

# BC OVERDOSE Action Exchange II

August 2017

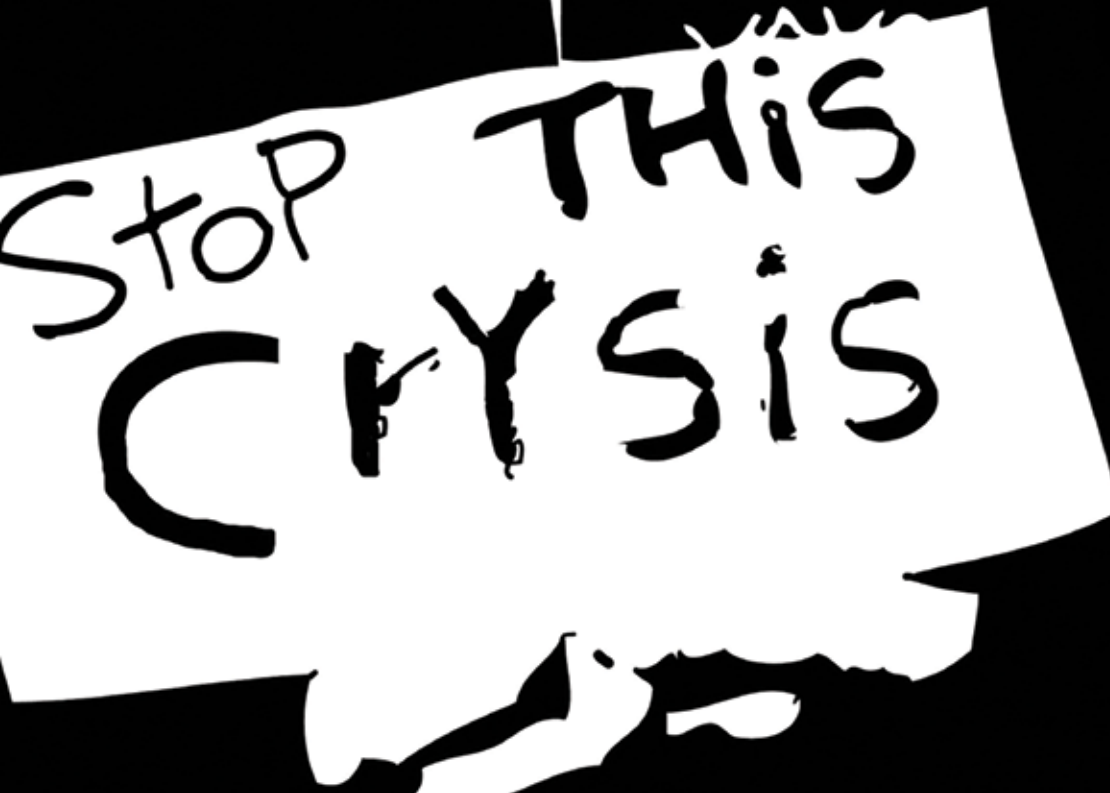


#CDNOverdoseCrisis • #ODAX2017



**"Stop this shit. Stop this crysis. We have to do it in a good way. For Tracey. She died because this is how we die, because injustice is fatal, because it's not right, because stop this crysis."**

*Karen Ward, VANDU*



*Tracey made this sign for the Day of Action/Life Won't Wait protest in Vancouver on February 21, 2017. She spent three days working on "crisis".*

*"I have been working through this situation with art. Everything I do now is art. Let's stop this shit. Join the [Vancouver Area Network of Drug Users' facebook page](#) and visit [www.vandu.org](http://www.vandu.org)."*

*Karen Ward, VANDU*

The BC Centre for Disease Control respectfully acknowledges that this meeting was held on the ancestral homelands of the Coast Salish peoples, including the territories of the xʷməθkwə́yəm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səl̓ílwətaʔ/Selilwitulh (Tseil-Waututh) Nations.

**“Urge the incoming government to reiterate the scale of the emergency and the impacts it has on our friends and families. These deaths are preventable and there is no one that can’t be helped. Stigma. Decriminalization. Connection. Rebuilding lives.”**

*~ meeting attendee*

## **INTRODUCTION**

This report from the second annual Overdose Action Exchange captures the ideas and actions recommended by a range of participants as being necessary to reduce the unprecedented rise in overdose deaths seen over the past two years. The report contains recommendations that both build on past successes and advance novel approaches.

