



Ministry of
Mental Health
and Addictions

BC's Cross-Government Response to the Toxic Drug Crisis

*Presentation to Select Standing Committee
on Health*

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Territorial Acknowledgement

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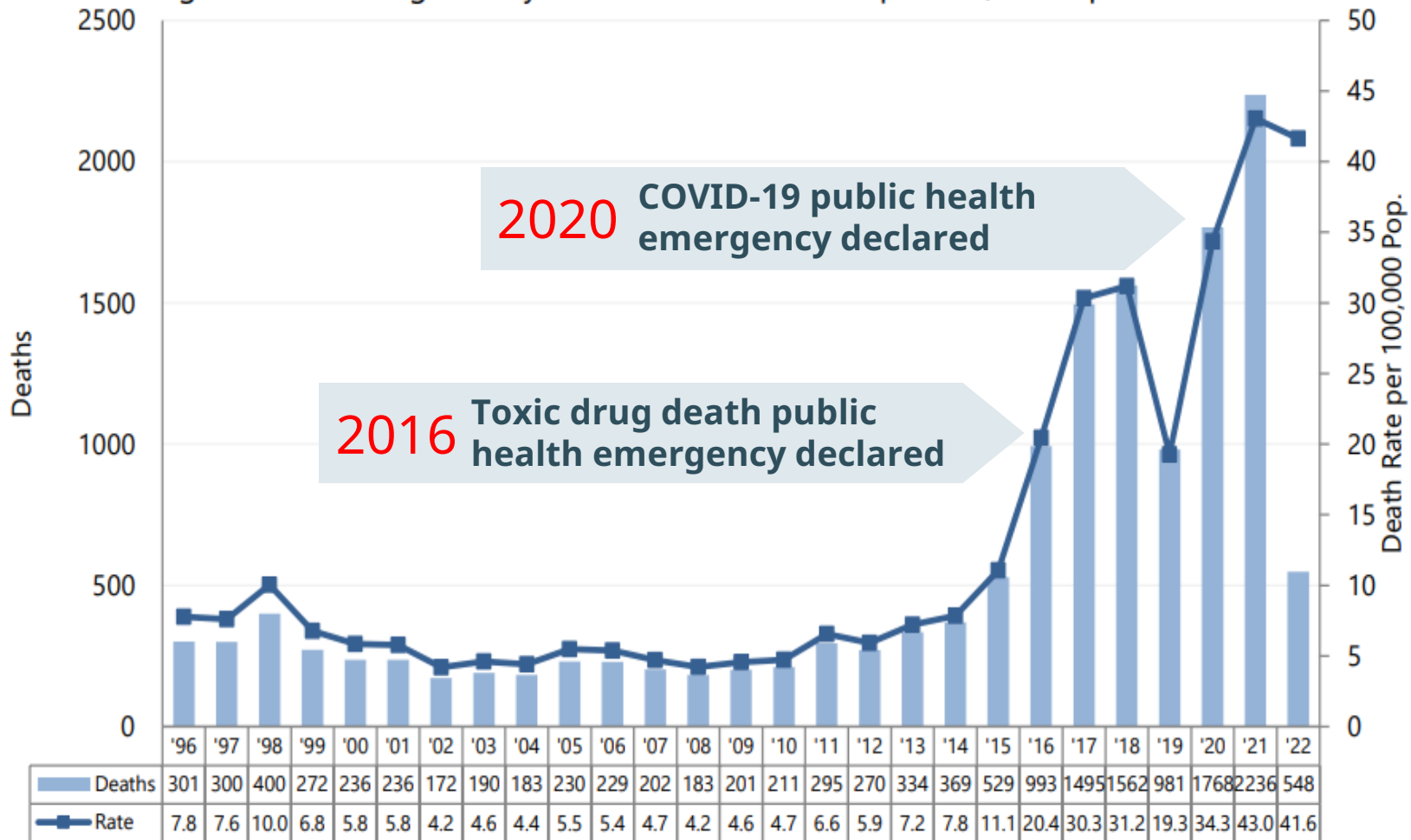
Current State of the Toxic Drug Crisis in BC

The toxic drug crisis is affecting communities across the province, and disproportionately impacting some population groups.

Dual Public Health Emergencies

Deaths due to illicit drug toxicity are higher than ever

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]



Six years after the PHO declared a toxic drug death public health emergency, people in BC continue to die from toxic illicit drugs, with **more than 9,300 lives lost since the declaration of the emergency.**

The COVID-19 public health emergency has driven an increase in illicit drug poisoning deaths, **with an average of 5.3 people dying each day in BC in March 2022.**

Source: BC Coroners Service, Illicit Drug Toxicity Deaths in BC, Jan 2012 to March 31, 2022

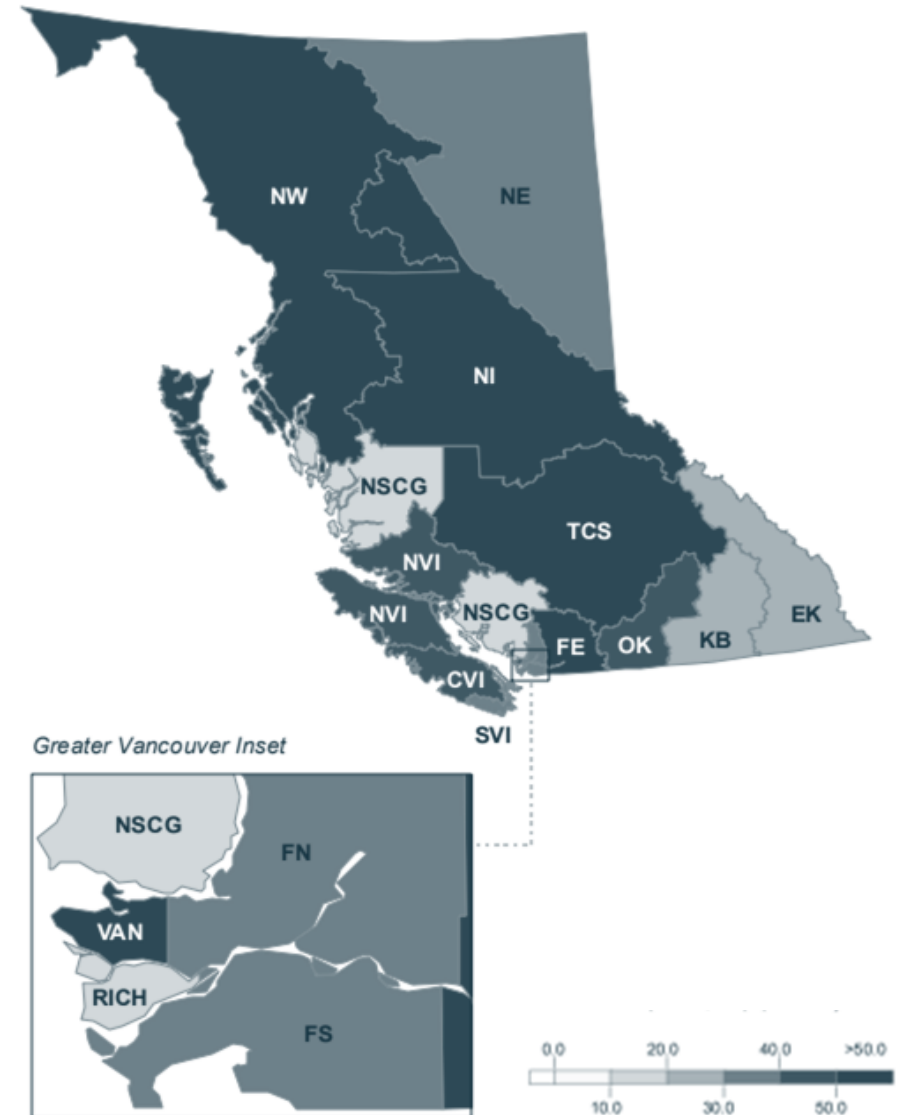
A Province-Wide Crisis

Drug toxicity death is not just an urban issue

Top 5 Highest Health Service Delivery Area Death Rates in 2022

1. Vancouver (75 deaths per 100,000 people)
2. Thompson Cariboo (73.7 per 100,000)
3. Fraser East (64.3 per 100,000)
4. Northern Interior (56.8 per 100,000)
5. Northwest (56.4 per 100,000)

The crisis is affecting communities across the province, including both rural and urban areas.



