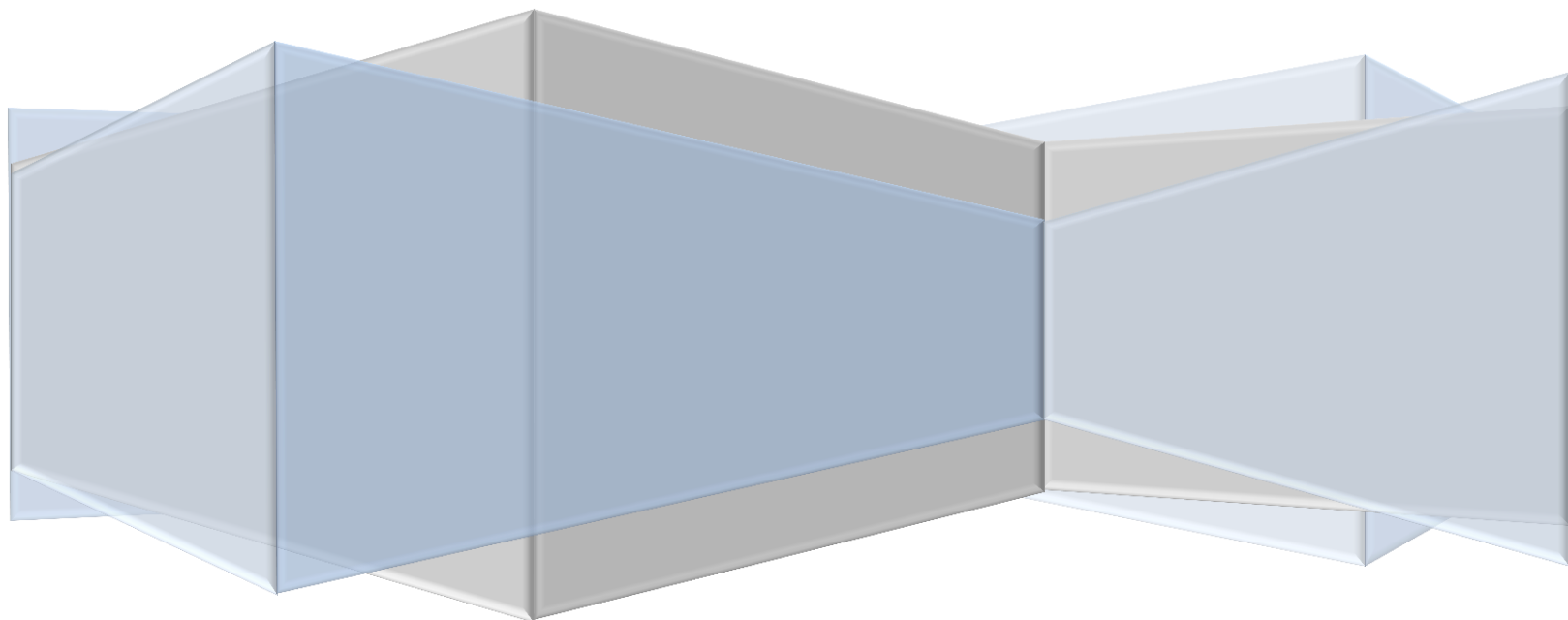


BRITISH COLUMBIA OVERDOSE ACTION EXCHANGE

Meeting Report

JULY 2016



CONTENTS

INTRODUCTION.....	3
BACKGROUND.....	4
MEETING SUMMARY	5
Key Actions.....	7
1. Enhance data linkages and the use of surveillance information across sectors	8
2. Launch a targeted provincial public awareness campaign	9
3. Expand naloxone availability to reverse overdoses	9
4. Increase provincial supervised injection services capacity	10
5. Develop capacity for improved street drug checking and drug sample analysis	11
6. Expand access to treatment for opioid use disorder	11
7. Bolster and grow key prevention and treatment services.....	13
8. Facilitate more appropriate prescribing and dispensing by healthcare providers	14
9. Collaborate on law enforcement approaches and drug policies	15
10. Improve access to harm reduction services in correctional facilities	16
11. Empower service providers with the knowledge, tools, and resources	16
12. Develop a comprehensive cultural shift strategy	17
NEXT STEPS	18
PARTICIPANT ACKNOWLEDGEMENT.....	19
 APPENDICES	
Appendix 1: Agenda.....	22
Appendix 2: Public Health Emergency Declaration	23
Appendix 3: BC Overdose Action Exchange Press Release.....	25

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

INTRODUCTION

On June 9th, 2016 we welcomed over 80 people to the British Columbia Centre for Disease Control (BCCDC) to participate in the British Columbia Overdose Action Exchange. There were over 30 organizations represented, including key decision makers, researchers, and health care professionals. Perhaps even more importantly were voices of people who are directly impacted and threatened by drug overdose. The public demonstrations and brave activism by members of the Vancouver Area Network of Drug Users (VANDU) and other provincial groups who are demanding action to stop preventable overdose was front and centre in our discussions.

The genesis of this Action Exchange began in March during a meeting of the Drug Overdose & Alert Partnership (DOAP). This is a broad coalition of people who have been leading provincial overdose prevention strategies. At the meeting, people were visibly discouraged while reviewing the newest overdose data. It was clear that scaling up naloxone distribution was not sufficient. It was concluded that Provincial Health Officer should call a Public Health Emergency. After a series of discussions at the Ministry level, a Public Health Emergency was announced on April 14th 2016. The announcement provided a critical opportunity to hold a discussion forum sponsored by the BCCDC, the Provincial Health Officer and the BC Coroners Service – hence the BC Overdose Action Exchange.

There were a number of themes emanating from the meeting that should give us hope around our ability to reverse the soaring number of overdose deaths and address the way we treat people who use drugs. Firstly, there is tremendous expertise, research capacity and commitment in the province: for decades, BC has led the way in innovation around harm reduction. Secondly, the Minister of Health and the Provincial Health Officer are particularly engaged in the issues of addiction and mental health. Thirdly, our new Federal government has reversed a decade of obstructionist policies and is now publically supportive of harm reduction and has made a commitment to evidence-based interventions.

On the flipside, we all know that the root causes of addiction and the overdose epidemic run deep and will be difficult to reverse. These include poverty, racism, stigma, trauma, significant and unmet needs for mental health care, along with an addictions treatment system that too often fails to use evidence-based interventions, and poor links between the substance use and mental health services systems. While it is recognized that we are not going to stop every overdose, eliminate the drivers of addiction, or restore the dignity of everyone who has been traumatized, we can do a lot by scaling up the interventions that we know work.

The theme of the meeting was ACTION. The passion and commitment in the room was palpable. The challenge for the day was to define the action, look at the current state, identify the barriers and come up with tangible and measurable ways forward. This report captures the necessary actions and provides an excellent starting point to make a real impact on this provincial crisis.

