

TREASURY BOARD STAFF BRIEFING NOTE

REQUEST NO.: MH17-01

T.B. MEETING DATE: AUGUST 17, 2017

TITLE: RESPONSE TO THE FENTANYL OVERDOSE EMERGENCY

ISSUE SUMMARY:

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- MH's mandate letter includes a commitment to "work in partnership to develop an immediate response to the opioid crisis that includes crucial investments and improvements to mental-health and addictions". PSSG's mandate letter includes a commitment to "provide more support to police efforts to disrupt the supply chain and advocate for increased penalties for drug dealers who knowingly distribute death-dealing drugs".

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RECOMMENDATION:

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CONTEXT:

- In April 2016, Provincial Health Officer Dr. Perry Kendall declared a Public Health Emergency under the *Public Health Act* in response to an unprecedented increase in illegal drug overdose deaths. In July 2016, the Joint Task Force (JTF) on Overdose Response was established to lead an integrated response across the health and public safety sectors, with Dr. Kendall and Clayton Pecknold (ADM and Director of Police Services, PSSG) as co-chairs.
- Over the last year, investments have been made in public health and public safety, including:
 - September 2016 Union of British Columbia Municipalities announcement: \$5.00 million in 2017/18 for the BC Centre on Substance Use and \$5.00 million in 2017/18 for initiatives identified by the JTF.
 - \$1.70 million for HLTH: BC Toxicology Lab Equipment; Supervised Consumption Facilities; Surveillance Infrastructure; Drug Checking; Naloxone.
 - \$3.30 million for PSSG: Naloxone Issue & Training; Closure of 2015 & 2016 Overdose Death Files; Community Outreach & Awareness Strategies; Clandestine Laboratory Enforcement & Response Team; Dedicated Enforcement Activity.
 - *Budget 2017* announcement: \$1.90 million ongoing for the operating costs of the BC Centre on Substance Use (\$5.7 million over three years); \$4.30 million ongoing to develop 28 highly specialized treatment beds for youths (HLTH); \$10.00 million in 2017/18 to assist up to 240 people with opioid addiction to receive intensive residential treatment (HLTH); and \$65.00 million to support the purchase and renovation of 365 units of affordable rental housing for low-to-moderate income individuals with mental-health or substance-use issues (Ministry of Municipal Affairs and Housing).
 - February 2017 health funding agreement announcement: the federal government agreed to provide the Province with \$10.00 million in 2017/18, of which \$9.00 million has been allocated to the Health Authorities (HAs) and \$1.00 million to PSSG.
- In 2016/17, HLTH approved year-end spends totaling \$20.21 million to support efforts by HAs to respond to the Emergency. HLTH also approved a grant of \$1.00 million in 2016/17 to the St. Paul's Foundation to support the BC Centre on Substance Use.

- In July 2017, the JTF issued “Responding to BC’s Public Health Emergency”, which includes recommendations to intensify and scale up the response. The report notes that these recommendations will require significant new and ongoing investment. (See Appendix 1 of the TBS note)

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DISCUSSION:

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RECOMMENDATION AND RATIONALE:

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TBS Contact: Grant Holly & Jacob Helliwell		Date: Aug 15/17
Draft sub. 1 st received: July 31/17	Final draft received: Aug 15/17	Signed sub. received: Aug 15/17
<u>TB briefing note provided to the Ministry:</u>		
Draft sent: Aug 16/17	Final sent: "No" or Date	Min. DM fact sign-off: Aug 16/17

TREASURY BOARD MINUTE

REQUEST NO.: MH17-01

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TREASURY BOARD DECISION:

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CLIFF: 359885
Date Received: Aug 16, 2017
Submission: HLTH / H17-01
Analyst: Grant Holly

Treasury Board Submission – Request for Decision

Minister: Honourable Adrian Dix, Honourable Judy Darcy
Ministry: Health (HLTH), Mental Health and Addictions (MH)
Date: 15/08/2017 Ministry Document #: MH17-01

Title:

Issue:

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Request:

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Background / Context:

On April 14, 2016, Provincial Health Officer Dr Perry Kendall declared a public health emergency due to rapidly rising numbers of preventable opioid-related overdose deaths. Since then, illegal drug overdose deaths have continued to occur at unprecedented rates and are now the leading cause of unnatural deaths in British Columbia, surpassing suicide and motor vehicle collisions combined.