April 2021 to March 2022, inclusive

Source: BC Centre for Disease Control and BC Coroners Service

Populations Impacted

Some populations in BC are significantly more impacted than others

5.4x

First Nations

First Nations people are disproportionately impacted, and in 2021, died at 5.4 times the rate of other BC residents. Source: FNHA – 2021 Infographic

9.8x

First Nations Women

In 2021, First Nations women died at 9.8 times the rate of other female BC residents. Source: FNHA – 2021 Infographic

77%

Male

Males continue to be overrepresented among toxic drug decedents. To date in 2022, 77% of people who died were male. Source: BCCS

74%

Aged 30 to 59

Average age of decedents is 42. Deaths due to illicit drug toxicity the leading cause of death among 19 to 39-year-olds. Source: BCCS

35%

Employed

35% of those who died were employed at the time of their death. Source: BCCS

52%

Worked in trades

Of those who were employed, 52% worked in trades, transport, or as equipment operators. Source: BCCS

Social Factors

Life circumstances also impact drug toxicity death risk

33 x

Extreme poverty

People receiving social assistance died of illicit drug toxicity at 33 times the rate of other BC residents. Source: SDPR/BCCDC – Provincial Overdose Cohort

44%

Social assistance recipient

44% of decedents between 2017 and 2021 received social assistance payment within a month of their death. Source: BCCS – 2022 DRP

7 x

Recent release from prison

People recently released from prison died at 7 times the rate of other BC residents. Source: SDPR/BCCDC Provincial Overdose Cohort

52%

Used alone

Over half of all people who died between 2017 and 2021 were alone at their time of death. Source: BCCS - 2022 DRP

62%

Mental health challenges

Almost two thirds of decedents between 2017 and 2021 were experiencing mental health challenges. Source: BCCS – 2022 DRP

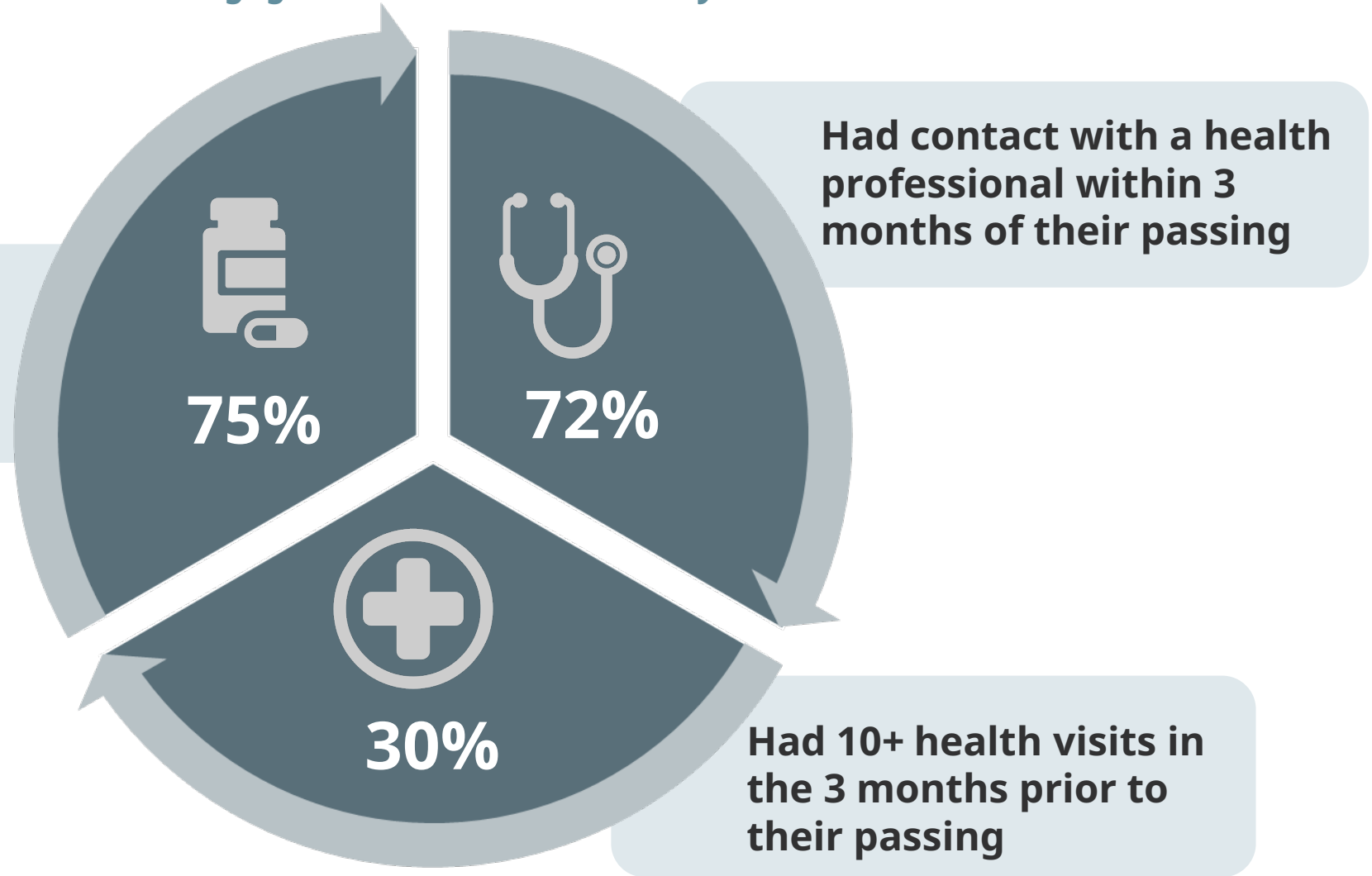
75%

Polysubstance use

Over three quarters of decedents were determined to have more than one illicit substance detected at time of death. Source: BCCS – 2022 DRP

Contact with Health Care System

Most of those dying of drug toxicity have been engaged with the health care system



Did not seek treatment for substance use disorder prior to their passing

Had contact with a health professional within 3 months of their passing

Health care interactions are opportunities to engage people in an integrated system of supports.

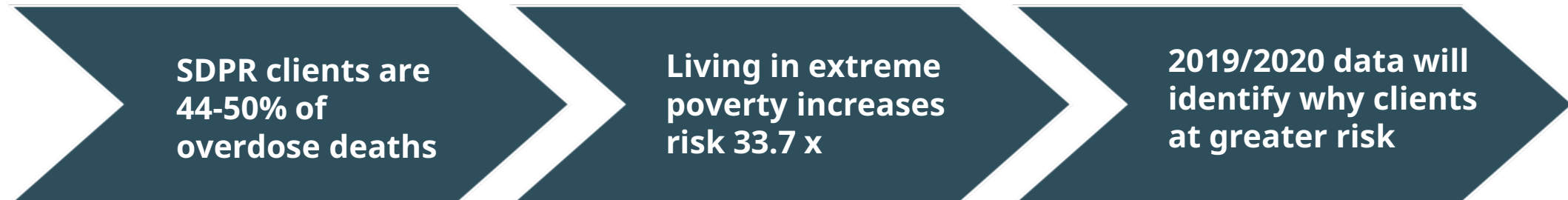
Had 10+ health visits in the 3 months prior to their passing

SDPR Research on Illicit Drug Toxicity

Understanding how cheque timing impacts drug toxicity events

- SDPR is supporting research by UBC academics to **study if changing the timing of how the ministry pays social assistance can reduce illicit drug poisoning.**
- Initial research shows that while this **does reduce the incidence of drug poisoning**, it results in significantly **higher exposure to violence and interactions with the police.**
- SDPR is currently **conducting research using the *Provincial Drug Overdose Cohort* at the BCCDC** to understand why ministry clients are at much higher risk and to identify interventions.

- **Findings from the analysis of 2015 to 2018 data:**



- Will also be able to **see the impact of COVID** and the ministry's increase in supports.
- This will provide us with the opportunity to **identify those at greater risk and develop interventions.**

Toxic Drug Crisis: Primary Drivers



Toxicity of Drug Supply

Increasing extreme concentrations of fentanyl and carfentanyl

Fentanyl and other drugs, including benzodiazepines and stimulants



COVID-19

Drug toxicity increased

Physical distancing impacted access to supports and safer practices

Economic vulnerability increased for many, exacerbating stress



Mode and Type of Consumption

Inhalation most common mode of consumption

Multi-substance use, including stimulants which is difficult to effectively manage and treat



Drug Policy

Criminalization a barrier to accessing harm reduction, and treatment services and supports, and for employment



Racism

The legacy of colonialism and racism creates barriers to accessing culturally appropriate health care



Stigma

Leads to social withdrawal, using alone, avoiding disclosure.

Some municipalities attempt to use bylaws to restrict access to harm reduction services.