Dr. Mark Tyndall, Executive Director, BC Centre for Disease Control

BACKGROUND

In 2015, more than 480 individuals died of an accidental drug overdose in British Columbia. This is more than the number of British Columbians killed in automobile accidents across the province over the same period. This total of overdose deaths represents a high point for BC and only the second year in which more than 400 such deaths have been recorded since 1989. Between January 1st and May 31st of 2016, there have been approximately 308 additional deaths attributed to accidental drug overdose in the province; a total that puts 2016 on pace to eclipse 700 such deaths. Geographically, these deaths have occurred across the province.

A significant factor in the increase in deaths has been a change in the composition of illegal drugs circulating in BC. The use of fentanyl, both intentionally and unintentionally, has grown, with fentanyl present in 56% of the illicit drug deaths so far in 2016. This is up from 31% in 2015 and only 5% as recently as 2012. The Fentanyl Urine Screening Study conducted in BC in 2015 indicated that 73% of the participants who tested positive for fentanyl did not consume it knowingly.

In response to the overwhelming epidemic of overdose, a number of programs were expanded rapidly. These include the Take Home Naloxone (THN) program that provides training and kits, including the opioid antagonist naloxone, to individuals at high risk of overdose. The THN program has also grown to include first responders and emergency departments as two key areas to expand the reach of the program. In addition, work to bridge the gap between health care providers and people who use drugs through engagement was accelerated, and data sharing between organizations improved. There have been public awareness campaigns and messaging created to communicate the changing situation to people who use drugs.

Concurrently, planning began for the BC Overdose Action Exchange, a comprehensive action-oriented meeting that would bring together the large number of organizations, community groups, Health Authorities and Ministry officials who were addressing overdose deaths. The meeting examined the overdose situation in British Columbia and reviewed the provincial response to date through a Four Pillars lens: harm reduction, prevention, treatment and enforcement.

In preparation for the June 9th meeting, multiple subject matter experts were asked to develop primer documents on various areas related to the overdose emergency. These primers were made available to the participants prior to the meeting and are available as a supplementary document to this report. The attendees participated in small working groups to focus on specific areas and determine actions and approaches targeted at the overdose issue that could be started, expanded, or expedited.

A priority setting exercise carried out during the day helped participants reflect on the importance and nature of various strategies and helped to frame the overall scope of the recommendations brought forward in this report. This report is an outcome of the BCOAE and the recommendations and identified areas for action are based on the activities and discussions of the day.

MEETING SUMMARY

This section summarizes the ideas raised during the eight small group sessions, results of a subsequent priority setting exercise, and comments shared during the final full group session (see [Agenda](#)). Overall, 12 key actions were identified, which are summarized on the next page in the order of immediate impact on overdose deaths. Each action has a set of recommendations drawn directly from participant feedback, as detailed further in the report. Where appropriate, topic primers are referenced for more detailed background and context information.

Discussions emphasized the need for **comprehensive inter-sectoral solutions** to be implemented across the policy, programming, education, enforcement, and surveillance spectrum to meaningfully address not only the overdose crisis itself, but also the determinants of health and well-being that contribute to the crisis in the first place (see Figure below). Participants stressed that solutions must be deployed in a coordinated manner to **avoid the balloon effect**, whereby individuals may be turning to the street or other illegal sources to acquire drugs as an unintended consequence of interventions. Implementing actions or subsets of actions in isolation will not be as effective as executing a comprehensive, coordinated approach – and could in fact be harmful.

In addition, participants identified a number of important principles that should underpin the implementation of all provincial, regional, and local actions:

- Prioritize effective, **evidence-based and low-barrier** interventions that can be scaled up
- **Integrate and streamline** interventions for maximum impact and continuity
- Take geographic context and unique community needs into consideration and **adapt interventions** appropriately – there are few “one size fits all” solutions
- Ensure that all **planning and actions are participatory** from inception and include direct input from those with lived experience with substance use and their families
- Ensure that **cultural safety** is an important consideration in the design and implementation of all strategies, programs and services and promote training to increase knowledge, self-awareness and skills of any professional working with Indigenous people
- Plan for **evaluation** to ensure that actions are effective and resources are being directed towards the areas that maximize impact as well as to identify unintended consequences

Given the urgency of the situation and the need for timely and effective solutions to prevent further overdose deaths, many actions are focused on short to medium term interventions. However, we must not lose sight of the **upstream determinants** that contribute to people seeking drugs in the first place, including the social, economic, and medical determinants of health and well-being.

Key actions

1. ENHANCE DATA LINKAGES AND THE USE OF SURVEILLANCE INFORMATION ACROSS SECTORS

- ❖ Timely information sharing with front line workers, decision makers, and people who use drugs

2. LAUNCH A TARGETED PROVINCIAL PUBLIC AWARENESS CAMPAIGN

- ❖ Messages tailored to the audience
- ❖ Prevention messaging to youth and schools

3. EXPAND NALOXONE AVAILABILITY TO REVERSE OVERDOSES

- ❖ First responders, emergency departments, front-line workers, family and friends

4. INCREASE PROVINCIAL SUPERVISED INJECTION SERVICES CAPACITY

- ❖ Supervised injection sites and Bill C2

5. DEVELOP CAPACITY FOR IMPROVED STREET DRUG CHECKING AND DRUG SAMPLE ANALYSIS

- ❖ Drug Analysis Services laboratory for faster and more relevant results

6. EXPAND ACCESS TO SUBSTITUTION TREATMENT FOR OPIOID USE DISORDER

- ❖ First line opioid agonist therapies: Suboxone® and methadone
- ❖ Alternative opioid replacement therapies: hydromorphone and diacetylmorphine (heroin)

7. BOLSTER AND GROW KEY PREVENTION AND TREATMENT SERVICES

- ❖ Addiction treatment and withdrawal management
- ❖ Mental health services
- ❖ Pain management treatment programs and services

8. FACILITATE MORE APPROPRIATE PRESCRIBING AND DISPENSING BY HEALTHCARE PROVIDERS

- ❖ Better use of PharmaNet and guidelines for starting, managing, and tapering off

9. COLLABORATE ON LAW ENFORCEMENT APPROACHES AND DRUG POLICIES

- ❖ Safe pharmacies, pill presses, and Good Samaritan law

10. IMPROVE ACCESS TO HARM REDUCTION SERVICES IN CORRECTIONAL FACILITIES

- ❖ In-house services and support in transition back to community

11. EMPOWER SERVICE PROVIDERS WITH THE KNOWLEDGE, TOOLS, AND RESOURCES

- ❖ Education in mental health, substance use, and trauma-informed care

12. DEVELOP A COMPREHENSIVE CULTURAL SHIFT STRATEGY

- ❖ Stigma reduction toward people who use drugs and positive attitudes toward harm reduction

