

Supportive Recovery provides low to moderate supports in a live-in environment. Supportive recovery may be accessed after treatment or instead of treatment, depending on a person's needs.

Recovery doesn't end after treatment. Aftercare supports help people in community and keep them connected to

services like peer support, housing, and employment services.

Recovery

Treatment & **Supportive**

Each person's journey is different; not everyone needs a bed-based service. The journey is not always linear, but people often start at withdrawal management (detox) and assessment and care planning are ongoing through the journey.

*Additional indicators on withdrawal management (detox)

developed for potential inclusion in future data reporting.

and stabilization and transition beds are being identified and

Connecting People to Care





What We Are Monitoring: Youth and adult substance use bed-based support

2,486* Unique clients (adults only) were served in the first two quarters of FY 2024-25 (April 1-Sept 30, 2024)



3,778 Publicly-funded community-based adult and youth substance use beds are available across, BC, including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds, as of March 2025.

178

First Nations Health Authority also funds **178 treatment beds**, which offer a variety of cultural and clinical interventions and support for all genders, youth and families. Ten First Nations treatment and healing centres operate throughout BC

What are substance use beds?

BC funds substance use beds to support clients to meet recovery goals across various settings, including withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds.

First Nations Health Authority also delivers treatment and recovery services to First Nations people. The establishment of partnership, funding flexibility, land-based healing services, and First Nations-run treatment centers all contribute to autonomy, cultural sensitivity, and tailed care, promoting holistic wellbeing and community resilience.

Why is this indicator important?

Substance use beds are important services that provide care appropriate for each person's unique circumstances. The number of beds available in the province provides a picture of BC's capacity to provide care to more people.

^{*} Unique client counts include clients of the beds provided through provincial grant funding provided to CMHA - BC and health authorities. It does not include youth, or clients of other substance use beds specifically, withdrawal management (detox) and transitional beds.

Note: Data is organized by date funded. All beds are implemented as of March 2025. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by a health authority or a contracted third-party. The number of beds implemented does not account for beds that may have closed during the same time-period.

Connecting People to Care





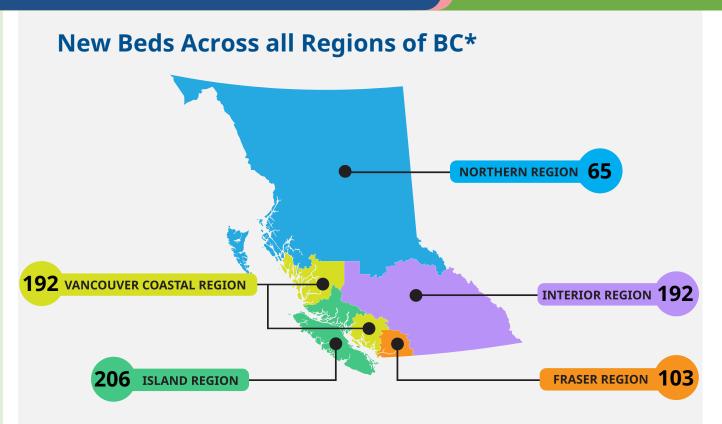


New publicly-funded substance use beds have opened since 2017*



*As of March 2025. 2 beds included in count are funded and will open April 1, 2025. Figure: Number of new adult and youth beds (cumulative)

Note: Data is organized by date funded. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by a health authority or a contracted third-party. The number of beds implemented does not account for beds that may have closed during the same time-period.



*As of March 2025

61 of the beds in the Fraser region are delivered or contracted by PHSA, and available to clients from anywhere in the province. 5 beds in Island Health are dedicated to residents from NHA. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by a health authority or a contracted third-party.

Connecting People to Care





What We Are Monitoring: Youth substance use services and beds

12,848 young people were served by new or expanded youth substance use services in FY 2023/24*



Young people can access 32 new or expanded youth substance use services since June 2021. Budget 2021 invested in new and expanded youth substance use services. Budget 2023 provides funding for additional youth substance use services.

Publicly-funded youth community-based substance use beds as of January 2025

110 New publicly-funded youth substance use beds** have been implemented since 2017 (↑ from 72 in March 2024)

Youth are able to access new beds in Fraser, Interior, Island, and Vancouver Coastal health authorities and through the Provincial Health Services Authority. These services support youth to meet their substance use treatment goals and include withdrawal management (detox), supportive recovery, bed-based treatment and transitional beds. For more info: gov.bc.ca/youthsubstanceusecare

Note: Health authority data. Services are considered implemented when they are providing services. Beds are publicly-funded but may be operated by health authorities or contracted third-parties. The number of beds implemented does not account for beds that may have closed during the same time period.