Summary

Current State of the Toxic Drug Crisis in BC

- Illicit drug toxicity deaths have increased considerably since the 2016 declaration of the public health emergency
- The crisis is affecting communities across BC and is not just an 'urban' issue
- This is impacting British Columbians from all walks of life, with some populations at increased risk
- Many of those who have died have been connected to health care services, presenting an opportunity to engage people in care
- Increasing drug toxicity is the primary driver of the crisis
- The drug toxicity crisis has worsened during the COVID-19 pandemic, in a context of dual public health emergencies
- Stigma, racism and criminalization remain challenges to preventing illicit drug toxicity events and deaths



A Cross-Government Response to the Toxic Drug Crisis

A comprehensive, cross government response including prevention, harm reduction, treatment, and broader supports

A Pathway to Hope

Building a comprehensive system of care

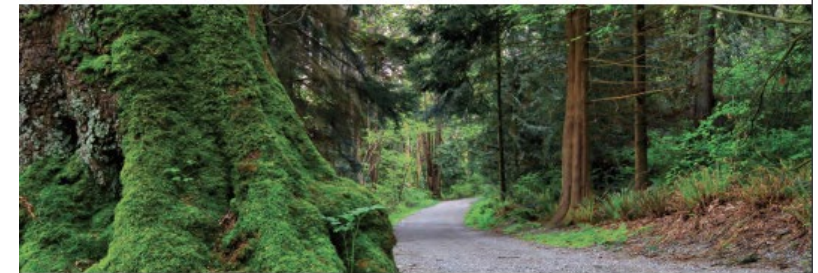
Through *A Pathway to Hope*, and key investments, we are continuing to implement priority actions across four pillars:

1. **Improving Wellness for Children, Youth and Young Adults**
2. **Supporting Indigenous-Led Solutions**
3. **Substance Use: Better Care, Saving Lives**
4. **Improved Access, Better Quality**

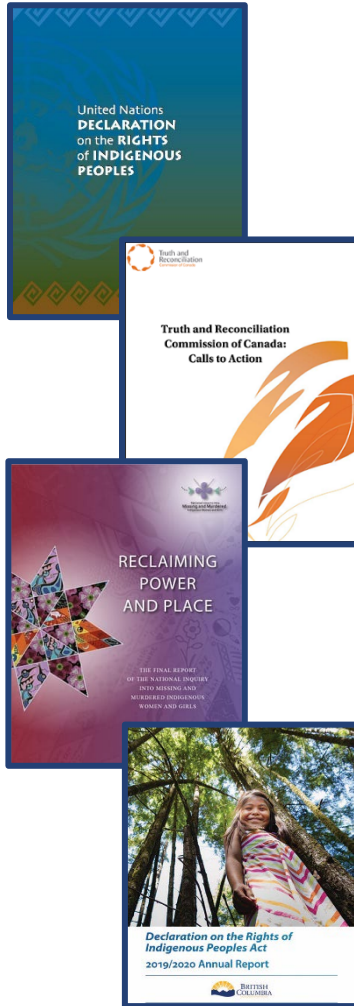
Government is taking action to give British Columbians a seamless system of mental health and substance use care where people get the help they need when and where they need it.

A Pathway to Hope:

A roadmap for making mental health and addictions care better for people in British Columbia



Partnerships with Indigenous Peoples in BC



The approach to partnership with Indigenous peoples in BC is underpinned by a commitment to:

Support Indigenous self-determination

Strengthen the cultural safety and humility of the mental health and substance use system

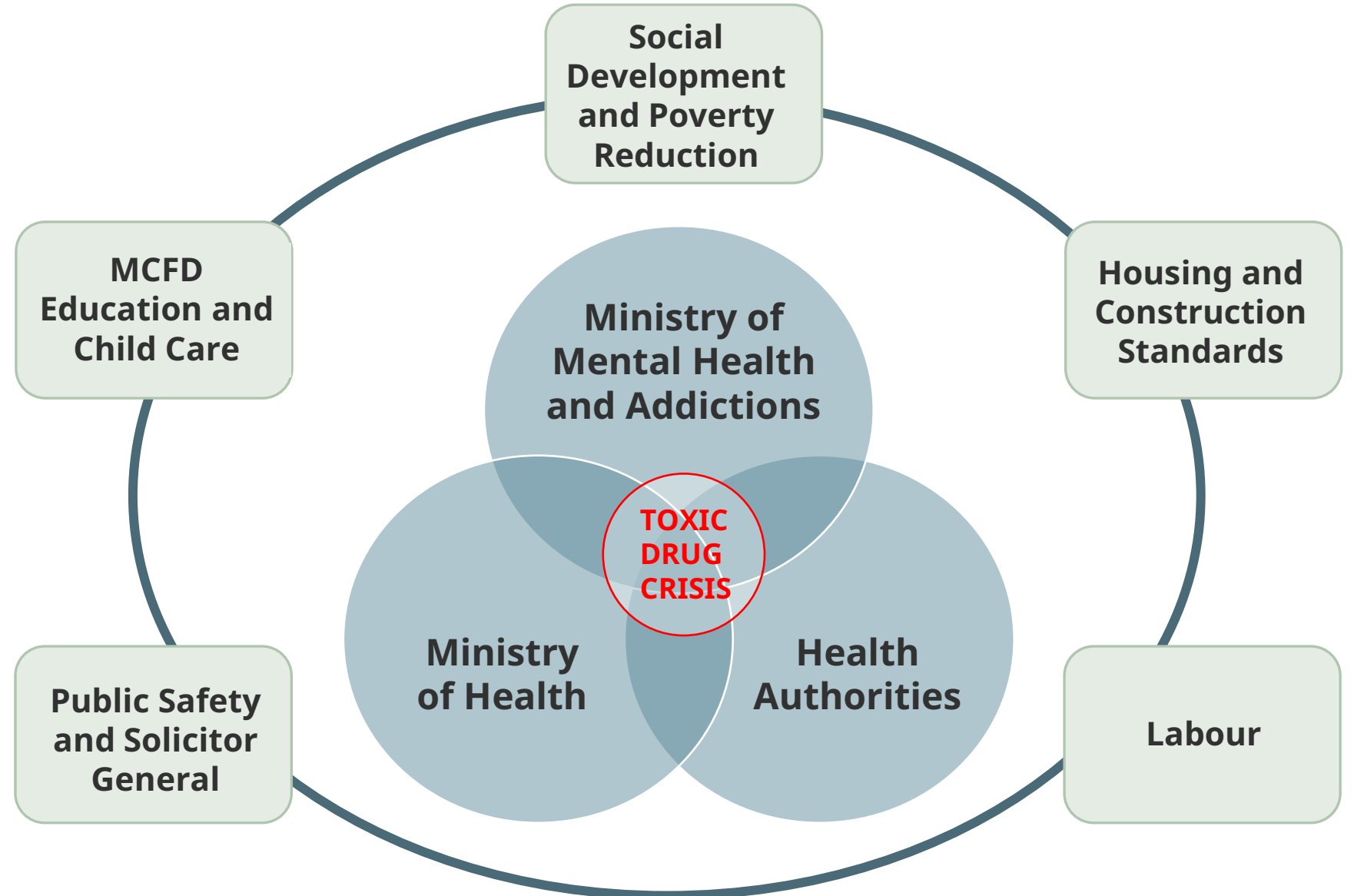
Advance a distinctions-based approach that best serves the diversity of Indigenous peoples in BC

\$24 million over three years to FNHA for Indigenous-led responses to the toxic drug crisis

Collaborative Cross-Government Response

The MMHA, together with health authorities, are leading the response to the toxic drug crisis

Cross-government partners are also engaged in and supporting a coordinated, collaborative response