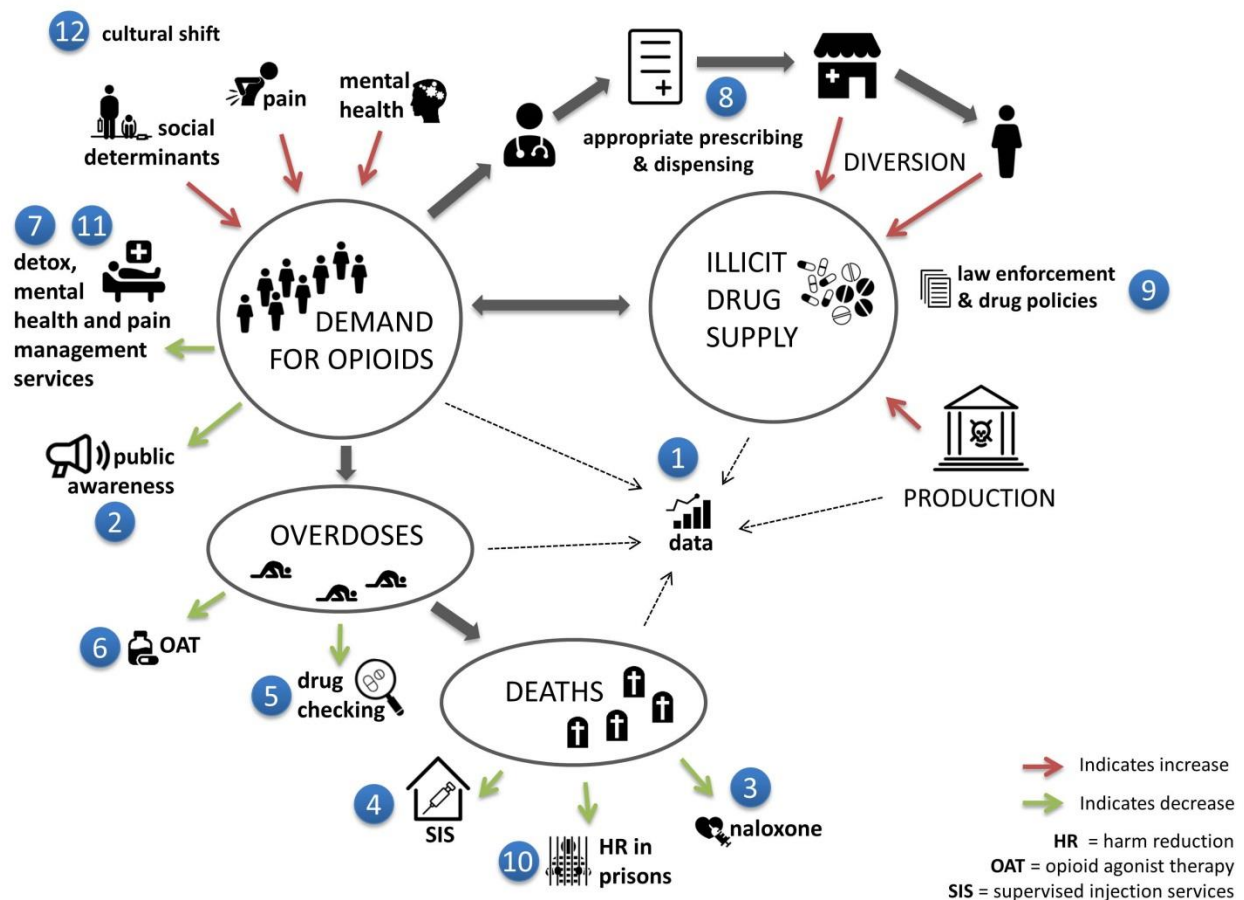
Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

Key Actions Illustrated

The diagram below illustrates the idea behind the proposed multi-sectoral solution as described above. Arrows represent the relationships between key concepts and numbers correspond to main areas of intervention for each of the Key Actions.

Please note that this is not meant to be an accurate and complete representation of all related concepts and all possible interventions. Further, many interventions have an impact on more than one concept illustrated in the diagram – however, for simplicity, each Key Action appears only once.



Presented by:

1. ENHANCE DATA LINKAGES AND THE USE OF SURVEILLANCE INFORMATION ACROSS SECTORS

In order to respond to the public health emergency, it is critical to have an in-depth understanding of what is happening with respect to overdoses. A robust surveillance program to track overdose information in a timely manner should be the cornerstone for a rapid and effective public health response (Primer #1). Existing data infrastructure has been leveraged to inform crisis response to date. Efforts are currently underway to further enhance provincial and regional data collection on overdose events.

Recommendations from participants:

Timely information sharing

- Improve timely **data sharing, analysis and communication** between all agencies involved in the overdose emergency response, including public health, toxicology, law enforcement, Coroners Office, and others through collaborative models of data sharing and analysis
- Provide **relevant and timely** regional access while avoiding redundancy in collecting, managing, and analysing the data
- **Upgrade provincial toxicology equipment** to increase capacity, detection ability and accessibility of data on substances currently in the illicit drug market
- Provide patient **overdose information back** to prescribing physicians to encourage better care
- **Publish results** of street drug sample analysis and drug checking, including alerts on any dangerous circulating substances
- Support **peer-to-peer** communication of important information
- Use of peer networks for **data gathering on local drug use trends**
- Facilitate information sharing on available **shelter beds and spots at withdrawal management centres** to enable timely referral and uptake

Surveillance priorities

- Collect data on patient demographics, settings, drug combinations involved in overdose **mortality and non-fatal overdoses**
- Identify **missed opportunities** for intervention during health and social care system interactions among those who experienced an overdose
- Burden of **co-occurring disorders** among those who experienced an overdose
- Make **better use of PharmaNet** to support surveillance and enable flagging of problematic prescribing and dispensing patterns and potential diversion attempts
- Introduce mechanisms to enable **real-time monitoring, early warning** system to allow for potentially life-saving interventions to be initiated quickly in response to signals
- Track the number and distribution of **physicians prescribing opioid agonist therapy**, physician distribution and trends in prescribing patterns

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

2. LAUNCH A TARGETED PROVINCIAL PUBLIC AWARENESS CAMPAIGN

The very nature of illicit drug use makes standard approaches to public awareness campaigns challenging. Engaging a diverse variety of people who use drugs through public awareness campaigns has proven successful in the past with the collaborative “Know Your Source” (<https://knowyoursource.ca/>) campaign. However, given the current provincial scope of the overdose epidemic, BC-wide campaigns are necessary.