* Not including young people accessing bed-based services

** Includes 20 beds at Traverse in Chilliwack, and 52 of the 123-bed investment.

What are youth substance use beds and services?

Bed-based services are designed to support people with mental health or substance use challenges in a safe and structured environment.

In addition to bed-based services, BC supports a range of substance use services for youth delivered as part of a continuum of care. Services can include case management, outreach programs, community counselling, day treatment, harm reduction supports, crisis intervention services, and medication-assisted treatment.

Why is this indicator important?

Implementation of new and expanded youth substance use services will ensure youth have access to the right service, at the right time, close to home.

Connecting People to Care





Road to Recovery

Road to Recovery is a new seamless model of care through which people receive a clinical assessment and same-day connection to care from an addiction-medicine physician and/or nurse. This might be access to a bed-based service, like detox, or connection to outpatient services including same-day access to Opioid Agonist Treatment (OAT)*. On July 22, 2024, <u>Government announced plans</u> to expand Road to Recovery across the province.

This is what the process looks like when someone calls Access Central:



^{*} Same-day access to OAT is facilitated through the provincial Opioid Treatment Access Line

^{**}Access Central is a single-access phone line to get connected to addictions care.
Figure: Access Central Client Flow

Connecting People to Care





What We Are Monitoring: Road to Recovery

The first Road to Recovery site was implemented in the Vancouver area in fall 2023. Through a province-wide expansion, people across BC will soon have access to the Road to Recovery model of addictions care, in their health authority.

Access Central

(October 1, 2023 to November 30, 2024)



- 22,619 calls received.
 - More than **5,000 calls** were from people requesting access to withdrawal management (detox) services. They were clinically assessed and received same day care.

Road to Recovery Withdrawal Management Beds (October 1, 2023 to November 30, 2024)



- **2,137 unique clients** accessed withdrawal management (detox) beds through Vancouver Access Central.
- Median wait time for people prioritized as urgent was 1 day.

"I had tried for years to get off drugs by myself, but I could never do it on my own. When I got into Road to Recovery, the compassion, the medical care and the support from the staff were amazing so now I have my own place, a girlfriend and I've applied to become a peer worker at Road to Recovery. The experience there has changed my life for the better."

 Road to Recovery Patient

What is Road to Recovery?

Road to Recovery is a new model of seamless addictions care to support people through their entire recovery journey. Road to Recovery transforms how people access services through centralized access, standardized same-day clinical assessment, medical triaging to match people to the right level of care and coordinated care teams.

The initiative launched in Vancouver in September 2023 and on July 22, 2024, Government announced plans to expand Road to Recovery across the province.

Why is this indicator important?

Implementation of this new model of care is part of the Government's work to expand treatment options for people living with addiction challenges and is an integral part of the work to address the toxic-drug crisis in BC

Connecting People to Care





Opioid Treatment Access Line

Here is how the process works:

On August 27, the <u>Government announced</u> the launch of the provincial, toll-free **Opioid Treatment Access Line**. This phone line makes it faster and easier to access life-saving medication to prevent withdrawal symptoms and reduce the risk of overdose – and get connected to support – that same day.

Call Opioid Treatment Access Line

Call 1-833-804-8111 toll-free from anywhere in BC to:

- Speak with a doctor or nurse who can prescribe an opioid treatment medication over the phone that same day
- Get connected to other supports in their community



Fill Prescription

Fill prescription at a pharmacy

- It's free costs are covered under BC PharmaCare if you're enrolled in the Medical Services Plan (MSP) and have a Personal Health Number
- If someone is not enrolled in MSP, a pharmacist can help



Follow Up

Afterwards the **health team will follow up** to make sure the person is getting the care they need

For more information about the Opioid Treatment Access Line, visit Find Same-Day Care for Opioid Addiction | HelpStartsHere (gov.bc.ca)

Figure: Opioid Treatment Access Line Flow

Connecting People to Care



What We Are Monitoring: Opioid Agonist Treatment (OAT) - people receiving OAT each month

OAT helps reduce the risk of death. The reach of OATs has increased over time through expanding the medications covered, reducing costs, and expanding who can prescribe OATs.



Figure: Number of people receiving OAT by month (January 2016 – December 2024).

Note: BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, BC Ministry of Health. Data represent clients who filled prescriptions at community pharmacies within BC, not all clients who received prescriptions. Recent data may change slightly due to prescription reversals/data quality improvements.