Perhaps the most important message coming out of the meeting was that this is more than just a drug problem. The impact of the overdose crisis to families, friends, and communities has been massive and the scars will be with us for many years to come. The urgency for real change expressed so eloquently by the people who are experiencing the losses firsthand needs to be heard and acted upon.

Everyone who attended that day should have left the room feeling some level of responsibility to reduce stigma, challenge harmful drug policies and create an environment where people who use drugs feel supported and are given real options to reduce the risk of overdose. The meeting also highlighted the importance of early interventions to reduce harmful substance use, the need for housing and social supports and timely access to care and treatment.

Over the coming months we plan to disseminate this report widely and hold community forums and engagement events that will not only increase public awareness, but truly lead to a comprehensive provincial approach to reducing overdoses and improving the lives of people who use drugs.

Despite our successes, it is clear that we are still facing an incredible challenge that will require “thinking outside the box” and commitment from us all. This is not the time for complacency.



**Dr Mark Tyndall**

*Executive Medical Director*  
BC Centre for Disease Control

## MEETING BACKGROUND

On June 16, 2017 the British Columbia Centre for Disease Control (BCCDC) welcomed over 130 people to participate in the second British Columbia Overdose Action Exchange at the Morris J Wosk Centre for Dialogue in Vancouver.

There were 54 organizations ([Appendix 1](#)) represented with a range of diverse stakeholders, including people with lived experience, policy makers, community organizations, public health leaders, government, academia, emergency health services, law enforcement, researchers and medical experts.

The first Overdose Action Exchange held at BCCDC on June 9, 2016 was a “call to action” that guided the provincial response by identifying 12 key priority actions. A [meeting report](#)<sup>1</sup> and [primer](#)<sup>2</sup> from this meeting are available on the BCCDC website.

While there has been an incredible amount of work and resources put into the overdose response over the last year, we still face a serious health emergency that shows no signs of slowing. The overdose crisis continues to marginalize people who rely on an unregulated drug market to deal with their addiction, pain, trauma, mental illness and social isolation.

Although there was time to acknowledge some of the key successes from the last year, much of the day was spent exchanging new and innovative ideas in small groups that each looked at one of eight questions ([Appendix 2](#)). The purpose of the meeting was to generate ideas that challenge the status quo and lead to a new set of innovative strategies.

Detailed notes were kept on discussions in each small group session. A team at BCCDC worked to identify actionable ideas, group these into themes and subthemes, and refine them into action items. Ideas from the closing plenary and participant-submitted comment cards were also integrated into the analysis. The developing action items were sent to session facilitators for review and their suggestions were incorporated.

The intent of this report is to present a summary of ideas and actions that are representative of feedback collected at the meeting.

BCCDC would like to thank all meeting attendees, facilitators and the planning committee for their work in creating the actions for this report.

**“I know it’s hard to be positive in such a dire situation, but the innovations in drug policy globally have always emanated from the ground up and started locally.”**

*- Donald MacPherson,  
Canadian Drug Policy Coalition*



**“It seems there is a lot of work to be done in helping us hear all the voices that need to be heard and engage all the people who need to be engaged if we are going to move forward.”**

*- meeting attendee*

## KEY ACTIONS

The following ten key actions are based on a thematic analysis of ideas that were emphasized throughout the meeting by participants. These actions are summarized in this report.



Engage peers in program development and leadership



Address contamination of the drug supply



Support appropriate pain management therapies



Build on the success of Overdose Prevention Sites



Expand and improve addiction treatment



Align law enforcement efforts with public health



Reform drug laws



Address structural barriers and upstream factors



Counter stigma against people who use drugs



Implement targeted research, surveillance and evaluation initiatives



## 1. Engage peers in program development and leadership

- Increase access to ongoing education and capacity building for peers
  - Fund access to community and online training opportunities
  - Support the development of an integrated training network
- Support and fund the development of peer-based organizations
  - That act as sites of peer support and knowledge exchange
  - That have capacity to consult within their communities and convey the results to policy makers and program developers
  - That develop models of supporting peer organizing in rural and remote areas
- Expand existing peer-based organizations to satellite sites across the province
- Meaningfully involve people with lived experience in all policy and program development undertaken by provincial agencies and their delegates
  - Follow best practices for peer employment - pay and employ peers appropriately for their expertise and work
  - Follow best practices for peer engagement
    - Use [Peerology](#): A guide by and for people who use drugs on how to get involved<sup>3</sup>
    - Use [Developing Peer Engagement Principles and Best Practices](#): A Guide for BC Health Authorities and other Providers<sup>4</sup>
  - Develop initiatives that facilitate collaborative dialogue and action between peers, service providers and local community organizations