Recommendations from participants:

- Engage with **youth** in schools, teach what happens when you inject drugs, what they need to know, including communication skills and boundary setting
- Consider introducing mandatory **substance use prevention curricula** in secondary schools across BC promoting harm reduction and achievable strategies including non-abstinence based approaches
- Use **social media** and other innovative dissemination strategies
- Target messaging towards **primary, secondary and tertiary prevention** of overdose (e.g. harms of substance use, benefits of harm reduction, and recognition and response to an overdose)
- Create a campaign with a provincial focus but also **tailor the messaging** to communicate to different identified at-risk populations or regions to ensure a match with lived experience and responsiveness to local drug use trends
- Encourage the use of **multifaceted communication approaches**, such as storytelling
- Ramp up awareness messages of overdose symptoms and ensure response in **overdose hot spots**, as informed by local data
- Develop public awareness campaigns on **dangers of long-term opioid use** and encourage pursuing other chronic pain treatment options
- Messaging should be **joint and collaborative** across sectors (e.g. health, enforcement, education)

3. EXPAND NALOXONE AVAILABILITY TO REVERSE OVERDOSES

Naloxone (Narcan®) is one of the primary tools in preventing death once an overdose has occurred. As outlined in the naloxone primer (Primer #2), naloxone is available in BC through emergency departments, first responders, community pharmacies, and the Take Home Naloxone (THN) program. Expansion of access to naloxone needs to focus on supply, distribution, training, as well as policy, legal, and cost barriers.

Recommendations from the participants:

- Expedite **coverage for naloxone under PharmaCare**
- **Broaden distribution, improve access, and ability to use** naloxone by first responders (firefighters, police, and paramedics) as well as both medical and non-medical staff working in settings where overdoses can occur (Primer #3); will require addressing legal and policy barriers
- **Streamline procurement** to increase availability and cost effectiveness
- Procure **intranasal naloxone** under Health Canada’s emergency order
 - Revise THN education and materials to include intranasal naloxone

Presented by:

- Provide **higher doses** of naloxone in THN kits in response overdoses associated with fentanyl
- Ensure that naloxone **distribution is paired with training** on how to use it appropriately
- Increase access to THN kits by **leveraging existing infrastructure** for dissemination: emergency departments, public health units, community health centres, community pharmacies, supervised injection facilities, and withdrawal management and treatment facilities
- Ensure that THN kits are available in **public spaces and overdose hot spots** for emergency use, similar to the model for automated external defibrillators (AEDs)
- Implement a system for **tracking** how much naloxone is dispensed/distributed and where, through PharmaNet or other data collection mechanisms

4. INCREASE PROVINCIAL SUPERVISED INJECTION SERVICES CAPACITY

Supervised injection services (SIS) are a cost-effective intervention for improving health outcomes and reducing harms associated with drug use. They have been established in many other countries as well as in Vancouver (Primer #4), and there is movement in other regions of Canada to open SIS. Expansion of these services beyond Vancouver is considerably more urgent in view of the overdose epidemic. A significant barrier to rapid expansion of these services is the exemption process required for compliance with Bill C-2 (Primer #5).

Recommendations from the participants:

- Lobby the federal government to **suspend the need for exemption** under Bill C2 during the current public health emergency
- Advocate to **repeal Bill C2** completely
- Collaborate at a provincial or regional level to support the submissions of multiple exemption requests concurrently as a **joint application**
- Provide provincial **support** (e.g. legal expertise, funding) for organizations that do not have capacity to complete all the requirements under the exemption process
- Expedite **expansion** in the number and geographic distribution of SIS across BC
- Implement **longer hours of operation** for existing SISs with high levels of use (e.g. Insite), ideally 24/7
- Plan the addition of sites to **serve areas of high need**, including establishing **mobile sites** and using hot spot mapping to deploy SIS to priority areas; consider re-purposing existing harm reduction vans or mobile medical units to serve as SIS
- Set up a safe consumption room **at every shelter**
- Create a **flexible** structure for SIS that include stand-alone facilities to fully integrated services
- Adapt the menu of services to the **needs of the communities** where the sites will be located
- Use **inclusive language** that helps combat stigma in all site-related communications
- Advocate for SIS to be **treated with the same priority any other healthcare service**
- Commit to **sustained core funding** for SIS across the province
- Create essential linkages between SIS and other health services to enable SIS to be the **first step** towards accessing other health services such as primary care and addictions treatment

Presented by:

5. DEVELOP CAPACITY FOR IMPROVED STREET DRUG CHECKING AND DRUG SAMPLE ANALYSIS

A significant factor in the increase of overdoses is the emergence of fentanyl, which has surfaced both as the main ingredient in and as an additive to other illicit drug products (Primer #6). In many situations, neither buyers nor sellers are aware of the addition of fentanyl to drug substances, creating incorrect perceptions of substance and dose among those who use drugs. Street drug checking allows individuals to have a better understanding of what they are buying and consuming, thus enabling them to use drugs in a safer manner by adjusting dosage or avoiding compromised sources (Primer #7). Drug sample analysis allows authorities to have a better understanding of submitted or seized drug samples.

Recommendations from participants:

- Determine what **exemptions and governance** is required to hold drugs for checking purposes
- Provide dip sticks for detection of **fentanyl** at all supervised injection facilities
- Review approaches taken by **other jurisdictions** in providing drug checking services
- **Leverage national capacity** at Health Canada's Drug Analysis Services (DAS) laboratory to enable increased capacity for drug sample analysis
- Develop a plan to allow **sharing DAS data** among key stakeholders (including the health sector) in a timely manner to provide a current state assessment of what is circulating on the streets
- Ensure **quick turn-around** of results for up-to-date information of the street scene
- Establish accessibility to **reference compounds** (i.e. pure samples for laboratory analytic comparison)

6. EXPAND ACCESS TO TREATMENT FOR OPIOID USE DISORDER

Maintenance opioid agonist treatment (OAT) has proven to be the most effective intervention to reduce harms associated with opioid use disorder (Primer #8). There is currently a need in BC to develop clear, comprehensive provincial guidelines on evidence-based treatment options for opioid addiction and to provide simple and easily accessible online decision support tools regarding how to start and maintain patients on first line therapy, as well as how to transition to alternative/second line therapy if first line treatment fails.

First Line: Suboxone® and methadone

Until recently, methadone maintenance therapy has been the standard clinical approach for managing opioid use disorder. However, there is a growing body of evidence supporting the use of Suboxone® (buprenorphine/naloxone) as a first line OAT therapy. Despite efforts to scale-up availability, many individuals are not able to access OAT due to a lack of providers, particularly in areas outside of large urban centres. Additionally, barriers to access including cost, regimen requirements, and stigma must be addressed to ensure that any actions taken have an impact on the maximum number of individuals who could benefit from OAT.