What is OAT?

Opioid agonist treatment (OAT) is a suite of medications for the treatment of opioid use disorder that helps reduce the risk of a toxic drug poisoning event and death and sustained abstinence from unregulated opioid use.

Access to medications for the treatment of substance use disorders has been significantly expanded through Rapid Access to Addictions Care Clinics in all health regions, so more people can access the care they need, where and when they need it.

Why is this indicator important?

BC's evidence-based opioid agonist treatment guidelines support the use of a diverse range of medication-assisted treatment options.

Increasing the availability of this treatment represents an essential component of a comprehensive health system response to the toxic drug crisis.





What We Are Monitoring: Opioid Agonist Treatment (OAT) - people receiving OAT for the first time

Government is working to expand access to OAT, and support those who are have received treatment to reengage or continue care.

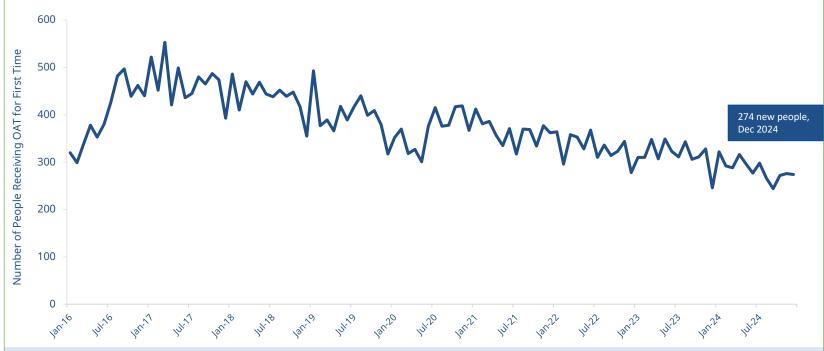


Figure: Number of people receiving opioid agonist treatment by month for the first time (January 2016–December 2024). Note: BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, BC Ministry of Health. Data represent the number of unique clients dispensed OAT medication(s) for the first time at community pharmacies in BC People who have previously received OAT and are reengaging in care are not counted as new clients.

What is OAT?

Opioid agonist treatment (OAT) is a suite of medications for the treatment of opioid use disorder (OUD) that helps reduce the risk of a toxic drug poisoning event and death.

Through Rapid Access Addictions Clinics, access to medications for the treatment of substance use disorders has been significantly expanded in all health regions. This means more people can access the care they need, where and when they need it.

Why is this indicator important?

The number of people dispensed OAT for the first time helps describe improved OAT access for people who may not have been offered OUD treatment previously. OAT is an essential component of a comprehensive health system response to the toxic drug crisis.







What We Are Monitoring: Opioid Agonist Treatment (OAT) – percentage of people continuing OAT for 12 months

The % of people who continued OAT for 12 months has fallen over time. Barriers to access and continuation on OAT are multifactorial and span throughout and beyond the health system.



Figure: Percentage of people who continue OAT for 12 months or longer to treat opioid use disorder by fiscal year.

Note: BC PharmaNet data are provided by Health Sector Information, Analysis, & Reporting Division, BC Ministry of Health.

The number of people continuously on OAT for 12 months or more are divided by the total number of people engaged in OAT at the end of the fiscal year and reported as a percentage.

What is OAT?

Opioid agonist treatment (OAT) is a suite of medications for the treatment of opioid use disorder (OUD) that helps reduce the risk of a toxic drug poisoning event and death.

OAT drugs consist of methadone, buprenorphine/naloxone, buprenorphine, slow-release oral morphine, diacetylmorphine, hydromorphone injection, and hydromorphone tablets.

Why is this indicator important?

People who continue on OAT (or take it consistently without interruption) experience improved health outcomes, including reductions in toxic drug poisoning-related mortality and is a key indicator tracking the optimization of OAT as a key component of the province's health system response to the toxic drug crisis.

Connecting People to Care





What We Are Monitoring: Expanded scope of nursing practice (certified practice for opioid use disorder)

To increase the number of people who can access medications for opioid-use disorder, particularly in rural and remote parts of the province, registered nurses (RNs) and registered psychiatric nurses (RPNs) can now complete training to begin prescribing opioid agonist treatment, joining family physicians, psychiatrists and nurse practitioners.