**“Most innovation is from the local community of people who use drugs and activists.”**

*~ meeting attendee*

### Examples of existing peer-based organizations responding to the overdose crisis:

- ✓ The Canadian Association of People who Use Drugs (CAPUD)
- ✓ The Vancouver Area Network of Drug Users (VANDU)
- ✓ The Society of Living Illicit Drug Users (SOLID)
- ✓ The Western Aboriginal Harm Reduction Society (WAHRS)

### Promising practice:

Provincial health initiatives working to meaningfully involve people who use drugs include:

- ✓ the [Compassion, Inclusion, Engagement initiative](#)<sup>5</sup> and
- ✓ the [Peer Engagement and Evaluation Project](#)<sup>6</sup>



## Adaptable model?



BCCDC's [Get Checked Online](#)<sup>7</sup> program for STI testing may be adapted to test drugs

**“Give people what they need. That’s the only way.”**

~ Lorna Bird, VANDU

**“We need immediate access to safe drugs.”**

~ Karen Ward, VANDU



## 2. Address contamination of the drug supply

- **Increase access to prescription drugs as an alternative to the contaminated drug supply for people at high risk of overdose**
  - Pilot low-barrier, rapidly scalable models of distributing a regulated supply of pharmaceutical opioids to those at risk of opioid overdose due to illegal drug supply contamination
    - These may involve accessing opioids through pharmacies, mobile programs, dedicated storefronts and/or supportive housing facilities
    - Allowing consumption off-site (i.e. not witnessed) will lower barriers to participation
    - Pilot and evaluate the impact of stimulant substitution on the overdose crisis
  - Open additional clinics based on the Crosstown model (on-site injection with intensive engagement) to provide access to supervised opioid injection
  - Expand physician capacity and confidence to prescribe opiates including oral hydromorphone, long acting slow release oral morphine and injectable opioids
  - Increase the number of physicians and nurse practitioners with specialty training in addiction medicine
- **Expand the ability of people who use drugs to test their own drugs**
  - Develop models of drug testing feasible in rural areas
  - Develop bring-home/mail-in testing programs
  - Expand drug testing beyond qualitative to quantitative results on potency
  - Expand drug testing to additional sites – Supervised Consumption Sites, Overdose Prevention Sites, mobile sites, health authority sites (e.g. Community Health Centres, STI clinics) and bars/nightclubs/music festivals
- **Conduct outreach to local drug producers to improve processing, bulking and access to testing of illegal drugs**
  - Encourage drug dealers to use drug testing programs
  - Improve access of drug producers to professional-grade mixing equipment and educate them about techniques to improve homogeneity of the product
- **Explore medical opium as a source of uncontaminated opioids. The following models were suggested:**
  - Grower’s clubs, production on a model similar to medical marijuana, personal cultivation
- **Addressing contamination of the drug supply must involve drug law reform ([see Action 6 below](#))**





### 3. Support appropriate pain management therapies

- **Improve access to and evaluate affordability/effectiveness of multi-disciplinary, non-opioid pain management strategies, including counseling and physical therapy**
  - Decrease wait times for referral services to pain clinics
  - Develop a new PharmaCare plan to enable access to non-opioid pain therapies, including allied health modalities
  - Enhance and evaluate access to integrated therapeutic models
- **Expand initiatives that promote patient-centered care (including addictions and chronic pain)**
  - Develop incentives and expand alternative billing models to allow physicians more time to engage and manage complex patients appropriately
  - Promote comprehensive pain management within the Patient Medical Home initiative of Doctors of BC
  - Provide access to culturally appropriate treatments and Indigenous healing services
- **Provide timely and easily accessible practice support to physicians regarding pain management using opioid and non-opioid therapeutic strategies**
  - Develop clinical guidelines on the treatment of chronic pain in people who have substance use disorders
  - Improve PharmaNet usability to support clinical decision-making and a prescription drug monitoring program (PDMP); introduce reporting to physicians that compares their prescribing practices to the average to encourage self-reflection and behavior change (similar to reporting on antibiotic use) and evaluate any PDMP for unintended consequences
- **Develop advocacy strategies related to unintended consequences of restricting access to prescription opioids**
- **Improve education curriculum in medical schools, residency programs, and nursing schools around pain management including opioids, harm reduction, mental health, substance use and trauma-informed care**