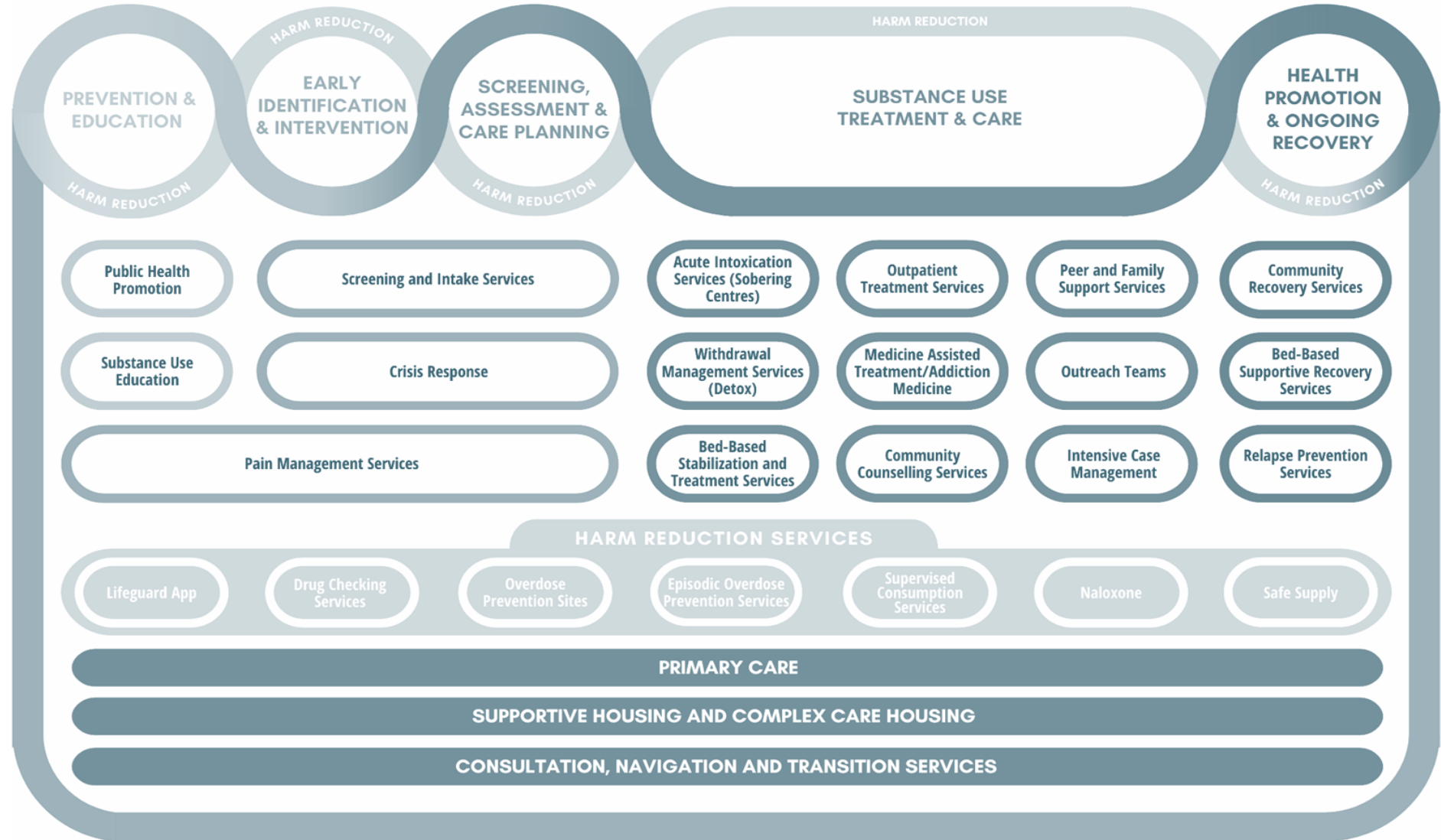
Building a Substance Use System of Care

MMHA is working to build a comprehensive system of care

Movement through the system of care is not linear.

Harm reduction is woven throughout the system of care.

Work to build this system is actively underway, supported by investment.



Timeline Since 2016 Emergency Declared

Major initiatives and investments to respond to the toxic drug crisis

<p>Ministry of Mental Health and Addictions established</p> <p>Creation of Community Crisis Innovation Fund</p>	<p>Comprehensive package of interventions implemented</p> <p>18 Community Action Teams formed</p>	<p><i>A Pathway to Hope</i> lays out 10-year vision system of care</p> <p>Increase to 35 Community Action Teams</p>	<p><i>Risk Mitigation Guidance</i> released</p> <p>PHO order enabling nurse prescribing</p> <p>Lifeguard app launched</p>	<p><i>Prescribed Safer Supply</i> policy launched</p> <p>Decriminalization exemption to federal government</p>	<p><i>Substance Use Framework</i>, fall 2022 - pending</p> <p>40 OPS throughout BC</p>
<p>2017</p>	<p>2018</p>	<p>2019</p>	<p>2020</p>	<p>2021</p>	<p>2022</p>
<p>\$322M over 3 years in Budget Update 2017 for overdose prevention, treatment, public awareness</p>	<p>\$33.98M over 5 years from the federal Emergency Treatment Fund</p>	<p>\$10.1M per year in Budget 2019 for overdose prevention</p>	<p>COVID</p> <p>\$10.5M in 2020 re: COVID-19 for accelerated OD, teams including nurses</p>	<p>\$500M in Budget 2021 over 3 years for mental health and substance use</p> <p>\$22.6M to support prescribed safe supply</p>	<p>\$430M in Budget 2022 including \$144.5M for treatment and recovery services</p>

Escalation of Response

Interventions Across the Continuum

In order to effectively build a system of care, our initiatives span the continuum

PREVENTION	HARM REDUCTION	TREATMENT & RECOVERY	SYSTEMS OF SUPPORT	OVERDOSE RESPONSE STRATEGIC PRIORITIES
School Based Prevention for Youth Nurse Family Partnership	Take Home Naloxone Lifeguard app Overdose prevention and supervised consumption sites Acute Overdose Prevention Drug checking Prescribed safe supply	Opioid Agonist Treatment Bed based treatment Rapid Access Addictions Clinics	Children, youth & young adults Complex care housing Integrated teams (ACT, SUITS)	Inhalation OPS Decriminalization Prescribed safe supply OAT optimization Nurse prescribing

Provincial Peer Network and peer engagement

Community-based initiatives and engagement

Stigma Reduction Campaign

SUPPORTIVE ENVIRONMENT

Prevention: School Based Prevention for Youth

In order to prevent substance use from occurring, we are working upstream in BC's schools



Evidence-based prevention

ABCs of Substance Use – a comprehensive school health approach to prevent substance use harms; new and expanded youth substance use screening and prevention programs

Intended outcomes:

- Increased awareness
- Evidence-based approaches
- Youth engaged in issues
- Innovative approaches



Mental Health in Schools

Substance use prevention embedded in K-10 PHE curriculum, expanded resources through *erase* website

Intended outcomes:

- Prevention and awareness
- Educate students, families and educators

**\$15M
invested
over 3
years**

Ministry of Education and Child Care

Supporting prevention and harm reduction efforts

Supporting awareness and prevention efforts related to opioid overdoses and substance use in the mandatory PHE curriculum from K-10

Expanded *erase* website provides information and resources on substance use, including overdose, harm reduction, cannabis, alcohol, vaping, and e-cigarettes

\$186.3M on mental health and substance use supports (2021/22)

Harm Reduction: Naloxone and Lifeguard App

For those who use drugs, we have a range of programs 'to meet them where they are at'



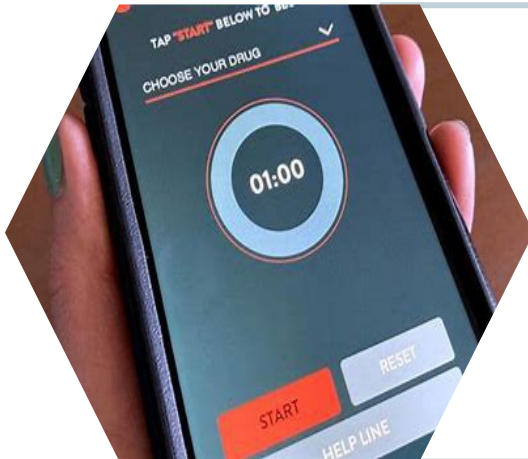
Naloxone

Ensuring optimal supplies, training and community-level infrastructure for sustained access, including coverage, supplies, trainers and increasing capacity.

Since the program started:

- 132,494 kits used
- Kits at 1,992 locations
- 788 community pharmacies

**1.39 M
kits
shipped
since 2015**



Lifeguard app

Expanding access to the app, which automatically connects someone to emergency responders if they become unresponsive while using drugs.

Since the program started:

- App used 102,538 times
- No drug poisoning deaths

**8,989
unique
app
users**

Harm Reduction: OPS/SCS and Acute Overdose Management

For those who use drugs, we have a range of programs 'to meet them where they are at'



Overdose Prevention and Supervised Consumption Sites

Monitoring for people at risk of overdose to rapidly respond; provide range of other services and supports.

Since January 2017:

- 13 OPS/SCS offer inhalation
- Over 3M visits
- 21,350 overdose responses
- Zero deaths

**40
publicly
available
sites**



Acute Overdose Risk Case Management

Surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.