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

Recommendations from participants:

- Ensure **unrestricted, universal access** to OAT in primary and community-based settings to all those who need it
- **Eliminate wait times** for OAT treatment
- Look at ways to **eliminate cost as a barrier** by evaluating the feasibility of providing OAT at no cost to the client and address clinic fees that are currently allowed
- Expand treatment and harm reduction **facilities in rural and remote communities**
- Consider **take-home dosing** of Suboxone® to improve client engagement and retention
- Evaluate **alternate care models** for OAT that further reduce barriers, increase access, and improve retention (for example, OAT initiation through hospital emergency department)
- Provide short-term in-patient programs to **facilitate transition** from methadone to Suboxone® for those who could benefit

Alternative OAT options: hydromorphone and diacetylmorphine

There is an important vulnerable minority of patients for whom the first-line OAT options are not effective. As demonstrated by the results of the North American Opiate Medication Initiative (NAOMI) Study and the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME), providing measured doses of pharmacy-grade injectable diacetylmorphine (heroin) or hydromorphone may be an effective alternative treatment to reduce the use of street opioids as well as many of the harms associated with their use (Primer #9). Scaling up the alternative AOT options may improve health outcomes for the minority of individuals who are not retained or successful with first-line OAT options or continue to use illicit opioids while in treatment.

Recommendations from participants:

- **Include hydromorphone** in guidelines for OAT and enable physicians to prescribe it as a viable alternative to methadone and Suboxone® for the treatment of opioid use disorder
- **Expand PharmaCare coverage for injectable hydromorphone** to increase accessibility
- Allow higher dose hydromorphone prescriptions to be prescribed for addiction treatment – lobby Health Canada to include **addiction treatment as a new indication** for hydromorphone
- Consider offering hydromorphone as **free and safe alternative to illicit opioids** to users of supervised injection sites
- Develop **flexible delivery models** that can be adapted to a variety of settings, including in rural and remote communities
- Develop **sustainable** models to **operationalize and adapt** the study protocol(s) from NAOMI and/or SALOME to a variety of clinical settings; prioritize the operationalization of the SALOME protocol as it would have less regulatory hurdles and could be scaled up quickly
- Create capacity throughout all regions of BC to offer alternative therapy options **within existing programs and services**
- Create nursing, pharmacy and clinic operational guidelines to clarify best practices for treatment with injectable hydromorphone to **prevent diversion**, while supporting scale up in diverse settings

Presented by:

7. BOLSTER AND GROW KEY PREVENTION AND TREATMENT SERVICES

Having reliable, safe, and comprehensive services available to those who use opioids or other drugs provides an essential infrastructure for prevention efforts, harm reduction, and treatment solutions. To maximize effectiveness of these services, it is vital that they are fully integrated and coordinated across disciplines. Numerous participants called for the breaking down of silos between services and building a strong continuum of care and support.

Recommendations from the participants:

Addiction treatment and withdrawal management

Lack of timely access to withdrawal management (detox) and longer-term residential addiction treatment programs is a significant barrier for individuals who want to transition from active drug use and into recovery (Primer #10). It is widely recognized that these services have insufficient capacity in BC and that access is especially problematic in rural and remote regions of BC.

- Develop and implement evidence-based guidelines for **standardizing medical care** in withdrawal management and residential treatment facilities
- **Reduce waiting times** for access to evidence based withdrawal management and residential treatment services, particularly in rural regions
- Expand withdrawal management capacity **in concert with** the expansion of evidence-based and regulated residential treatment programs/facilities
- **Eliminate financial barriers** to accessing services
- **Lengthen opening hours** for facilities to accommodate clients' needs
- Create access to evidence-based withdrawal management and treatment in **rural regions**
- Develop a **centralized referral process** for addiction treatment services for individuals who have successfully completed managed withdrawal, with real-time bed mapping abilities
- Offer **outreach** case management support to patients discharged from hospital after an overdose

Mental health services

Enhancing early detection, intervention, and treatment of co-occurring substance use and mental health disorders is a key component of an overdose prevention strategy (Primer #11). Historical silos of mental health services and addictions treatment programs, the lack of integration with public health, and lack of specialized capacity to treat concomitant disorders simultaneously highlight the need for better service integration and access a population particularly subject to social exclusion and marginalization.

- Build capacity for **early detection and intervention** for both substance use and mental health disorders
- Introduce **joint cross-disciplinary education and training** opportunities on mental health and substance use disorders
- Increase access to low-barrier, integrated **multi-disciplinary** community treatment options that incorporate mental health, addictions, primary care and public health services
- Increase access to harm reduction services for mentally ill and substance using populations

Presented by:

- **Align** strategic planning and operational aspects of mental health and addiction treatment services at the most senior levels in the healthcare system
- Leverage the provincial governments **commitment to mental health** to address the overdose epidemic

Pain management and treatment

Implementing effective pain management strategies that guide the appropriate use of opioids for acute and chronic pain are important steps in preventing the onset or exacerbation of substance use disorders. Coordination is needed at the provincial level to establish and promote guidelines, implement training and education for providers, and educate the public on appropriate use of opioids and other alternatives for pain management.

- Introduce new funded programs and services for safe and effective **alternative pain management options**, such as physical therapy and counselling services
- Support **holistic** treatment approaches that address management of **physical, psychological and emotional pain**
- Educate both physicians and the public on evidence-based alternative options to opioids and **promote their use**
- Educate the public on appropriate use of opioids for **short term** pain management

8. FACILITATE MORE APPROPRIATE PRESCRIBING AND DISPENSING BY HEALTHCARE PROVIDERS

Appropriate prescribing does not necessarily mean limiting patients' access to opioid medications. Improving appropriate prescribing may mean more prescribing of opioids to some patients, less prescribing to others, or switching to different opioids or different medications. The goal of appropriate prescribing is to ensure the best possible health outcome for a patient while striking a balance between potential risks and benefits.

Recommendations from participants:

- Develop **guidelines for tapering/ switching patients off** pharmaceutical opioids to empower prescribers to provide alternative treatment options to patients who do not respond well to the prospect of decreasing their opioid consumption
- Reinforce the use of **Suboxone® as first line** treatment for opioid use disorder given its better safety profile and decreased risk for diversion; and emphasize the lack of requirement for a specialized prescriber license
- Consider making **PharmaNet medication reviews mandatory** prior to prescribing opioids, benzodiazepines, or any other medications prone to problematic use
- Remove access barriers for physicians to use PharmaNet and make it **free and user-friendly**
- **Enhance functionality** of PharmaNet to act as a tool for decision support and appropriate prescribing and dispensing (Primer #12)
- Enable **flagging** of problematic prescribers, dispensers, and potential diversion attempts

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

- **Remove patient consent** requirement for prescribers to access PharmaNet
- Develop **stronger regulatory oversight and systematic surveillance** by the Colleges of Physicians and Pharmacists regarding inappropriate prescribing and dispensing practices using key indicators (high doses, multiple medications, co-administration, etc.)
- **Avoid** implementing prescription monitoring **in isolation** from other interventions
 - Monitor for potential **unintended harms of prescription monitoring**, such as patients seeking more dangerous illicit substances from the street and worsening overdose rates

9. COLLABORATE ON LAW ENFORCEMENT APPROACHES AND DRUG POLICIES

Law enforcement plays a critical role in drug overdose response and overall harm reduction approach. Engagement with law enforcement must be considered in all interventions, as police are often the main contact with people at most risk of drug overdose. For example, witnesses of an overdose may not call emergency services for the fear that they may be criminally charged for drug possession; they are forced to make a choice between saving someone's life and risking a probation violation and/or being arrested.