## Accessible practice support:



**Increase the number of pain and addictions specialists available on the Rapid Access to Consultative Expertise line (RACE)**

**“People cut off their pain medications have to go to the “street” to get their relief. In the midst of the fentanyl crises this is forcing people with real pain issues to play Russian roulette with street drugs. Unacceptable!”**

~ Dean Wilson

## Successful model:

The Centre for Addictions Research of BC Community of Practice for [Managed Alcohol Programs](#)<sup>8</sup> is a platform where managers and front-line service providers interact to problem solve and share best practices relating to service provision in a targeted harm reduction programs



**“The opposite of addiction is connection and connections are being built at opioid sites. This sense of community can flourish here.”**

*- meeting attendee*



## 4. Build on the success of Overdose Prevention Sites

- Continue to provide financial and human resources support to community-based overdose prevention sites (OPS) throughout BC
- Reframe “overdose prevention sites” as “overdose prevention services” to better capture the range of possible initiatives that can be included
  - Integrate primary care and mental health services
  - Offer scheduled primary care and mental health services at community-based OPS; scale up if successful
  - Embed OPS within health authority sites
  - Increase geographic scope of OPS
  - Explore support for supervised inhalation in outdoor spaces
  - Increase staffing on income assistance cheque days
- Pilot new technologies for overdose prevention at select OPS to better serve people who cannot or will not attend a site in person
  - Build upon the existing BC telemedicine infrastructure
  - Use online and smartphone video communication applications (e.g. Facetime)
  - Use link smartphone actigraphy (technology which measures movement during sleep) with OPS respond where feasible (e.g. in supportive housing)
- Develop a communication platform between OPS to facilitate exchange of best practices
- Conduct a robust evaluation of OPS to inform longer-term decision making
- Continue to support peer engagement at OPS
  - Ensure adequate funds are available to pay peers for their participation in a variety of roles, including program development/consultation, outreach and front-line work
  - Develop site-specific guidelines addressing how to support peers in front-line OPS roles
- Develop an outreach based OPS model that can be used in rural and remote areas
- Create welcoming social spaces for people to use drugs together both related to and distinct from OPS



## 5. Expand and improve addiction treatment

- Expand access to the first line treatment for opioid use disorder (buprenorphine/naloxone) across BC, while providing the option to attend specialized clinics (offering comprehensive services, including counseling and pharmacist support) to access additional treatment. Lower barriers to access by:
  - Using telehealth infrastructure to improve access in rural areas
  - Improving access to medical therapy during evenings and weekends
  - Expanding physician capacity for outreach and house calls
- Providing treatment free of charge
- Implement legislation and provincial policies that encourage parents to seek treatment for substance use disorders without fear of child apprehension
- Work with Indigenous service providers and communities to ensure provision of culturally safe, relevant and effective addiction treatment services
  - Promote increased access to training and recruitment of Indigenous physicians
  - Promote access to culture as treatment practices and indigenous healing services
- Increase supports to families, including counselling, education and resources
- Increase supports while accessing and transitioning from treatment while using family centered approaches
- Increase access to treatment options for youth including integrated service hubs, outreach, and Indigenous healing and cultural connection services
- Review evidence for approaches used in residential addiction treatment/recovery homes; implement minimum standards under which they must operate and ensure oversight and accountability
- Increase the number of physicians with addiction medicine training through fellowships and Continuing Medical Education (CME)
  - Develop incentives to encourage physicians, particularly family doctors/walk-in clinic doctors, to attend CME addictions training
- Encourage uptake of existing training materials for practicing physicians and develop new guidelines and resources to fill identified gaps (e.g. people who use substances recreationally, people who use stimulants, treatment of concurrent disorders)
- Develop a post-overdose follow-up and care program
- Pilot an intervention in which social workers attend overdose calls along with first responders

**“Being able to heal together is really important.”**

*~ meeting attendee*

## Successful models:



[Sheway](#)<sup>9</sup> and [Fir Square](#)<sup>10</sup> provide culturally safe, non-judgmental support to mothers with substance use disorders

## Promising practice:



Pivot’s Good Samaritan Drug Overdose Act [Rights Card and Fact Sheet](#)<sup>11</sup>



[supportdontpunish.org](http://supportdontpunish.org)