Since the program started:

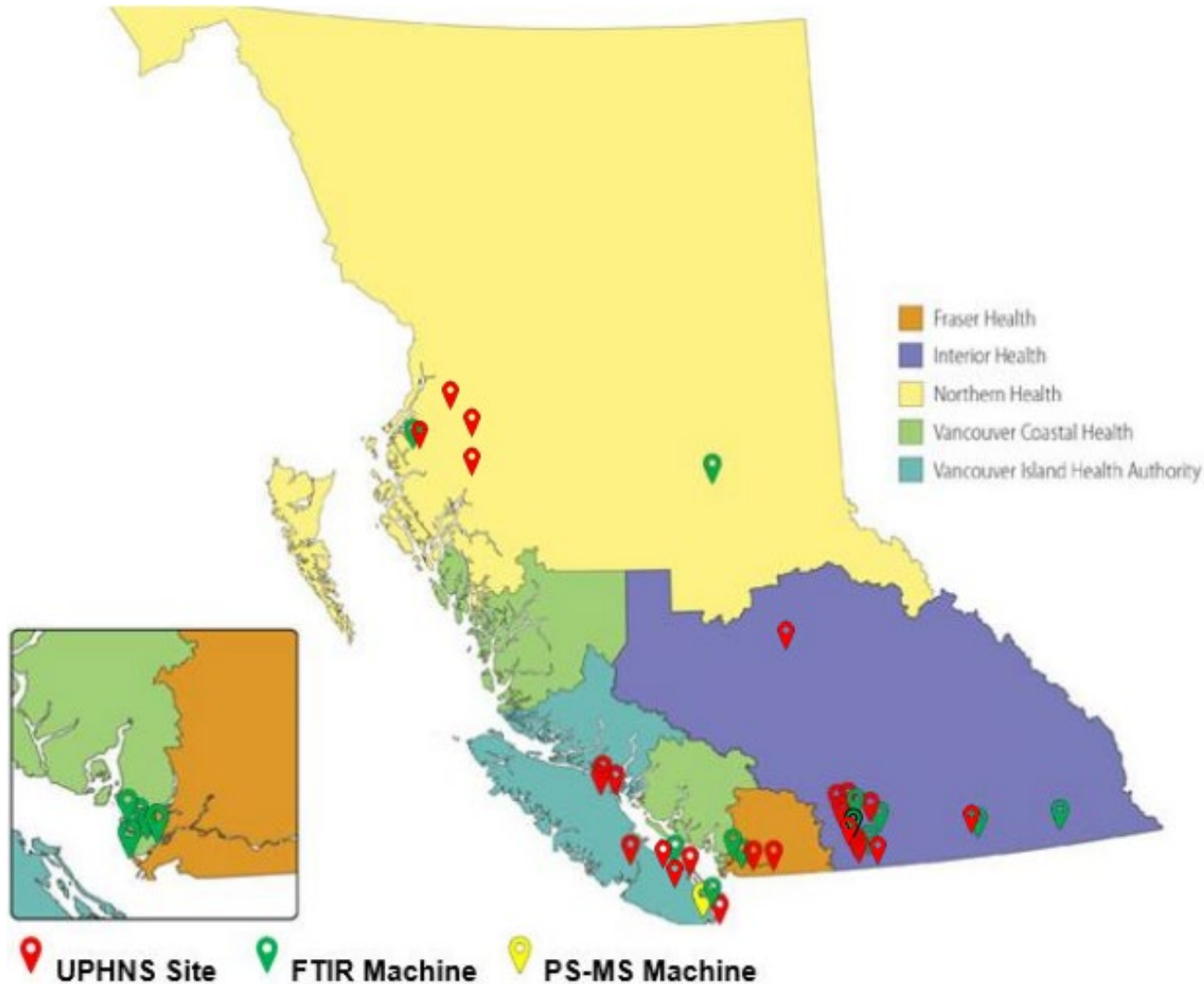
- Referral pathways have been implemented in all health authority regions
- Referrals increased by 42% from 2018/19 to 2019/20

**Referral
pathways
expanded
across BC**

*End of 2020

Over 6,100 deaths are estimated to have been avoided due to Take Home Naloxone, OPS/SCS, and OAT.*

Harm Reduction: Drug Checking



About drug checking:

Provides information about drug contents and allows clients to make informed decisions.

Point of contact and referral for the health care system and harm reduction services.

Supports illicit drug market surveillance and identification of trends.

Commonly used technologies include immunoassay test strips (fentanyl and benzodiazepine), Fourier-Transform Infrared Spectrometers (FTIR) and mass spectrometry technologies.

There are two types of drug checking services: point of care and distributed using the UPHNS sites.

Treatment and Recovery: Opioid Agonist Treatment

Supporting people who have Opioid Use Disorder with Medication Assisted Treatment

- An estimated 101,451 people in BC live with Opioid Use Disorder.
- It is a clinical diagnosis; medical treatment is often required.
- Retention on opioid agonist treatment (OAT) has steadily increased since 2016.
- We are expanding access to OAT through expanded medications, locations and training additional providers
- Injectable OAT implemented in 2019 and is now available to patients in 13 clinics across the province.

How does OAT connect to bed-based treatment?

Patients on OAT are not required to come off their medications in order to access bed-based treatment, based on standards of care set by MoH.

**In March 2022,
24,992 people were
dispensed OAT through
1,745 prescribers**

Treatment and Recovery: Strengthening Quality

Supporting people who have Opioid Use Disorder to stabilize with bed-based treatment

Two key priorities reflected within MMHA's mandate commitments:

- 1 strengthening service quality across the treatment and recovery sector
- 2 increasing access to services

1 Actions for Strengthening Service Quality

- Amended legislation to increase oversight powers to Assisted Living Registry and establish new health and safety requirements (2019)
- Funded community partners to enhance capacity of those working in registered supportive recovery residences (2020)
- New service quality standards for registered supportive recovery services which build on the minimum requirements established (2021)
- Work is underway to modernize bed-based treatment and recovery services in two phases

**SDPR per diems
increased for
service operators
for first time in 10
years (2019)**

Treatment and Recovery: Enhancing Access

Supporting people who have Opioid Use Disorder to stabilize with bed-based treatment

Two key priorities reflected within MMHA's mandate commitments:

- 1 strengthening service quality across the treatment and recovery sector
- 2 increasing access to services

2 Actions for Improving Access

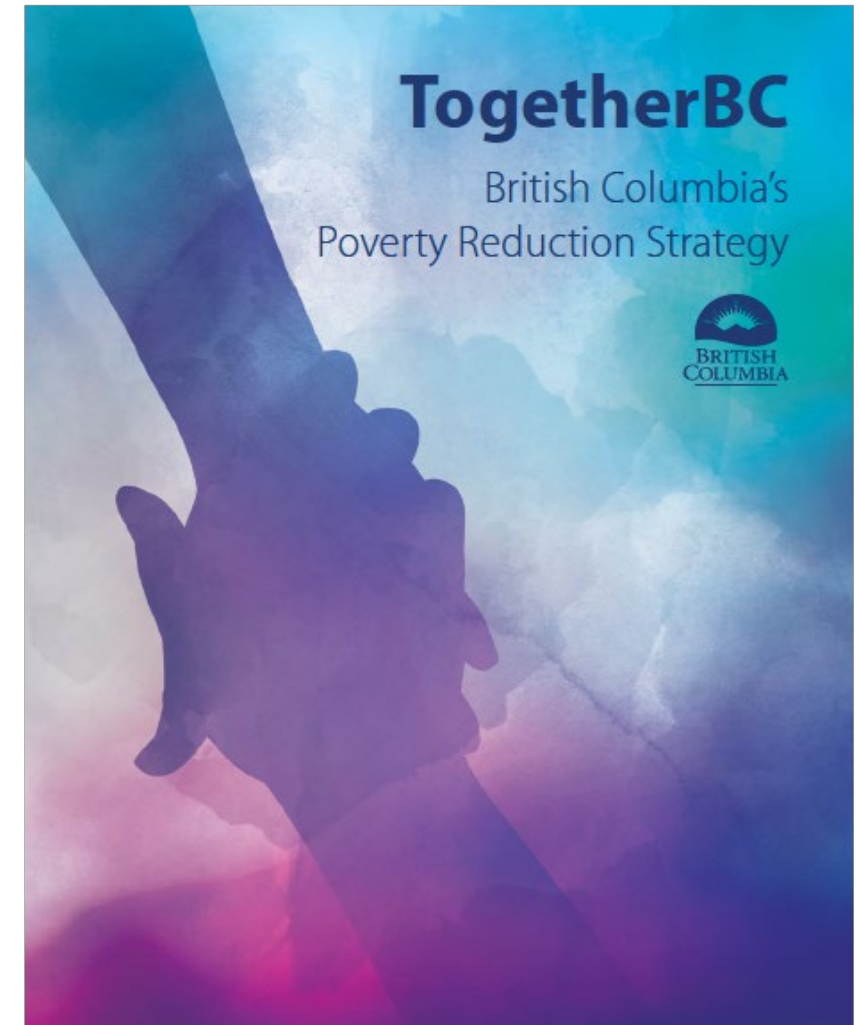
- Indigenous peoples: Expansion of land-based and culturally safe treatment services, rebuild and replacement of 8 First Nation-run centres
- Youth: Traverse youth treatment centre opened in Chilliwack and doubling the number of youth SU beds province-wide
- Adults:
 - 195 new adult substance use beds in Budget 2021
 - New 105-bed Red Fish Healing Centre for Mental Health and Addiction
 - Expansion and enhancement of health authority delivered treatment and recovery services

**280 new adult
and youth
treatment
beds opened
since 2017**

Systems of Support - Ministry of Social Development and Poverty Reduction

Supporting people at increased risk

- Income and disability assistance clients are at increased risk of illicit drug poisonings, **especially during the week assistance cheques are distributed.**
- SDPR has processes to help clients who may be at greater risk of toxic drug poisoning, including direct deposit, paying landlords directly, and administering cheques to avoid large sums of money being provided at once.
- SDPR will pay daily user fees directly to licensed residential treatment facilities and registered supportive recovery homes where people are receiving treatment.
- Clients are also provided a financial supplement to support access to treatment counselling or related services.