MH's current Mandate letter includes the following priority:

"Work in partnership to develop an immediate response to the opioid crisis that includes crucial investments and improvements to mental-health and addictions services."

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Population at Risk

Individuals who are at risk of an overdose due to fentanyl or its analogues fall under several sub-categories. They include:

- **First Nations men and women** – First Nations people are five times more likely than non-First Nations to experience an overdose event and three times more likely to die due to an overdose
- **Individuals who use substances at home and alone** – nine out of ten people died indoors with the majority in private residences
- **Males, ages 30 to 59** – Approximately four out of five deaths are males and almost three quarters of all deaths occurred in individuals aged 30-59
- **Individuals who are chronic users of illegal drugs**, including those with an opioid use disorder and/or a stimulant use disorder
- **Individuals who use illegal drugs occasionally**

Estimating the size of the population at risk is problematic without better information on the sub-populations and why they are using illegal substances and how. Attempts to estimate a total population size is complicated by the lack of valid and reliable information available for each sub-population. There is limited or no information available regarding use patterns for each population group.

Between Jan 2016 and November 2016, hospital emergency departments and the BC Ambulance Service assisted over 23,000 individuals who survived an overdose event. However, the actual number of individuals surviving an overdose event is probably much higher as many individuals do not contact BC Ambulance Service or go to emergency after experiencing a non-fatal overdose. According to the BC Coroners Service the number of overdose deaths so far in 2017 is up 88% over the same time period in 2016. There were 111 suspected drug overdose deaths in June 2017 which is a 61% increase over the number of deaths occurring in June 2016. In particular, those



with an opioid use disorder can be more vulnerable. The estimated number of individuals with OUD in BC is 78,000, however only 60%-80% will benefit from treatment (approximately 55,000 individuals). In BC, approximately 23,400 individuals are on currently on Opioid Agonist Treatment (OAT), leaving a current gap of about 31,000 people.

The definition of OAT includes oral medications such as Suboxone, methadone, and slow release oral morphine. iOAT includes injectable treatments such as hydromorphone, diacetylmorphine and is used for patients who use injectable substances and have not been successful with oral medications.

Discussion:

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Recommendation:

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Contact: Manjit Sidhu,
Assistant Deputy Minister
(250) 952-2620

A handwritten signature in dark ink, appearing to read "A. Dix".

Honourable Adrian Dix

August 15, 2017

Date Signed

A handwritten signature in dark ink, appearing to read "Judy Darcy".

Honourable Judy Darcy

August 15, 2017

Date Signed

Appendix 1 – Options Analysis

Estimated Cost by Fiscal Year (millions)

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Appendix 4 – PSSG – Impacts to Policing Services

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL POLICING AND SECURITY PROGRAMS BRANCH BUDGET ISSUE NOTE – SUPPLEMENTAL

Prepared August 3, 2017

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CONTEXT:

On April 14, 2016, Provincial Health Officer Dr. Perry Kendall declared a public health emergency due to rapidly rising numbers of preventable opioid-related overdose deaths. On July 27, 2016 the formation of a JTF led by Dr. Kendall and Clayton Pecknold, Assistant Deputy Minister and Director of Police Services was announced. Since the formation of the JTF, the government made the following commitments on page 27 of their platform:

- We will address the fragmented mental health care system. We will create a Ministry of Mental Health and Addictions to prioritise those patients, and ensure treatment is available, coordinated and effective for everyone who needs it.



- This new ministry will work with the Ministry of Children and Families, the Ministry of Health, local governments, First Nations and the education and justice systems so patients get treatment early and effectively.
- We will establish a long term plan so prevention activities and treatment can be secure and effective not just now, but into the future.

Furthermore, as a result of the declaration of the public health emergency, the JTF has engaged a wide range of key stakeholders and sectors in implementing a series of integrated actions to address the emergency including:

1. Immediate response to an overdose by expanding naloxone availability and the reach of supervised consumption services in the province;
2. Preventing overdoses before they occur by improving treatment options for people with opioid use disorder, exploring drug checking services, and improving health professional education and guidance;
3. Public education and awareness about overdose prevention and response through public awareness campaigns;
4. Monitoring, surveillance, and applied research by improving timely data collection, reporting and analysis to help inform actions and evaluate implementations;
5. Improving the scheduling of substances and equipment under the Controlled Drugs and Substances Act and the Precursor Control Regulations by regulating drug manufacturing equipment such as pill presses, and regulating precursors;
6. Improving federal enforcement and interdiction strategies by working with the Canada Border Services Agency to increase enforcement activities to interdict the importation of illegal drugs; and,
7. Enhancing the capacity of police to support harm reduction efforts related to street drugs including training for police and other first responders to support safe fentanyl identification and handling practices.