While there is currently a proposed federal bill proceeding through Parliament that would protect the person who is overdosing and witnesses from being criminally charged with drug possession at the scene (aka "Good Samaritan" law), there remains an urgent need to standardize police response at overdoses scenes across BC. Law enforcement participants also identified the need to address pill presses, which enable easy production of large volumes of pills for illicit use with unknown concentrations and potency.

More generally, the use of the criminal law—the "war on drugs" or "prohibitionist" approach – was seen by many participants as the wrong means to reduce the harms associated with the production, sale and possession of currently illegal drugs. Instead, drug control policies could be crafted in a way that gives priority to reducing harmful use of substances, minimizing negative health effects to the individual, and limiting secondary drug-related harms to society.

Recommendations from participants:

- Consider **decriminalizing** opioids and instead introducing a **regulated market** to eliminate the need for the illicit market (Primers #13, #14)
- Reduce pharmaceutical drug diversion through **better security inspections** of pharmacies
- **Make pharmacies safer** by preventing break-ins and thefts
- Explore regulation of the purchase, sale or position of **pill presses** in BC; consider following Alberta's example to regulate pill presses short-term, but work towards federal regulation in the long-term to avoid displacing production to other provinces
- Work with law enforcement across the province to establish a **common approach** to how police are involved at overdose scenes (Primer #15)
- Use "**Good Samaritan**" laws to reduce barriers to accessing emergency services
- Adopt a **standard approach** by police to apply Good Samaritan laws consistently across all regions and ensure public awareness of this legislation

Presented by:

10. IMPROVE ACCESS TO HARM REDUCTION SERVICES IN CORRECTIONAL FACILITIES

Incarcerated individuals are a vulnerable population at risk of overdose; many have diagnosed or undiagnosed mental health and substance use disorders. Currently correctional facilities in BC offer access to OAT (Primer #16), but other necessary services are limited. Transition back to the community upon release can be particularly difficult for individuals and represents a critical point where there are many missed opportunities for intervention and support.

Recommendations from participants:

- Introduce **needle exchange programs** in correctional facilities
- Increase **naloxone availability**, both inside the facilities and upon release
- Introduce **overdose response planning** at discharge
- Ensure that the individual's **basic needs** are met before release; make sure they are connected to community services and have access to housing and food
- Consider introducing **mentoring programs** in the first two weeks after release
- Address **co-occurring mental health and substance use disorders** in these settings, integrate care with harm reduction and comprehensive treatment approaches
- Support **continuity of care** during transition from incarceration back to community settings

11. EMPOWER SERVICE PROVIDERS WITH THE KNOWLEDGE, TOOLS, AND RESOURCES

The overdose crisis has exposed some serious gaps in the interaction between people who use drugs and their service providers. People who use drugs often experience discrimination and stigma, both explicit and perceived, when interacting with health care and social services. These experiences create a significant barrier to accessing needed services and decrease opportunities for positive interactions. Engaging people who use drugs in the development of programs and educational materials is vital to making meaningful steps towards reducing stigma, discrimination and ensuring low barrier access for these individuals (Primers #17, #18, #19).

Recommendations from participants:

Training in mental health, substance use and trauma-informed care

- Develop an **education program** for health care and social work staff focused on reducing stigma
- Educate workforce professionals in **culturally safe** and **trauma-informed practice**
- Encourage the use of a trauma-informed lens in **all health care and social work interactions**
- Ensure that education material is **informed by those who are affected** by the client-provider interaction – ensure collaboration and **real input** from people who use drugs in the development of educational materials for providers
- **Tailor education** for community-based providers to the local situation in each community
- **Use existing educational opportunities** to incorporate a focus on mental health and substance use

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

- Develop new billing codes and/or other **compensation models** for comprehensive addictions assessments and treatment in order to promote effective and adequate care and incentivize physicians to spend the appropriate time on consultations with patients who have complex needs

Health professional education

- Provide educational opportunities on **appropriate prescribing** of opioids, benzodiazepines, and other medications with potential for problematic use throughout medical school and residency training, as well as continuing medical education, especially for primary care and emergency room prescribers
- Develop clear and comprehensive **guidelines** on options for treating opioid use disorder, offer training sessions and provide resources (Primer #20)
- Identify opportunities to **integrate training** into formal student curriculum or professional development education, particularly focusing on opportunities for cross-disciplinary education
- Institute mandatory **mental health and substance use education** in medical and nursing school curricula, and increase integration of mental health-addictions and co-occurring disorder training within medical school and residency programs
- Consider introducing mandatory **minimum competencies** in mental health and substance use for practicing physicians
- Ensure all practising health professionals have undertaken **indigenous cultural competency training** (e.g. Indigenous Cultural Competency Course through Provincial Health Services Authority)

12. DEVELOP A COMPREHENSIVE CULTURAL SHIFT STRATEGY

A major cultural shift is needed to strengthen the impact of many interventions targeted at reducing overdoses and providing more support for people who use drugs. Stigma towards those with substance use disorders is pervasive and needs to be addressed by promoting a broader cultural shift towards more positive attitudes on harm reduction and recognition that abstinence is not always possible or the ultimate goal (Primers #21, #22). Addiction should be viewed as no different from any other chronic illness that merits appropriate focus on prevention, comprehensive assessment and treatment that should not be seen as an optional part of medicine.

Recommendations from participants:

- **Engage** patients and families from the communities where overdoses have occurred (Primer #23)
- Support the **Compassion, Inclusion, Engagement** initiative
- **Address stigma** towards those with addiction through using inclusive language in all communications and personal interactions
- Fund universal and targeted **youth prevention programs** (Primer #24)
- **Normalize** the use of naloxone to prevent fatal opioid overdoses
- Introduce a '**Stigma Ombudsman**' in communities to investigate client complaints and foster systemic change (Primer #25)

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

NEXT STEPS

Chief among all the action items is the need for a coordinated action plan to prevent overdose deaths – today, tomorrow, and in the years to come.