Training As of January 2025



RNs/RPNs who have been granted a CP-OUD Designation



206

Nurses completed training

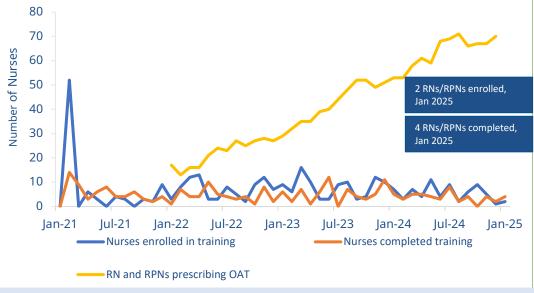


Figure: Number of registered nurses (RNs) and registered psychiatric nurses (RPNs) who are enrolled in training and who have completed training (January 2021 – January 2025).

Note: Training data from BC Centre on Substance Use. The peak in February 2021 reflects an influx of nurses interested in enrolling in training as this was a new expanded scope of practice following a public health order in September 2020, enabling RNs/RPNs to prescribe OAT.

What is nurse prescribing?

To increase the number of clinicians who can prescribe medications for opioid-use disorder — particularly in rural and remote parts of the province — registered nurses (RNs) and registered psychiatric nurses (RPNs) can now complete training to begin prescribing opioid agonist treatment.

In November 2021, the British Columbia Centre on Substance Use launched education and training to enable RN/RPN prescribers to offer methadone and slow-release- oral-morphine, in a phased approach, in addition to existing education and training focused on buprenorphine/ naloxone.

As of November 1, 2023, a new class of certified practice for nurses came into effect, Certified Practice for Opioid Use Disorder, that enables certified RNs and RPNs to diagnose and treat opioid use disorder.

Why is this indicator important?

Increasing the number of clinicians who can prescribe medications for opioid-use disorder is an essential health system response to the toxic drug crisis. By enabling certified practice for opioid use disorder, more people with opioid-use disorder have access to medication-assisted treatments, reducing the risk of a toxic drug poisoning event and death.

Connecting People to Care





What We Are Monitoring: Expanded scope of nursing practice

With an increasing number of nurses enrolling in and completing training, there has been an increase in the number of people who access medications for opioid-use disorder, prescribed by a-registered nurses (RNs) and registered psychiatric nurses (RPNs).

Program Outputs - In December 2024



719

People were dispensed opioid agonist

treatment (Prescribed by an RN or RPN; ↑ from 594 in December 2023)





70

RNs and RPNs prescribing medication-assisted treatments

(↑ from 51 in December 2023)



Figure 1: Number of patients who had dispenses for OAT (January 2022 - December 2024)

Figure 2: Number of registered nurses (RNs) and registered psychiatric nurses (RPNs) prescribing OAT (January 2022 – December 2024) Note: BC PharmaNet data are provided by Health Sector Information, Analysis, & Reporting Division, BC Ministry of Health. Recent data may change slightly due to prescription reversals/data quality improvements.

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To increase the number of clinicians who can prescribe medications for opioid-use disorder — particularly in rural and remote parts of the province — registered nurses (RNs) and registered psychiatric nurses (RPNs) can now complete training to begin prescribing opioid agonist treatment.

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Why is this indicator important?

Increasing the number of clinicians who can prescribe medications for opioid-use disorder is an essential health system response to the toxic drug crisis. By enabling certified practice for opioid use disorder, more people with opioid-use disorder have access to medication-assisted treatments, reducing the risk of a toxic drug poisoning event and death.

Connecting People to Care





What We Are Monitoring: Concurrent disorders treatment at Red Fish Healing Centre

Red Fish Healing Centre is a 105-bed facility, which is designed for people with the most complex and concurrent mental health and addictions challenges. Red Fish treats mental health and addictions together and research shows that this can result in better outcomes for people because each affects the other.



Red Fish Healing Centre is highly utilized, with an average occupancy rate of **95%** in the first three quarters of 2024/25, consistent with the previous year, indicating a sustained high demand for this type of service.



As of December 2024, 148 clients were admitted to Red Fish in fiscal year 2024/25. **



As of December 2024, **87%** of Red Fish clients reported improved mental health between admission and discharge in fiscal year 2024/25.

*With 105 beds at 95% occupancy, and a 6-month length of stay on average, Red Fish Healing Centre expects to treat roughly 200 patients per year. Natural fluctuations in the number of clients admitted year over year can be due to a variety of factors including: high acuity clients requiring longer stays, challenges in finding appropriate supports and housing for clients once treatment is complete leading to delays in discharge, changes and/or delays in planned admission dates.

**Includes dedicated tertiary and acute substance use/concurrent disorder beds.

Note: Bed utilization rate is a measure of service access. Specifically, it indicates the percentage of beds occupied by clients in specific time periods. PHSA continues to monitor and evaluate Red Fish Healing Centre.