Systems of Support - Office of Housing and Construction Standards

Providing housing supports to vulnerable people

Budget 2022 announced a new **rent supplement** program that assists people experiencing homelessness to access market rent housing.

Includes a full suite of integrated supports, such as mental health and addictions services, housing supports, community and social supports, cultural supports, and food supports.

Implementation in initial communities starting in summer 2022.

Budget 2022
provides **\$663M**
over 3 years for
the
Homelessness
Strategy

Collaborating with MMHA to support new **Complex Care Housing** announced for 20 sites across BC.

This housing is designed to address the needs of people who have overlapping mental-health challenges, substance-use issues, trauma and acquired brain injuries and who are often left to experience homelessness.



Systems of Support: Complex Care Housing

Voluntary services for adults with concurrent mental health and substance use challenges and other unmet needs

- Builds on supportive housing with **three new steps of service**
- Services **follow an individual** as long as needed
- **Comprehensive, person-centred supports:**
 - Physical health supports
 - Mental wellness and substance use supports
 - Social, emotional, community supports
 - Cultural supports
 - Personal care and personal living supports
 - Food security supports
 - System navigation and coordination

- Investments for 20 projects
- Plans to serve 500+ people

\$164M
in 2022
over
three
years



Intensive Supportive Housing: Congregate & scattered site options, robust services.



Transition and Stabilization Services: Short term, respite, stabilization, step down / up.



Highest Intensity Housing: Health-focused, home-like setting, low resident to staff ratio.

Systems of Support: Children, Youth and Young Adults

Supports across the system to develop resilient youth and support them when needed

Specialized Interventions

Specialized mental health and substance use services (e.g., EPI, youth forensic psychiatric services, mobile emergency MH services)

Mental health and substance use bed-based services (e.g., Maples residential treatment facility)

Acute bed-based and hospital services (e.g., BCCH outpatient services, hospital emergency)

Moderate/Complex Interventions

ICY teams connect to services as needed:

Step-up, Step-down intensive outreach services



Integrated
Child & Youth
Teams

Connecting young people early to integrated mental health and substance use care

Early Years supports and services (e.g. infant mental health clinicians)

Indigenous services and supports (by First Nations, Métis, and Inuit organizations, non-profit societies)

Primary care and community-based services and supports (by community agencies, non-profit societies)

Foundry centres
Bounce Back for youth

Here2Talk
Virtual counselling for post-secondary students

Support for substance use challenges of parents and pregnant individuals

EASE (Everyday Anxiety Strategies for Educators)

Confident Parents, Thriving Kids

Mental Wellness Promotion and Prevention

Social emotional development:

Feelings First

Human Early Learning Partnership (UBC)

Mental Health in Schools Strategy

E.R.A.S.E

Resources for School-based teachers

Living Life to the Full for youth and young adults

Early Childhood

School Age

Young adult

Young people connect to more intensive services as care needs increase

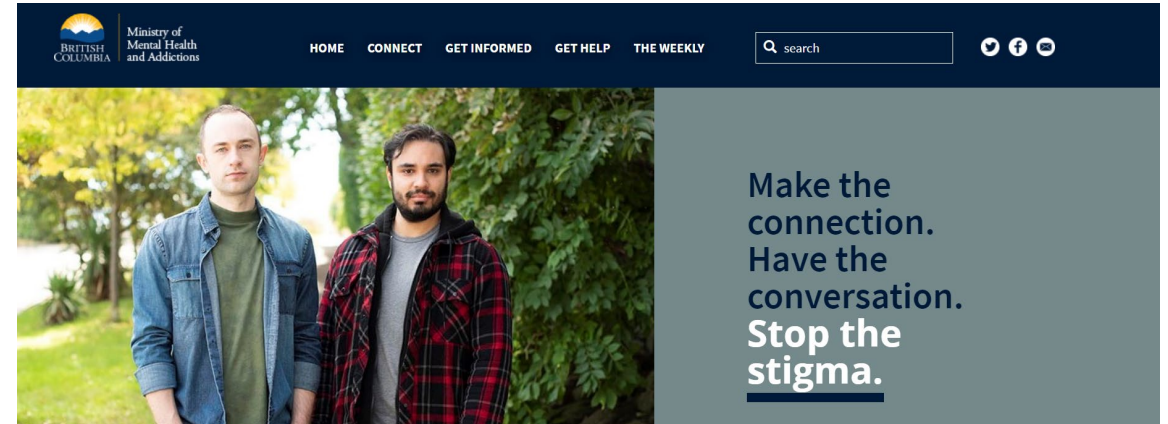
Transition to adult services

Services adapt to meet the young person's needs

Building a Supportive Environment

Collaboration and capacity building in community is at the heart of the drug toxicity response

- **The Provincial Peer Network:** strengthening collaboration and information sharing across drug user led organizations to ensure that policies and services are responsive to people who use drugs, and effective in saving lives.
- **Community Action Teams (CATS):** lead and coordinate multi-sectoral, on-the-ground planning and strategies to address the overdose emergency at the community level.
- **Harm Reduction Municipal Education Project:** supporting local governments to enable a harm reduction response in their communities.
- **Stop the Stigma Campaign:** aims to shift public perceptions and attitudes surrounding substance use and provide education and awareness.



Community outcomes:

- 25 peer led organizations
- CATS in 36 communities
- Municipal training planned in all health authority regions

\$6M
annually to
community
initiatives

Building a Supportive Environment: Ministry of Labour and WorkSafeBC

Keeping workers safe and well

The Ministry of Labour and WorkSafeBC are responsible for the **workers' compensation system** and regulation of **occupational health and safety**.



WorkSafeBC works with physicians who are managing opioid use and with physicians, the College of Pharmacists, MMHA, MoH, and others to **promote and support opioid reduction initiatives**.



WorkSafeBC has adopted a **harm reduction strategy** focused on the prevention of chronic use of opioids amongst injured workers.



Partners with MOH and MMHA on \$1.4M towards:

Tailgate Toolkits – program aimed at increasing access to harm reduction services for those working in the construction industry.

Supporting **BC Construction Association** to enable training in **prevention, stigma reduction, and harm reduction awareness** for trades students.

Summary

A Cross-Government Response to the Toxic Drug Crisis

- *A Pathway to Hope* guides us in developing a seamless system of care
- BC is taking a whole of government approach to responding to the toxic drug crisis - Some have direct role in supporting higher risk population groups
- A comprehensive, system-wide approach is most effective
- We have implemented several key actions across key areas of:
 - Prevention
 - Harm Reduction
 - Treatment and Recovery
 - Systems of Supports
 - Overdose Response Strategic Priorities
 - Supportive Environment
- Government has invested over \$1.1 billion since 2017



Legal Framework

The legislative context is complex and involves both the federal and provincial governments.

Legal Framework

The legislative context is complex and involves both the federal and provincial governments

- Legal framework for drug regulation is **complex**
- Involves federal government, provincial government, colleges (standards of practice, policies) and other non-governmental standard setting bodies
- All of these impact the circumstances under which drugs are made available to the public
- Ultimately, the **federal government holds authority over what drugs and substances are legal or not**, and how they can or cannot be provided or made available to the public.
- Generally, controlled drugs and substances which are also approved prescription drugs can only be **legally provided to a patient through a prescription from a practitioner authorized to prescribe**

Legal Framework

Federal

CONTROLLED DRUGS AND SUBSTANCES ACT & RELATED REGULATIONS

- Establishes criminal prohibition of possession and trafficking in illicit drugs
- Includes detailed regulations regulating distribution and access channels.
- Section 56 of the CDSA permits the federal Minister of Health to exempt a person or class of person if in the opinion of the Minister, “the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest.”
- Section 56.1 Supervised Consumption Sites permitted for the purpose of allowing certain activities to take place at a supervised consumption site.