The most efficient way of doing so would be to connect with the existing BC Drug Overdose Alert Partnership (DOAP), which is a multi-sectoral committee that was established to prevent and reduce the harms associated with substance use. Building on DOAP, the BC Government could create a Provincial Task Force on Opioid Overdose Response and Prevention to develop and coordinate a BC Overdose Action Plan.

The Task Force should include individuals with subject matter expertise as well as individuals with lived experience. As such, participants should be drawn from people who use drugs, public health, primary care, mental health, addiction medicine, harm reduction, social service, law enforcement, treatment services, community groups, housing providers, and emergency first responders, among others. The Task Force should be empowered to develop the action plan, and in doing so identify working groups for key action items and should ensure all impacted populations are considered in the execution of immediate actions and next steps arising from the BC Overdose Action Exchange.

The BC Action Plan should incorporate as many of the actions highlighted in this report as possible. The report should include short-term, medium-term, and long-term objectives, focusing both on the immediate relief needs as well as long-term investment into prevention strategies.

It is important to note that the BC Overdose Action Exchange was not designed to include discussions around resources required to implement each of the actions. Determination of resource implications will be a necessary part of next steps. Naturally, some of the proposed interventions will be more resource-intensive compared to others, and there may be a need for creative budget solutions to maximize impact of actions without producing excessive financial pressure on the healthcare budget.

Finally, each health authority should work to build capacity of organized groups of people who use drugs (e.g. VANDU) to empower those with lived experience and close ties to the community to be an essential part of the response to the overdose crisis. This would include a recognition of these groups as true partners with adequate funding and consistent input into decisions that have direct effects on the communities that they live in.

BC is already a national leader in education, harm reduction initiatives and services related to mental health and substance use. Let's build on this momentum and demonstrate what a world-class solution looks like. The time to act is now.

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

PARTICIPANT ACKNOWLEDGEMENT

A big thank you to authors of the Primers (marked with *), facilitators of small group sessions (marked with §), and all the individuals who participated in the BC Overdose Action Exchange:

Last Name	First Name	Organization
Adams	Evan*	First Nations Health Authority
Ahamad	Keith*§	BC Centre for Excellence in HIV/AIDS (BC-CfE)
Behn-Smith	Daniele	BC Ministry of Health
Bestos	Alex*	Karmik
Bettle	Megan	Health Canada
Boechler	Eric	Royal Canadian Mounted Police
Bruce	Ted	Exchange Facilitator
Buxton	Jane*	BC Centre for Disease Control
Carlson	Mike	Royal Canadian Mounted Police
Clarmont	Warren*	BC Assoc. of Aboriginal Friendship Centres (BCAAFSC)
Corneil	Trevor	Interior Health Authority
Craig	Munroe*	Karmik
Dick	William	BC Emergency Health
Dove	Naomi*§	BC Centre for Disease Control
Elliot	Elizabeth	College of Registered Nurses of BC
Emerson	Brian*	BC Ministry of Health
Fumerton	Raina	Northern Health Authority
Geller	Hilary	Health Canada
Goldner	Elliot	CARMHA - Centre for Applied Research in Mental Health & Addiction
Grimsrud	Karen	Office of the Chief Medical Officer of Health Alberta
Gustafson	Reka	Vancouver Coastal Health
Haden	Mark*	University of British Columbia
Haidar	Anita	From Grief to Action
Hall	Nichola	From Grief to Action
Hart	Colleen	Provincial Health Services Authority
Hassam	Noorjean	BC Centre for Disease Control
Hasselback	Paul	Island Health
Henderson	David	Community Addictions Physician
Hiscoe	Lori	Interior Health Authority
Jang	Kerry	City of Vancouver
Jensen	Katrina	AIDS Vancouver Island
Johnson	Cheyenne*	Urban Health Research Initiative, Centre for Excellence In HIV/AIDS
Kendall	Perry	BC Ministry of Health
King	Conor	Victoria Police Department

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

BC OVERDOSE ACTION EXCHANGE – JUNE 9, 2016

Last Name	First Name	Organization
Lacroix	Katie	Society of Living Illicit Drug Users (SOLID)
Lake	Terry	BC Ministry of Health
Lapointe	Lisa	BC Coroners Service
Lee	Victoria	Fraser Health Authority
LeFranc	Vera	City of Surrey
Leyen	Jennifer	WorksafeBC
Lun	Eric	BC Ministry of Health
Lupini	Linda	BC Emergency Health Services
Lysyshyn	Mark*§	Vancouver Coastal Health
MacDonald	Keir	Lookout Society
MacPherson	Donald*§	Canadian Drug Policy Coalition
Maynard	Russell*	Portland Hotel Society
McBain	Leslie	Moms Stop the Harm
McDonald	Shannon*	First Nations Health Authority
McNestry	Ailve	College of Physicians and Surgeons of BC (CPSBC)
Mema	Silvina	Interior Health Authority
Moneo	Mitch	BC Ministry of Health
Murphy	Aileen	City of Surrey
Nolan	Seonaid*§	Providence Health
Notarandrea	Rita	Canadian Centre on Substance Abuse (CCSA)
O'Briain	Warren	BC Ministry of Health
Odynak	Julie	Northern Health Authority
Oviedo-Joekes	Eugenia*	Centre for Health Evaluation and Outcomes Sciences (CHEOS)
Paton	Arlene	BC Ministry of Health
Prescott	Cheryl	BC Centre for Disease Control
Pursell	Roy*	BC Drug and Poison Information Centre
Reist	Dan	Centre for Addictions Research of BC
Rothfels	Peter	WorkSafeBC
Rothon	Diane*	BC Corrections
Sanford	Reanne	Northern Health Authority
Schwartz	Brian	Ontario Agency for Health Protection and Promotion (OAHPP)
Serr	Michael*	Abbotsford Police Department
Sharma	Supriya	Health Canada
Small	Dan*	University of British Columbia
Smolina	Kate*§	BC Centre for Disease Control
Solven	Suzanne	College of Pharmacists of BC
Spearn	Bill	Vancouver Police Department
Stevenson	Janine	First Nations Health Authority
Steward	Martin	Vancouver Area Network of Drug Users (VANDU)

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

BC OVERDOSE ACTION EXCHANGE – JUNE 9, 2016

Last Name	First Name	Organization
Sutherland	Christy*§	Portland Hotel Society
Taylor	Gregory	Health Canada
Thumath	Meaghan*§	BC Centre for Disease Control
Tu	David*	Community Addictions Physician
Tupper	Kenneth*§	BC Ministry of Health
Tyler	Ingrid	Fraser Health Authority
Tyndall	Mark	BC Centre for Disease Control
Varley	Leslie*	BC Assoc. of Aboriginal Friendship Centres (BCAAFSC)
Westfall	Jordan*	Canadian Association of People Who Use Drugs
Woodside	Jennifer*	MUMSDU
Young	Sara	Vancouver Coastal Health