What is concurrent disorder treatment?

A concurrent disorder is when a person has both a substance use and mental health disorder at the same time. In BC, concurrent disorder treatment beds provide specialized care to meet the needs of individuals with serious and persistent mental health and/or concurrent substance use concerns who have not been successfully treated by other programs.

These live-in treatment sites are generally staffed 24/7 with medical professionals and offer highly structured programming. There are 135 primary concurrent beds* in the province.

Why is this indicator important?

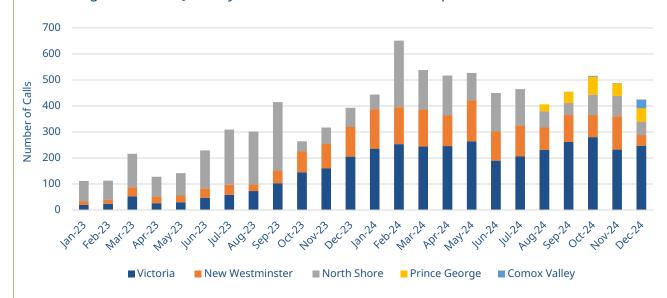
Concurrent disorder treatment fills the service gap for clients who often end up in custody or emergency departments instead of getting the help they need.

Connecting People to Care



What We Are Monitoring: CRCL: Crisis Response, Community Led

CRCL teams (formerly known as Peer Assisted Care Teams or PACT) operate on the North Shore, in Victoria, New Westminster, Prince George and Comox Valley. A team in Kamloops is coming soon. From January to December 2024, teams responded to **5,882 calls**.



Only 1.3% of all CRCL calls in 2024 were referred to police

The **top reasons** for calls to CRCL were:

- Mental health challenges (including anxiety, loss of reality, depression, and suicidal thoughts)
- Substance use challenges

Figure 1: Call Totals for Victoria, New Westminster, North Shore, Prince George and Comox Valley Crisis Response, Community-Led teams, January 2023 – December 2024. Data provided by the Canadian Mental Health Association – BC Division.

The North Shore CRCL teams began operations in November 2021.

Victoria and New Westminster CRCL teams began operations in 2023.

Prince George and Comox Valley CRCL teams began operations in 2024.

Kamloops will begin operating later in 2025.

What is Crisis Response, Community-Led?

CRCL Crisis Response, Community-Led are mobile teams that respond to mental health crisis calls. CRCL provides crisis support over the phone, by text, and dispatch mobile responders as needed. Teams ensure that people experiencing a mental health or substance use crisis are met by a peer with lived and living experience and a mental health professional and are connected to the services and supports they need.

Why is this indicator important?

CRCL call numbers demonstrate the need for a mobile, civilian-led crisis response and highlight the degree to which a community is aware of the program. As community awareness grows and CRCL teams expand operating hours, the number of calls the teams receive is expected to increase.

Each call CRCL teams respond to represents a person in crisis who was supported by professionals and peers.

Connecting People to Care





What We Are Monitoring: Mobile Integrated Crisis Response Teams in BC

Through the Safer Communities Action Plan, Government is expanding Mobile Integrated Crisis Response Teams in BC As of January 2025, eight new teams have launched and one team is in development.



New Mobile Integrated Crisis Response Teams launched since September 2023 in Abbotsford, Burnaby, Chilliwack, Coquitlam/Port Coquitlam, Penticton, Vernon, Squamish and West Shore. Together, these teams have responded to 3,257 mental health and/or substance use calls between April and September 2024.



A Mobile Integrated Crisis Response Team is in development in Prince Rupert.



Established Mobile Integrated Crisis Response Teams (or similar services with different names) are found in Vancouver, Richmond, Surrey, the North Shore, Victoria, Nanaimo, Kelowna, Kamloops, Prince George, and Fort St. John.

Note: As of September 2024, data is collected from teams in Abbotsford, Burnaby, Chilliwack, Coquitlam/Port Coquitlam, Penticton, Vernon, and West Shore. These teams are new and working to establish standard data collection. Future iterations of this report will include additional measures as available and appropriate.

What are Mobile Integrated Crisis Response Teams?

Mobile Integrated Crisis Response Teams pair a police officer with a healthcare worker to respond to mental health calls to ensure that people experiencing a mental health or substance use crisis are met by mental health experts – and not only police – and connected to the services and supports they need on their pathway to wellbeing.

The health care worker provides on-site emotional and mental health assessments, crisis intervention and referrals to appropriate services in the community, while the police officer looks after any safety concerns and makes sure everyone is safe.