Provincial

PHARMACY OPERATIONS & DRUG SCHEDULING ACT & RELATED REGULATIONS

- Establishes requirements for sale of drugs within the province (drug schedules)
- Establishes licensing scheme by the College of Pharmacists of BC, for ownership and operation of pharmacies (community and hospital)

HEALTH PROFESSIONS ACT & RELATED REGULATIONS

- Establishes scopes of practice, including which professions diagnose, treat and prescribe specific classes of drugs
- Establishes Colleges to superintend the practice of health professions
- Colleges establish bylaws, standards of practice and policies, all of which may impact the professional practice of prescribing and treatment of PWUD

Legal Framework

Provincial regulatory actions taken to date regarding the toxic drug crisis

- **April 14, 2016**, Notice of Public Health Emergency respecting toxic drug supply, made by Provincial Health Officer, pursuant to the *Public Health Act*
- **May 11, 2016**, Order of the PHO respecting information collection, for the purpose of informing the overdose response from a data perspective
- **December 9, 2016**, Order of the Minister of Health requiring regional health boards to provide overdose prevention services (“OPS”) within their respective regional boundaries.
- **July 18, 2017**, Order in Council No. 213/2017 establishes the Ministry of Mental Health and Addictions and assigns selected powers under the *Public Health Act, Health Authorities Act* to the Minister of Mental Health and Addictions
- **September 16, 2020**, Order of the Provincial Health Officer made pursuant to the *Public Health Act* and the *Health Professions General Regulation*, authorizing registered nurses and registered psychiatric nurses as “prescribers” for the purpose of federal regulation to prescribe controlled drugs for the purpose of safe supply



Strategic Priorities of an Evolving Response

As trends in substance use and drug toxicity shift, so does our response.

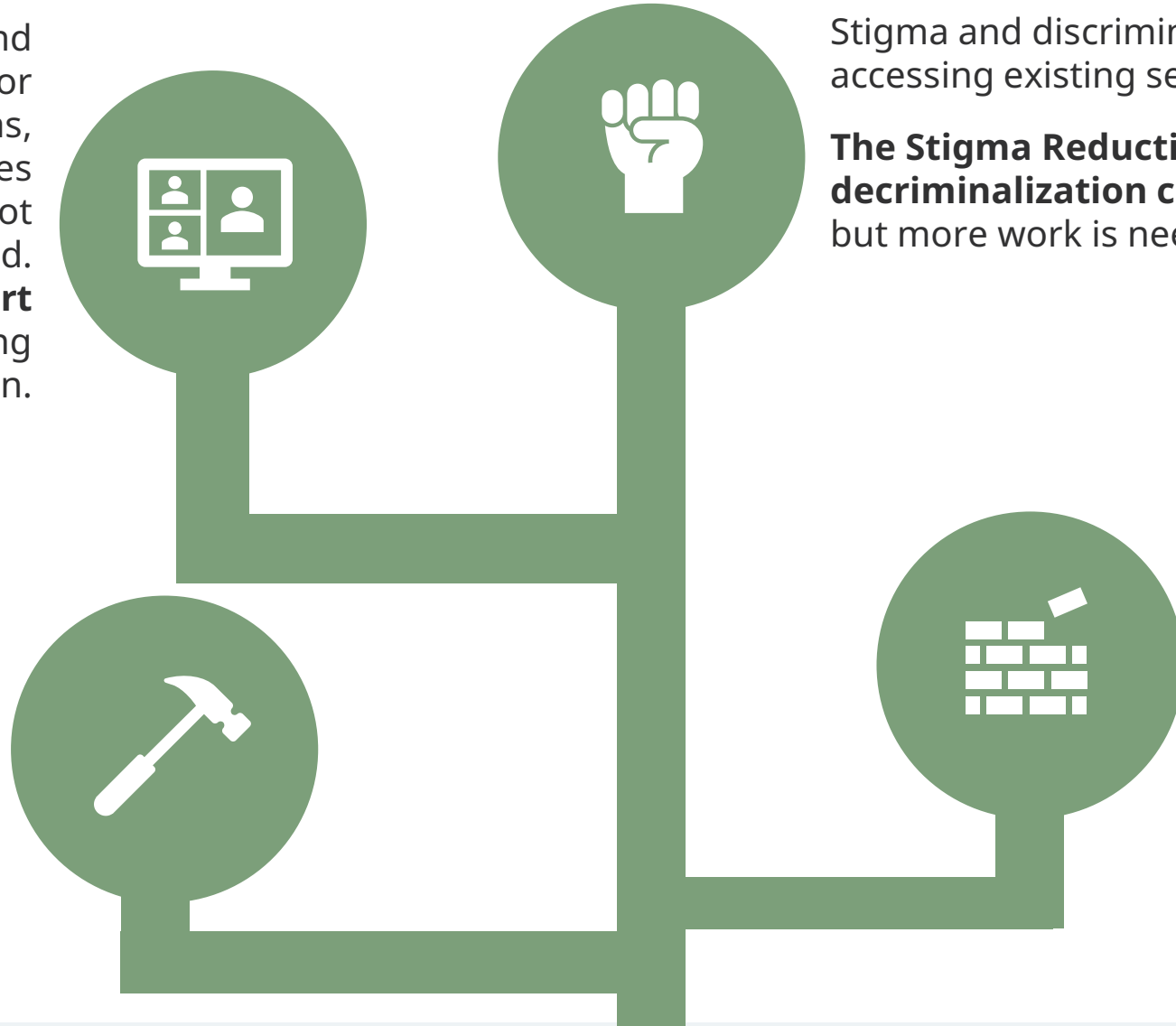
Improving Access to Services

Evolving the response to provide data informed, person centred services and address systemic challenges

Access to harm reduction and treatment can be difficult for people in rural/remote areas, and some municipalities where services are not established.

Virtual care can support improved access and is being explored for expansion.

There is a broad diversity of substance using populations – targeted interventions are needed. Projects like **Tailgate Toolkits – designed specifically to support people who work in trades** – help expand opportunities to engage those who are not well served through other approaches.



Stigma and discrimination prevent people from accessing existing services.

The Stigma Reduction Campaign and decriminalization can address part of this, but more work is needed.

Racism and discrimination towards Indigenous people attempting to access the health care system, and a lack of culturally based care, **impacts acceptability and accessibility.**

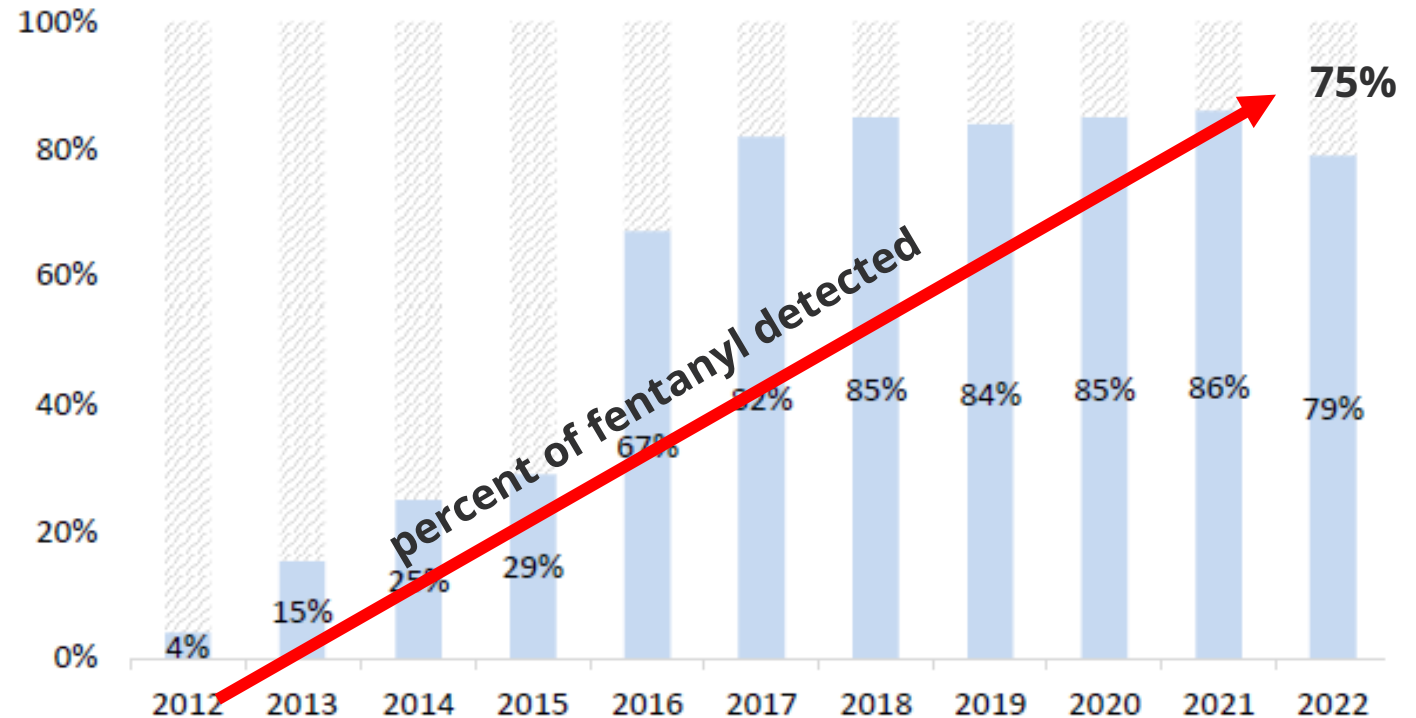
Indigenous-led supports can enhance access and safety. Budget 2021 provided \$24M over three years **to support FNHA** with addressing the impact of the toxic drug crisis on First Nations people.