## 6. Align law enforcement efforts with public health

- Include representatives from multiple levels of law enforcement in public health planning and policy development to ensure consistency of action and alignment with a public health approach to the crisis
- Build connections between law enforcement agencies engaging well with public health actions (e.g. Vancouver Police Department) with those seeking guidance
- Expand training for those in the criminal justice system that addresses trauma informed care, harm reduction, substance use disorders, mental illness, cultural competency and stigma
  - Include peers in development of this training
  - Deliver this training regularly as a mandatory standard
  - Build mandatory case plans for people with histories of addiction, including social services, mental health services, employment and housing
- Raise awareness of the *Good Samaritan Drug Overdose Act* through public campaigns in targeted areas
- Develop a provincial policy ending parole conditions that prevent visiting harm reduction sites (“red zones”) or carrying harm reduction supplies
- Deliver evidence based harm reduction supplies, including needle and syringe programs, inside correctional facilities
- Allow people leaving corrections to carry harm reduction supplies without repercussions from parole officers and law enforcement on release
- Improve treatment options and continuity for people exiting correctional facilities including pre-release planning, connection to local services and coordinated service delivery

**“There’s a difference between being a criminal and being criminalized.”**

~ Erica from Abbotsford

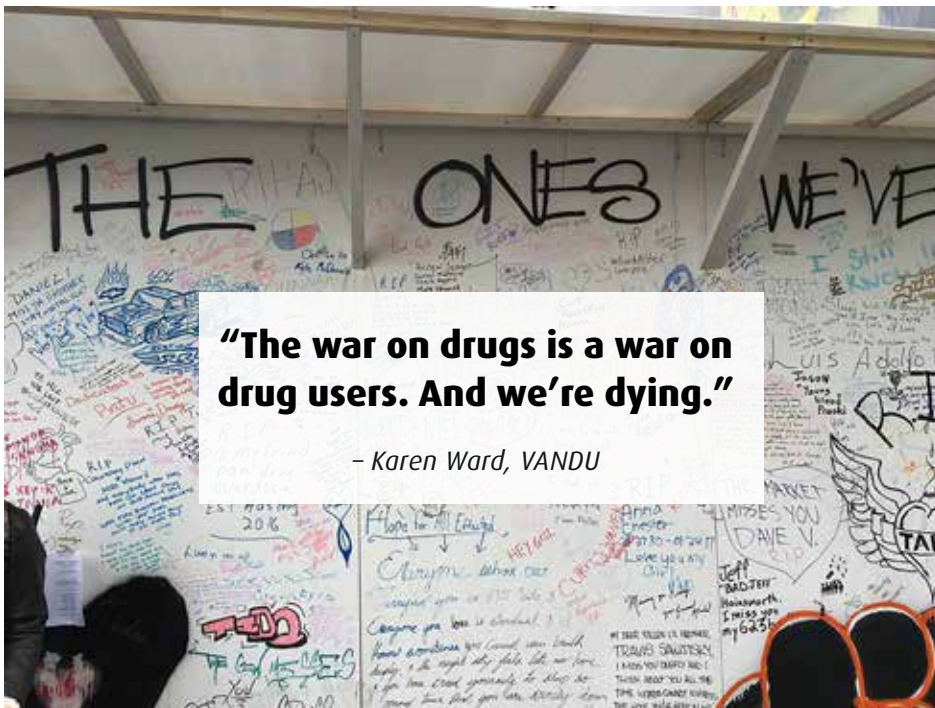


## 7. Reform drug laws

- Strike a provincial coalition to build British Columbia's vision of drug law reform
- Focus on an initial goal of decriminalization of illegal drugs for personal use, while acknowledging that full legalization and regulation is necessary to address contamination of the drug supply
  - Ask the regulated professions to release joint statements of support for drug law reform
  - Increase re-direction from sentencing to addiction treatment and social support services for minor drug offences
    - Stop court ordered addiction treatment
    - Provide less punitive and more flexible options
- Reform the *Controlled Drugs and Substances Act* to allow handling of illegal drugs for the purpose of drug testing without a Section 56 exemption

**“Accept that drug use is part of the solution.”**

– meeting attendee





## Successful model:

VCH's School Age Children and Youth Leadership and Resiliency ([SACY](#)) program for youth at risk of substance use to jurisdictions across BC<sup>12</sup>