Why is this indicator important?

Implementation of new Mobile Integrated Crisis Response Teams in communities will ensure that people experiencing a mental health or substance use crisis are met by mental health experts – and not only police – and connected to the services and supports they need on their pathway to wellbeing.

Connecting People to Care





What We Are Monitoring: Help line utilization

Suicide Line (1800)

From April 1 to September 30 2024

1800SUICIDE (1-800-784-2433) is for individuals considering suicide, or for those who are concerned about someone who may be at risk of suicide.

4,760 d

calls answered

Mental Health Line (310) From April 1 to September 30 2024

310 Mental Health Support (310-6789) is a help line that provides emotional support, information and resources specific to mental health and substance use disorders.

19,310

calls answered

National Suicide Crisis Helpline (988)

From April 1 to September 30 2024

988 provides a free, easy-to-remember call or text option that integrates all the other lines and ensures immediate and effective response to any crisis, 24/7 and from anywhere in the province.

18,902 calls answered*

18,099

texts answered*

What are help lines?

When people are in crisis because of mental health or addiction challenges, they need to be met with care and compassion.

Help lines provide a vital service to residents of British Columbia who need mental health and or substance use support.

Why is this indicator important?

Help line workers are empathic, active listeners and partners. They use crisis and suicide assessment and intervention methods based on today's best practices.

The help lines offer immediate, 24-hour access to services for anyone in the province considering suicide or those with mental health or substance use challenges.

^{* 988} data includes calls and texts from BC area codes, answered by BC providers

Connecting People to Care





What We Are Monitoring: Assertive Community Treatment (ACT) Teams

ACT Teams operate **24 hours a day, seven days a week** and provides a **low staff-to-client ratio**, **frequent contact** with clients, and an integrated **multi-disciplinary team** approach.



34

ACT Teams are available across the province in February 2025* (\uparrow from 30 in Feb 2024)



2,292

persons (approximate) with severe mental health and concurrent substance challenges were served by ACT Teams in February 2024 (\uparrow from 1,859 in Feb 2024)

What is ACT?

ACT Teams are made up of a range of professionals working together to fill gaps in the current system and connect people with mental health and addiction challenges to ongoing support and health care services and treatment.

ACT Teams deliver services in community settings, such as in client homes, workplaces, parks, and recreation locations. Services may include crisis assessment and intervention, housing supports, psychiatric/psychological treatment, medication management, supports for substance use disorder, work-related services and family support.

Why is this indicator important?

Ongoing monitoring and evaluation of the number of teams and people served ensures consistent, high-quality service delivery across the province.

^{*} As reported to February 2025 by health authorities with available data. One Victoria team was adapted to meet community needs and supports clients who may not meet the diagnostic criteria for ACT. Two smaller teams in Duncan/Cowichan were combined to serve both communities.

Connecting People to Care





What We Are Monitoring: **Progress and impact of First Nations Health Authority (FNHA) investments**

This information is collected and reported by FNHA. The Ministry of Health will continue to work with First Nations, Métis and Indigenous partners to refine and/or add indicators in the future. Further information can be found here.

First Nations Virtual Substance Use and Psychiatry Service



Psychiatrists and specialists conducted 984 virtual sessions from January to June 2024



• Care coordinators had 826 encounters with First Nations individuals and families in 2022

Indigenous-led Harm Reduction Initiative



105 harm reduction grants provided by FNHA from January to June 2024



224 people completed Not Just Naloxone training sessions from January to June 2024



• In 2024, FNHA distributed:

(\downarrow from 97 in 2023).



Access to Opioid Agonist Treatments (OAT)



40 rural and remote First Nations communities supported by FNHA to provide opioid agonist treatment in community (1 from 39 in 2023)



3,566 people accessed opioid agonist therapy in 2024

Why is this indicator important?

These indicators offer a holistic view of the efforts being made to improve First Nations mental health and wellness. showcasing both progress and areas to further strengthen capacity.



FNHA-led services play an integral role in providing connection to community, promoting person-centered wellness and supporting culturally safe healing that is informed by Indigenous Ways of Knowing. These services are guided by First Nations' unique perspectives, fostering healing, resilience and empowering while addressing challenges related to colonialism and promoting positive change.

Land-based healing initiatives include culturally safe models of care that connects to traditional territories and land-based values. FNHA has supported 147 communities with land-based healing initiatives in 81 sites across BC, investing \$10.75 million annually since 2021/22.