Increasingly Toxic Illicit Drug Supply

An increasingly toxic supply is the primary driver of the drug toxicity crisis

- The illicit drug supply is increasingly toxic, with extreme concentrations of fentanyl and increasing prevalence of Carfentanil.
- Increasing toxicity increases the risk of drug toxicity events and deaths.
- It can also increase the complexity of responding to drug toxicity events.
- **Through Prescribed Safer Supply, we are evolving our response to provide safer alternatives.**

Figure 1: Percent of Illicit Drug Deaths with Fentanyl Detected



Extreme fentanyl concentrations

Jan 2019 to Mar 2020 = 8%

Apr 2020 to Oct 2021 = 13%

Nov 2021 to Mar 2022 = 20%

**Feb 2022
26%**

Strategic Priorities: Prescribed Safer Supply

Separating people from the increasingly toxic illicit drug supply

- **First in Canada policy:** Phase one - *Risk Mitigation Guidance (RMG)* released 2020
- Phase 2 *Prescribed Safer Supply (PSS)* policy **was released July 2021**
- The number of RMG/PSS prescribers has increased from 17 in March 2020 to 1093 in March 2022 (mostly in community settings)
- Health Authorities are implementing clinic-based programs funded by MMHA: starting with fentanyl patches - Vancouver Coastal, Fraser, and Interior Health Authorities have all launched programs, with more to come in all regions
- Federally funded SAFER programs in Vancouver and Victoria are fully subscribed and reporting successes
- **Additional clinical protocols** are in development to support clinicians
- **Evaluation and monitoring** underway: **initial findings suggest opioid PSS prevents mortality**

**Between March 2020
and December 2021,
a total of 12,207
patients received any
RMG/PSS**

**\$22.6M
over 3
years
allocated
in 2021**

Strategic Priorities: Inhalation Overdose Prevention Services

Responding to shifts in the mode of consumption

- Since 2017, **smoking has been the most common mode of consumption** in 57% of deaths.
- In response, the **province has provided funding and guidance** to health authorities to establish inhalation OPS.
- To date, **13 sites have been established**, with more in planning.
- In April 2022, FNHA released **Raven's Eye Sage Sites Service Delivery Framework** – A guide for establishing and running an on-demand overdose prevention site for First Nations.
- FNHA refers to these sites as **Raven's Eye - Sage Sites**. Sage Sites emulate the spirit of sage by adapting to the needs of the community and the person accessing services.
- There is currently **one FNHA funded Sage Site operating in Vancouver's Downtown Eastside**, which opened in March 2021: it is supported by Elders and staffed by people with lived and living experience.



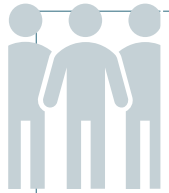
Cowichan Valley Wellness and Recovery Centre – Inhalation OPS



Strategic Priorities: Decriminalization

In order to encourage people to seek help, reducing stigma and barriers to care

B.C. is the first province to apply for an exemption from the federal government to remove criminal penalties for people who possess small amounts of illicit drugs for personal use.



Applies to Adults



Inclusive of opioids, crack/powder cocaine, MDMA, and methamphetamine



Police will provide information regarding pathways to treatment and supports



4.5g cumulative binding threshold floor, with no drug seizures below it



Approaches to unique populations, including Indigenous Peoples



Robust monitoring and evaluation framework, and considerations for implementation

ACTIONS TO DATE

Ongoing:

- ✓ Inter-Ministry Project Team
- ✓ Core Planning Table
 - PWLLE, police, public health experts, Indigenous partners, municipalities, advocacy groups
 - Workshops on Key Elements
- ✓ Focused Engagement Outside CPT
- ✓ **Submission - November 1, 2021**
- ✓ Health Canada discussions - *current*

Strategic Priorities: OAT Optimization

Working together with health systems partners to keep people in more effective treatment



Goals of the OAT optimization strategy are:

- Separation from toxic supply
- Improved patient well-being
- Reduced risk of pathogens
- Reduced mortality
- Fulfilling vocation
- Patient-centered



OAT optimization to improve:

- Patient **access/reach**: supporting access to treatment
- **System capacity**: increasing numbers of prescribers offering OAT
- **Retention** in OAT: reducing barriers to keeping people in treatment



Key enablers of OAT optimization:

- Data & information
- Service targets
- Clinical guidance
- Training & supports
- Human resources

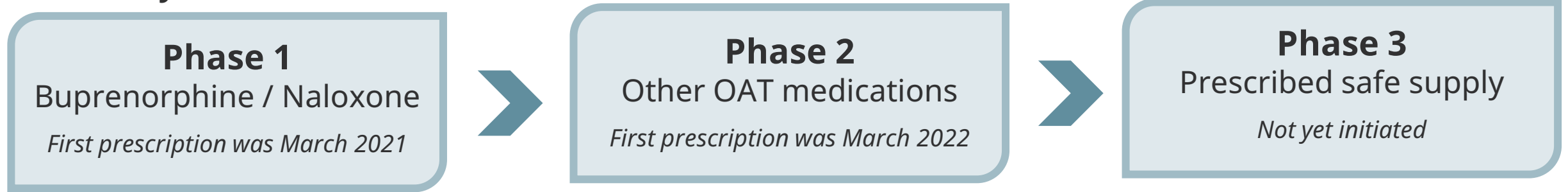
Next steps:

- OAT Optimization Framework nearing completion: engagement with health system partners underway
- Key actions to improve access/reach, system capacity and retention

Strategic Priorities: Nurse Prescribing

Enhancing access to those who can prescribe Opioid Agonist Treatment

- In September 2020, BC's PHO issued an order authorizing registered nurses (RN) and registered psychiatric nurses (RPN) to prescribe medication for substance use conditions
- **Goal of increasing access to medication assisted treatment to reduce illicit drug toxicity deaths**



- Education and training is provided by BC Centre on Substance Use (BCCSU)
- Being implemented in all health authorities with funding from Budget 2021
- FNHA is collaborating with First Nations communities to implement nurse prescribing

As of April 1: 257 nurses enrolled in BCCSU Provincial training and 75 completed

Summary

Strategic Priorities of an Evolving Response

- The Provincial response to the drug toxicity crisis has adapted since the declaration of the public health emergency
- Adaptations have been **evidence-informed** and **responsive to shifting trends** in substance use and drug toxicity, and to what the Province has heard from people with lived and living experience of substance use
- Decriminalization and increasing access to inhalation overdose prevention services, OAT and nurse prescribing, and Prescribed Safer Supply are **key strategic priorities**
- The Province continues to monitor the toxic drug crisis and to engage with communities, and will continue to adapt in response



Looking Ahead

There is more to do, and the innovations continue.

Ongoing Work

Continue to enhance Prescribed Safer Supply through expanded reach and through offering additional medications

1

Continue to expand the nurse prescribing initiative and explore expanded scope of practice for a range of other health practitioners

2

Identify and action initiatives to support those populations most at risk of drug toxicity events (e.g. people in trades, First Nations women)

3

Work with people who use substances to collaboratively address ongoing challenges and barriers and to enable their participation in addressing the crisis

4

Ongoing Work

Work with municipalities to provide supports and to reduce barriers to implementing harm reduction services

5

Continue to build out the substance use system of care to enhance prevention, harm reduction, treatment, and broader supports, including through sustainable funding

6

Continue to prioritize a multi-level approach, emphasizing the importance of community-led, regional, provincial, and federal responses

7

Many of the priorities implemented and underway are aligned to recommendations and actions in the 2022 Coroners Death Review Panel report

8



Thank you.