**“Linkages to housing are equally important to maintain the work done by linkages to primary care.”**

*– meeting attendee*

## Promising practice:

[US Surgeon General's report](#) on Alcohol, Drugs and Health<sup>13</sup>

## Promising practice:

[Healthy Child Manitoba](#)<sup>15</sup>



## 8. Address structural barriers and upstream factors

- **Support services for youth and parents across BC**
  - Standardize the connection of public health nurses to parents across the province to provide education, support and counselling
  - Increase access to early screening and support for mental health in school age children
- **Increase access to education and programming that supports strengths-based approaches and community connectedness**
  - Increase access and engagement for low income children in community recreational activities
  - Develop and implement substance use education for children and youth in schools focused on resiliency and skill building rather than drug harms
- **Align all initiatives with the interests of Indigenous communities**
  - Advocate and work to implement recommendations of the [Truth and Reconciliation Commission](#)<sup>14</sup>
  - Develop and fund practical tools and programming to support wellness for individuals and families grounded in cultural approaches
- **Increase availability of accessible, confidential supports for people who need help regarding their drug use**
  - Develop resources for people who do not meet diagnostic criteria for mental illness to support mental health and well-being
- **Implement coordinated social policies across departments with focus on healthy child and family development**
- **Institute an affordable childcare plan for BC**
- **Implement BC Poverty Reduction Plan**
  - Introduce a minimum guaranteed income
  - Provide housing to those who need it
- **Create a cross-governmental advocacy position who can speak to inter-ministerial needs for advocacy for people who use drugs ([like the Representative for Children and Youth](#)<sup>16</sup>)**
- **Advocate with the federal government to declare a national public health emergency**



## 9. Counter stigma against people who use drugs

- Develop and implement a comprehensive provincial stigma reduction plan
  - Use lessons learned and resources from decreasing stigma around HIV, tobacco and alcohol, mental health and towards LGBTQ populations
- Launch educational programming and materials for media, government, healthcare workers, law enforcement workers, health care students and the public
  - Create non-stigmatizing language and cultural competency guides that build from existing documents
  - Work with peers to develop a mandatory online training course for front-line health care providers about cultural competency and the principles of harm reduction and trauma-informed care
  - Launch a public anti-stigma awareness campaign using storytelling and photo voice directed by people with lived experience
- Continue to fund and support initiatives facilitate collaborative dialogue and action between peers, service providers and local community organizations such as the Compassion, Inclusion and Engagement initiative<sup>5</sup>

## Successful model:



CATIE's [Resist Stigma program](#)

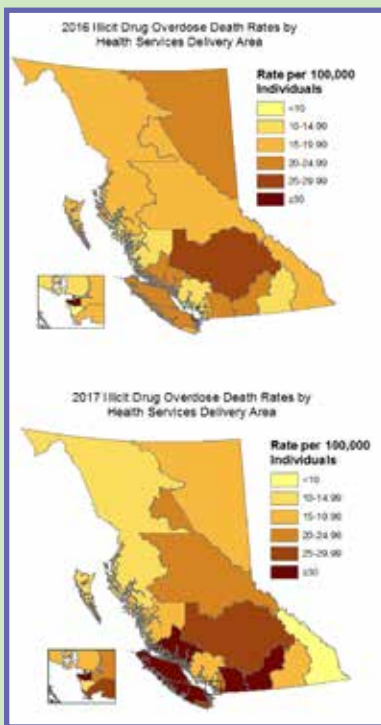


**“Stigma and discrimination is ripping apart families.”**

*~ meeting attendee*



**2017 Illicit Drug Overdose Death Rates by Health Service Delivery Area<sup>19</sup>**



**10. Implement targeted research, surveillance and evaluation initiatives**

- **Create targeted research initiatives**
  - Focus on people using alone in private residences
  - Explore alternative way of distributing income assistance payments to avoid peaks in overdoses
  - Conduct a feasibility study of how public health leadership might facilitate access to opium on a model similar to medical marijuana
  - Use data from the BC Opioid Overdose Cohort to:
    - Understand the extent to which prescription opioids and recent policy changes have fueled and supported the current overdose crisis
    - Investigate differences in risk factors for overdose, including opioid prescribing, among those with First Nations vs non-First Nations identity
    - Institute a qualitative research program to contextualize results, investigate areas of uncertainty and identify new analytic questions
- **Implement evaluation plans, including clear timelines and knowledge translation of results, for all new overdose response and prevention initiatives**
  - Evaluate unintended consequences of the College of Physicians and Surgeons British Columbia (CPSBC) prescription opioid guidelines and prescription drug monitoring programs
- **Develop surveillance methods**
  - Build a centralized database of patients in residential addiction treatment to quantify treatment pathways and outcomes
  - Collect data on possible targeted (deliberate) overdoses towards individuals
  - Improve surveillance of the composition of illegal drugs
- **Implement structure for comprehensive data collection on full spectrum of provincially recommended child and youth indicators (see [Child and Youth Health and Well-Being Indicators Project<sup>18</sup>](#))**