Connecting People to Care



What We Are Monitoring: Health Career Access Program – Mental Health and Substance Use Expansion

The Health Career Access Program – Mental Health and Substance Use Expansion (HCAP-MHSU) builds on the success of the original HCAP recruitment initiative - to train more health care assistants - by expanding to the mental health and substance use sector to fill in-demand, entry-level roles.



A total of **200 seats** allocated* in the program



133 participants hired into the program



97 participants are currently enrolled in an education program as of January 2025



23 participants have graduated from a Mental Health and Addictions/Community Services certificate program

What are the goals of the HCAP-MHSU Expansion?

The program aims to:

- 1) Hire more mental health and addictions workers in British Columbia and make their training affordable. This will help address worker shortages in various settings including health authorities and community-based services, ensuring people receive the quality care they need.
- 2) Increase the knowledge and skillsets of MHSU workers to ensure the delivery of high-quality services.

Why are these indicators important?

Tracking how the program performs gives us a clear picture of its impact. It helps us see if people are benefitting from the program, successfully entering the workforce, and completing their training. This information is essential for making improvements and ensuring that the program effectively meets community needs.



Ministry of

Pathway to Recovery and Wellness





Creating pathways to recovery and wellness so people can live healthy lives

Aftercare services and ongoing wellness supports are crucial to ensure people continue to receive the support they need on their pathway to recovery.

But the pathway to recovery and long-term wellness does not end at treatment. The Province is investing in services so people in recovery can build connections, resiliency and wellness through mutual peer support, life-skills programming, and relapse prevention.

In addition, training for aftercare providers such as recovery coaching, relapse prevention, culture-based healing initiatives and other services is critical to helping our loved ones on this journey.

What is Government doing to support this?

Complex Care Housing: Housing services helping people with overlapping mental health, addiction, and other complex health challenges.

Recovery Community Centres: Sites where people in recovery can build connections, resiliency, and wellness through mutual peer support, life-skills programming, and relapse prevention.

Care for Caregivers and Care to Speak: Online peer support and targeted mental health education resources for health care and community social workers.

People Working Well (formerly Workplace Mental Health Hub): Program providing mental health information, training, and coaching services to improve mental health of workplaces in BC

Pathway to Recovery and Wellness





What We Are Monitoring: New complex care housing

As of January 1, 2025, service providers have the capacity to support **543 people** through complex care housing services.



Government has now exceeded its goal set out as part of Budget 2022 to provide complex care housing services for up to 500 people.

Through Budget 2023, Government is further **expanding** complex care housing. As part of the Homes for People action plan, Government will build 240 new complex care housing units across British Columbia.

Figure: Complex care housing service capacity (cumulative) by month (February 2023-January 2025). Note: Totals reflect data collected the previous month through health authority reporting. Totals are # of permanent and temporary services from active projects. Figure indicates overall system capacity and does not reflect the number of active clients at any one time.

What is complex care housing?

Complex care housing is a ground-breaking approach to address the needs of people with overlapping mental health, addictions, and other complex health challenges who are left to experience homelessness or at risk of eviction.

New, team-based health services wrap around complex care housing clients, supporting them to achieve their wellness goals and housing stability. Many people engaged through complex care housing are making connections and building relationships with service providers after years of cycling through emergency services and the shelter system.

Why is this indicator important?

Some people with complex challenges require additional supports to maintain their housing and have improved health and wellness. Monitoring the complex care housing service capacity is important to understanding how many people may be supported by this service at any one time.

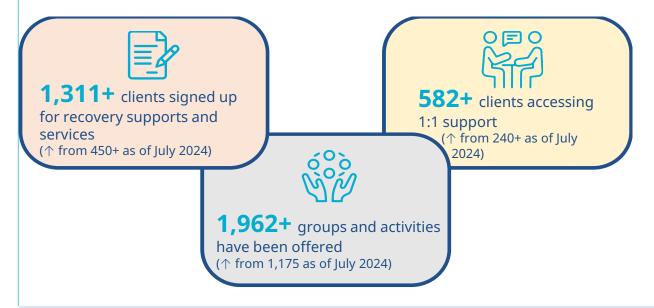
Pathway to Recovery and Wellness





What We Are Monitoring: Recovery Community Centres (RCCs)

Three RCCs, also known as Junctions, are now operating in the Vancouver Coastal Health region, with the latest opening on the North Shore in August 2024. Together, these Junctions have seen:



Clients of the Junction have access to a variety of low-barrier recovery supports, including:

- Mutual support groups
- Recreational and social activities
- Peer and system navigation support
- Skills building and education
- Special programming for Indigenous and 2SLGBTQ+ people

Centres?RCCs offer community-based recovery

What are Recovery Community

RCCs offer community-based recovery supports beyond the clinical setting that help people achieve sustained recovery by building personal, social and community resources. Government has been funding Vancouver's RCC site, the Junction, since November 2022. Through Budget 2023, planning is underway to bring RCCs to communities across BC

Budget 2023 also supports the implementation of new aftercare clinicians across the province. Aftercare clinicians provide services that complement other treatment and recovery services (e.g., RCCs, bed-based services) and ensure people can access long term, evidenced-based recovery-oriented supports in the community.