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

APPENDIX 1: AGENDA

Facilitator: Ted Bruce

9:30 – 10:00	Welcome and Introduction Introduction of the participants Frame the day by identifying “What is the problem we are trying to solve?”	Dr. Mark Tyndall and Ted Bruce
10:00 – 10:20	The Scope of the Issue Present the breakdown of overdoses by location, over time that describes the emergency	Dr. Jane Buxton
10:20 – 10:30	Why is this a Provincial Public Health Emergency Dr. Kendall and Chief Coroner LaPointe to speak to why this is a Provincial Public Health Emergency	Dr. Perry Kendall and Lisa LaPointe
10:30 – 10:45	Plan for the Day Provide the group with the ground rules for the day and a description of the remainder of the day	Ted Bruce
10:45 – 11:00	Break	
11:00 – 12:00	Session 1: Small Groups Participants will work in self-selected groups in focused discussions pertaining to areas where the participant or participant’s organization need to be involved in moving the action forward. See document for available sessions	
12:00 – 1:00	Lunch	
1:00 – 2:00	Session 2: Small Groups	
2:00 – 2:45	Session 3: Full Group The results of the two small group sessions will be available for everyone to review	
2:45 – 3:00	Break	
3:00 – 4:30	Wrap-up Opportunity to review Small Group Session outcomes Facilitated Q and A Discuss the next steps	Ted Bruce, Dr. Tyndall, and Dr. Kendall

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

APPENDIX 2: PUBLIC HEALTH EMERGENCY DECLARATION



NEWS RELEASE

For Immediate Release
2016HLTH0026-000568
April 14, 2016

Ministry of Health
Office of the Provincial Health Officer

Provincial health officer declares public health emergency

VICTORIA – A significant increase in drug-related overdoses and deaths has prompted provincial health officer Dr. Perry Kendall to declare a public health emergency.

This is the first time the provincial health officer has served notice under the Public Health Act to exercise emergency powers. B.C. is the first province to take this kind of action in response to the current public health crisis from drug overdoses. The action will allow medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs.

“The recent surge in overdoses is a huge concern for us,” said Health Minister Terry Lake. “We have to do what’s needed to prevent overdoses and deaths, and what’s needed is real-time information. Medical health officers need immediate access to what’s happening and where so they can deploy the necessary strategies to prevent these tragedies.”

The new powers enacted by the provincial health officer provide one more tool in the robust provincial strategy to address this public health crisis. Currently information on overdoses is only reported if someone dies, and there is some delay in the information.

“Health authorities have consistently asked for more data that will help inform responses and prevent future overdoses,” said Dr. Kendall. “This is the first step in making that happen. Over the next few weeks, I’ll work with medical health officers, health authorities, emergency room staff, paramedics and other first responders and the BC Coroners Service to determine how best to collect and share the data.”

Information regarding the circumstances of any overdose in the province where emergency personnel or health care workers respond or provide care will be reported as quickly as possible to the regional health authorities’ medical health officers. This is expected to include location, the drugs used and how they were taken. The information will be reported for both fatal overdoses and overdoses where the person recovers.

This information will help prevent future overdoses and deaths by better targeting outreach, bad drug warnings, awareness campaigns and distribution of naloxone training and kits. It will help health care workers connect with vulnerable communities and provide take-home naloxone to the people who need it. The information will be collected by the provincial health officer and analyzed at a provincial level by the BC Centre for Disease Control to better inform management of this public health crisis.

Dr. Kendall consulted B.C.’s information and privacy commissioner prior to giving notice of this action under the Public Health Act, and will continue to consult on plans to collect information.

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

The information collected will be protected as confidential medical records.

Quick facts:

- There were 474 apparent illicit drug overdose deaths in 2015, which is a 30% increase in deaths from 2014 (365 deaths).
- There were 76 deaths in January 2016, which is the largest number of deaths in a single month since at least 2007.
- At the current rate in 2016, without additional steps to combat overdoses, B.C. could see 600 to 800 overdose deaths this year.
- The increase in the proportion of illicit drug overdose deaths for which fentanyl was detected (alone or in combination with other drugs) :
 - 2012 = 5%
 - 2013 = 15%
 - 2014 = 25%
 - 2015 = 31% (approximate - not all investigations are concluded)

Learn More:

For more information on the Take Home Naloxone program, please visit:

<http://towardtheheart.com>

For addition statistics on overdose deaths see:

BC Coroners Service – Illicit Drug Overdose Deaths in B.C. Jan. 1, 2007 – Feb. 29, 2016:

<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

A backgrounder follows.

Media Contact:

Kristy Anderson
Media Relations Manager
Ministry of Health
250 952-1887 (media line)

Connect with the Province of B.C. at: www.gov.bc.ca/connect

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE

APPENDIX 3: BC OVERDOSE ACTION EXCHANGE PRESS RELEASE



BACKGROUND

June 9, 2016

Provincial Health Services Authority
BC Centre for Disease Control
Office of the Provincial Health Officer of BC
BC Coroners Service

BC Overdose Action Exchange

The BC Overdose Action Exchange brings together representatives of approximately 30 organizations at the BC Centre for Disease Control (BCCDC) office in Vancouver on June 9, 2016.

Organized in partnership by the BCCDC, the Office of the Provincial Health Officer of BC and the BC Coroners Service, participants in the meeting will further examine the overdose situation in British Columbia and review the provincial response to date through a Four Pillars lens (harm reduction, prevention, treatment and enforcement).

The goal of the meeting is to bring together medical experts, law enforcement, members of the drug using community, government representatives and others to propose programs and policies that could strengthen BC's response and, ultimately, save lives.

Participants will hear presentations on the scope of the current overdose emergency situation facing BC and will then break apart into groups to identify how progress can be made in a variety of specific areas. The eight areas of action are:

- **Engagement and Impacts** (including the role of community and peers in overdose prevention)
- **Opioids**
- **Populations Under Threat** (including youth and First Nations)
- **Substitution Therapy and Detox**
- **Acute Response to Overdose** (naloxone, emergency services and first responders)
- **Surveillance and Drug Monitoring**
- **Supervised Consumption**
- **Drug Policy and Corrections**

Following the meeting, organizers will compile suggestions and action items and report out next steps.

Media Ben Hadaway
Contact: Communications Officer
 BC Centre for Disease Control
 Ben.hadaway@phsa.ca
 604.707.2412
 Media pager: 604.871.5699

Presented by:

OFFICE OF THE PROVINCIAL HEALTH OFFICER OF BC | BC CENTRE FOR DISEASE CONTROL | BC CORONERS SERVICE