## RESOURCES

- <sup>1</sup> "British Columbia Overdose Action Exchange Meeting Report". *BC Centre for Disease Control*. Accessed August 1, 2017. <http://www.bccdc.ca/resource-gallery/Documents/BCOAE-Meeting-Report.pdf>
- <sup>2</sup> "British Columbia Overdose Action Exchange Supplementary Material: Primers." *BC Centre for Disease Control*. Accessed August 1, 2017. <http://www.bccdc.ca/resource-gallery/Documents/BCOAE-supplementary-materials.pdf>
- <sup>3</sup> Module Development Team. "Peerology: A guide by and for people who use drugs on how to get involved". *Canadian AIDS Society*. 2015. Accessed August 1, 2017. <http://www.cdn aids.ca/Peerology>
- <sup>4</sup> Greer, A.M., Amlani, A.A., Buxton, J.A. & the PEEP team. "Peer Engagement Best Practices: A Guide for Health Authorities and other providers". *BC Centre for Disease Control*. April 1, 2017. Accessed August 1, 2017. <http://www.bccdc.ca/resource-gallery/Documents/PEEP%20Best%20Practice%20Guidelines.pdf>
- <sup>5</sup> "Compassion, Inclusion and Engagement Semi-annual Report." *BC Centre for Disease Control and First Nations Health Authority*. Accessed August 1, 2017. <http://www.bccdc.ca/resource-gallery/Documents/CIE%20Semi-annual%20Report%20Jan%202017.pdf>
- <sup>6</sup> "Peer Engagement & Evaluation." *BC Centre for Disease Control*. Accessed August 1, 2017. <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/peer-engagement-evaluation>
- <sup>7</sup> "GetCheckedOnline." *BC Centre for Disease Control*. Accessed August 1, 2017. <https://getcheckedonline.com/Pages/default.aspx>
- <sup>8</sup> "Managed Alcohol Programs (MAPs)." *Centre for Addictions Research of BC*. Accessed August 1, 2017. <http://www.uvic.ca/research/centres/carbc/projects/map/index.php>
- <sup>9</sup> "Sheway: A Community Program for Women and Children." *Sheway*. Accessed August 1, 2017. <http://sheway.vcn.bc.ca/>
- <sup>10</sup> "Pregnancy, Drugs & Alcohol." *BC Women's Hospital and Health Centre*. Accessed August 1, 2017. <http://www.bcwomens.ca/our-services/pregnancy-prenatal-care/pregnancy-drugs-alcohol>
- <sup>11</sup> "Good Samaritan Overdose Act." *Pivot*. Accessed August 1, 2017. [http://www.pivotlegal.org/good\\_samaritan\\_drug\\_overdose\\_act](http://www.pivotlegal.org/good_samaritan_drug_overdose_act)
- <sup>12</sup> "SACY." *Vancouver School Board*. Accessed August 1, 2017. <http://www.vsb.bc.ca/sacy>
- <sup>13</sup> "The Surgeon General's Report on Alcohol, Drugs, and Health." *U.S. Department of Health & Human Services*. Accessed August 1, 2017. <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>
- <sup>14</sup> "Truth and Reconciliation Commission of Canada: Calls to Action." *Truth and Reconciliation Commission of Canada*. Accessed August 1, 2017. [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
- <sup>15</sup> "Healthy Child Manitoba." *Government of Manitoba*. Accessed August 1, 2017. <https://www.gov.mb.ca/healthychild/>
- <sup>16</sup> "Representative for Children and Youth." Accessed August 1, 2017. <https://www.rcybc.ca/about-us>
- <sup>17</sup> "Resist Stigma: A program to help young GBQ2ST men." *CATIE*. Accessed August 1, 2017. <http://www.catie.ca/en/webinars/resist-stigma>
- <sup>18</sup> "Child and Youth Health and Well-Being Indicators Project: CIHI and B.C. PHO Joint Summary Report." *Office of the Provincial Health Officer*. Accessed August 1, 2017. <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/child-health-2013.pdf>
- <sup>19</sup> "Illicit Drug Overdose Deaths in BC January 1, 2007 – June 30, 2017." *British Columbia Coroners Service*. Accessed August 4, 2017. <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>