Why is this indicator important?

Recovery supports in the community are crucial to make sure people continue to receive the support they need when they return home from bed-based substance use programs and throughout their recovery journey.

Figure: Overview of participation at all three junction locations in recovery-oriented activities since implementation November 2022.

Note: Data collected through regular health authority reporting to MHA; current as of December 2024.

Pathway to Recovery and Wellness





What We Are Monitoring: Care for Caregivers and Care to Speak Programs

Since April 2020, the Care for Caregivers and Care to Speak programs have provided mental health resources to healthcare and community social services workers across BC

Care for Caregivers

Between April 2020 and June 2024



265,000+

page views www.careforcaregivers.ca

(↑ from 245,000+ as of June 2024)



140+

webinars delivered

(↑ from 125+ as of June 2024)

4,891

employees in health and community social services reached through webinars

(↑ from 3,700+ as of June 2024)



Between April 2020 and June 2024



2,300+ interactions with peer support workers* (↑ from 1,765+ as of June 2024



Feedback highlights the vital role peer support plays for individuals in high-stress, emotionally demanding healthcare and social service professions

Figure 1: Number of interactions with peer support workers per quarter (April 2020-June 2024).

What are Care for Caregivers and Care to Speak?

These two unique programs, delivered by the Canadian Mental Health Association - BC Division, in partnership with SafeCare BC, offer online peer support and targeted mental health educational resources for healthcare and community social services workers throughout the sector.

Care for Caregivers provides a variety of free resources, including articles, webinars, podcasts, useful tips, and leadership training.

Care to Speak is a free and confidential peerbased phone, text, and chat line for workers in need of short-term emotional support.

Why is this indicator important?

Care for Caregivers and Care to Speak are part of BC's comprehensive Health and Human Resources Strategy. People working in healthcare are doing extraordinary work in the face of multiple pressures.

These programs are one way we're helping to foster psychologically safe and healthy workplaces.

^{*}Interactions include online chats, calls, and texts

Pathway to Recovery and Wellness





What We Are Monitoring: People Working Well (formerly: Workplace Mental Health Hub)



• 100,000+ page views <u>www.peopleworkingwellbc.ca/</u> (↑ from 71,000+ as of June 2024)



1,300 training courses completed



- 100+ webinars delivered (↑ from 95+ as of June 2024)
- 1,500+ workers in tourism and hospitality, as well as community social services, reached (↑ from 1,250+ as of June 2024)



Learning coaches handled over 700 inquiries between January 2022 and February 2023

"We haven't seen something like this before, and I think just the fact that it's available and a place to turn to. It is really impressive and helpful. I think if we can get more awareness out there."

- People Working Well client

- 1. Website analytics reported since launch in June 2021-December 2024.
- 2. CARE training program data reported from January 2022-December 2024.

What is People Working Well?

People Working Well (formerly: The Workplace Mental Health Hub) provides a range of free information and training on psychological health and safety. Currently, sector-specific articles, webinars, and Mental Health and Psychological Safety Consultants are focused on the community social services sector and tourism and hospitality sector.

The program is delivered in partnership with the Canadian Mental Health Association – BC Division along with community partners.

Why is this indicator important?

This website represents actions to create a continuum of sector-specific, relevant resources that support employee, managers and organizational leaders to create and promote a psychologically safe and healthy workplace culture.

One in three workplace disability insurance claims in Canada is related to mental illnesses, which also accounts for 70 per cent of total disability costs, according to the Mental Health Commission of Canada.

Pathway to Recovery and Wellness





What We Are Monitoring: People Working Well (formerly: Workplace Mental Health Hub)







100+ webinars delivered

1,500+

workers in tourism and hospitality, and community social services reached



Figure 1: Number of page views for <u>peopleworkingwellbc.ca</u> per quarter (June 2021-December 2024).

Figure 2: Number of workers in tourism and hospitality and community social services sector reached via webinars (attendees) per quarter (April-June 2024).

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