## Appendix 1

### Organizations that participated in the 2017 Overdose Action Exchange

- |    |  |    |  |
|----|--|----|--|
| 1  | Abbotsford Police Department                       | 28 | Karmik   |
| 2  | AIDS Vancouver Island                              | 29 | Lookout Society  |
| 3  | Alouette Addictions Services                       | 30 | Metro Vancouver Aboriginal Executive Council                           |
| 4  | Association of Registered Nurses of BC             | 31 | Moms Stop the Harm   |
| 5  | BC Centre for Disease Control                      | 32 | Northern Health Authority  |
| 6  | BC Centre for Substance Use                        | 33 | Office of the Chief Medical Officer of Health Alberta                  |
| 7  | BC Coroners Service                                | 34 | Office of the Provincial Health Officer – Province of British Columbia |
| 8  | BC Ministry of Health                              | 35 | Pacific AIDS Network   |
| 9  | BC Mental Health & Substance Use Services          | 36 | PHS Community Services Society   |
| 10 | Canadian Association of People Who Use Drugs       | 37 | PHSA – Lower Mainland Laboratories                                     |
| 11 | Canadian Centre on Substance Use and Addiction     | 38 | Pivot Legal Society  |
| 12 | Canadian Drug Policy Coalition                     | 39 | Positive Living Fraser Valley  |
| 13 | Centre for Addictions Research of BC               | 40 | Providence Health  |
| 14 | Centre for Health Evaluation and Outcomes Sciences | 41 | Public Health Agency of Canada   |
| 15 | City of Surrey                                     | 42 | Public Health Ontario  |
| 16 | City of Vancouver                                  | 43 | Royal Canadian Mounted Police  |
| 17 | College of Pharmacists of BC                       | 44 | SOLID – Society of Living Illicit Drug Users                           |
| 18 | College of Physicians and Surgeons of BC           | 45 | Toronto Public Health  |
| 19 | Crosstown Clinic                                   | 46 | University of Alberta  |
| 20 | First Nations Health Authority                     | 47 | University of British Columbia   |
| 21 | Fraser Health Authority                            | 48 | University of Victoria   |
| 22 | From Grief to Action                               | 49 | Vancouver Coastal Health   |
| 23 | Government of BC, Policing & Security              | 50 | Vancouver Police Department  |
| 24 | GRASP - Grief Recovery After Substance Passing     | 51 | VANDU – Vancouver Area Network of Drug Users                           |
| 25 | Health Canada                                      | 52 | Victoria Cool Aid Society  |
| 26 | Interior Health Authority                          | 53 | Victoria Police Department   |
| 27 | Island Health                                      | 54 | WorkSafeBC   |

## Appendix 2

### Small group discussion questions

These questions were generated through collaborative input with key stakeholders, including people with lived experience, prior to the meeting.

- 1 In an environment where the street drug supply is “contaminated”, how can we provide people with safer options?
- 2 How might recent guidelines designed to cut back on opioid prescribing practices be impacting the overdose crisis?
- 3 What lessons can be learned from the low-barrier overdose prevention sites established during the public health emergency to improve the impact and effectiveness of supervised injection services in BC?
- 4 How do we build a better addiction treatment system for BC and what are the priority areas that could improve the system?
- 5 What should be the goals of law enforcement in supply reduction or disruption, drug possession, drug dealing, drug courts and the prison system as it relates to the overdose crisis?
- 6 Much of our response to the overdose crisis is shaped by drug policies that are based on prohibition and supply-side control. What might be learned from the Portuguese model of decriminalization and health system improvements?
- 7 The vulnerability to drug overdose is influenced by both upstream factors and structural barriers. How can we address some of the upstream factors and structural barriers that impede our response to the overdose crisis in both the short and long term?
- 8 Stigma and discrimination is a major barrier in responding to the health and social consequences of addiction. What are some specific approaches that can reduce stigma and create a cultural shift toward understanding the complexities of drug use, addiction and associated harms?



For more information, contact:  
BC Centre for Disease Control Harm Reduction Program  
655 West 12 Avenue Vancouver, B.C. V5Z 4R4

[overdose@bccdc.ca](mailto:overdose@bccdc.ca)

[www.bccdc.ca/health-professionals/clinical-resources/harm-reduction](http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction)