PSSG's continued involvement will advance the initiatives under the mandate letter of the Minister of Public Safety and Solicitor General as an ongoing partner in tackling the opioid crisis. ^{s.12}

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DRIVERS:

Despite the efforts of the health and public safety sector, drug related overdoses and deaths have continued to increase. In 2016, 978 people died from an apparent unintentional illicit drug overdose. This represents an increase of more than 80% compared to 2015 (519 deaths).

The Coroners Service reports 780 deaths have occurred in the first six months of 2017 with 111 suspected drug overdose deaths in June, 2017. This is a 61% increase over the number of death occurring in June 2016. The 2017 annualized death rate of 32.5 per 100,000 population is triple that of 2015 at 11 per 100,000 population.

Multiple factors have contributed to the increase in illegal drug overdose deaths including, most notably, the current composition of the illegal drug supply in which highly potent drugs such as fentanyl and carfentanil are increasingly present. The impact of the emergency has been exacerbated by the difficulty of reaching individuals who use drugs alone and in private spaces away from timely intervention services.

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NALOXONE AND TRAINING

Additionally the BC Royal Canadian Mounted Police (BC RCMP) members and employees have been trained to administer naloxone to the public who may have overdosed. They have administered naloxone over 210 times to date, saving many lives. Other independent police services in BC are also participating in administering this life saving tool.^{s.12}

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Appendix 5

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL BC CORONERS SERVICE BUDGET ISSUE NOTE – SUPPLEMENTAL

Prepared August 4, 2017

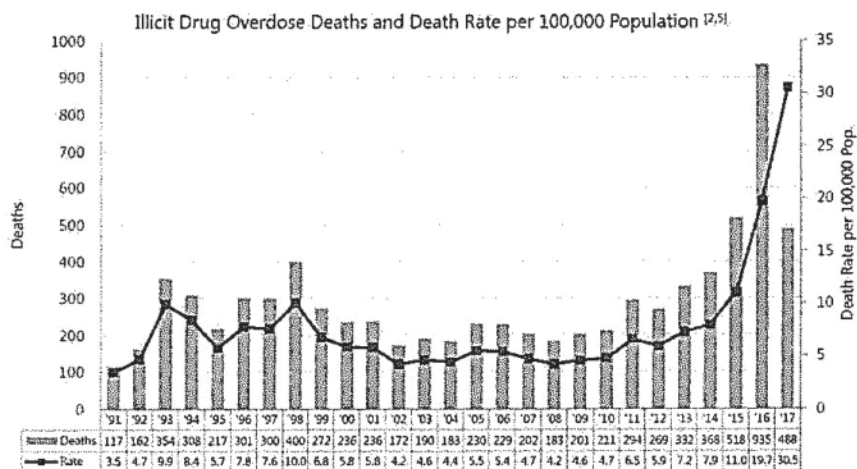
PROGRAM: British Columbia Coroners Service (BCCS)

ISSUE:

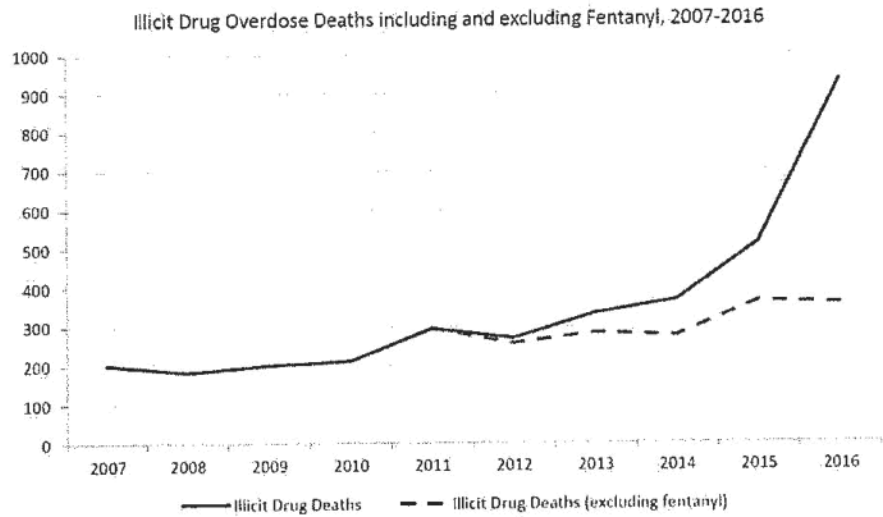
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CONTEXT:

Historically, the number of accidental illicit drug overdose deaths reported to the Coroners Service had been fairly constant from the year 2000 to 2011 at about 218 per year (17/month). In the year 2012, 12 deaths were reported where the synthetic opioid Fentanyl was detected. Since that time, both the rate of increase and absolute numbers of overdose deaths has accelerated in dramatic fashion, particularly in the recent past. The following table shows illicit drug overdose deaths as reported to May 31, 2017. The 2016 estimate has now increased from 935 illicit drug overdose deaths to 978 as of August 3, 2017:

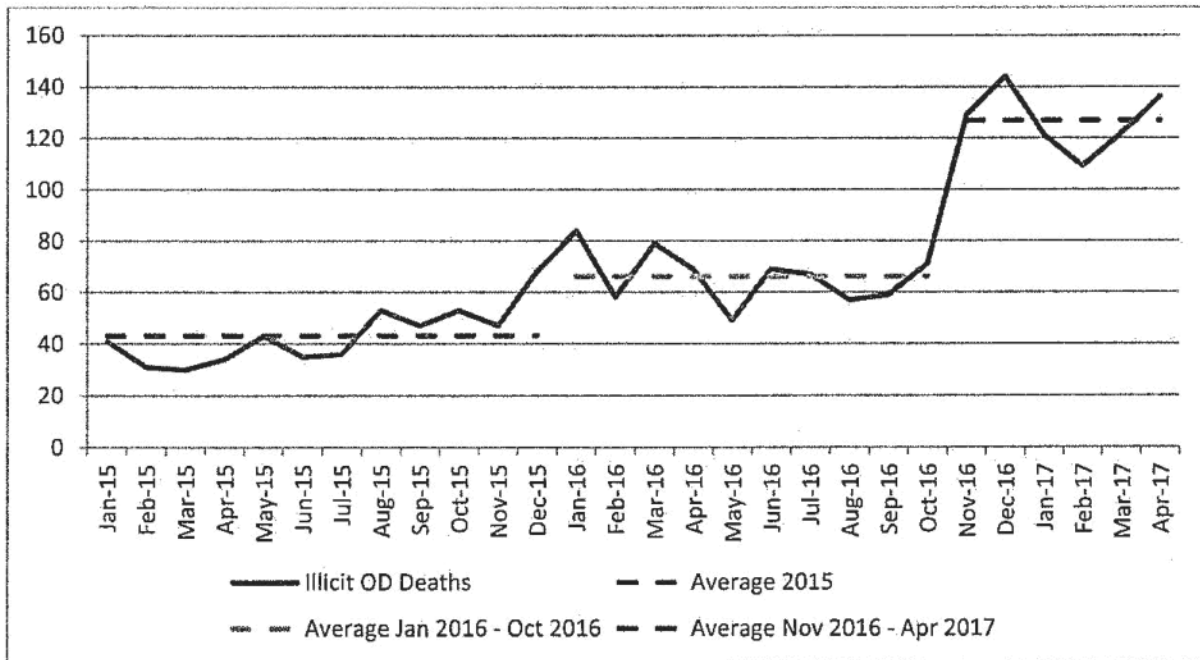


The increase in the number of illicit drug overdose deaths is directly attributable to the increase in illicit fentanyl-detected deaths:



- The number of illicit drug overdose deaths had been fairly constant between 2007 and the first contact with Fentanyl in 2012 at under **20/month**.
- In 2015, the average number of deaths was more than double that long-term average, at **43/month**.
- The Coroners Service reported **69** illicit overdose deaths for the month April 2016, which is when the province declared a public health emergency.
- The volumes of illicit OD deaths have again redoubled, where they have since held at record levels averaging about **127/month**.

These types of deaths are relatively more expensive to investigate than the average case, given the need for scene attendance by a coroner, body transport and storage, and the much higher cost of toxicological testing in all suspected drug overdose cases. As a rough rule of thumb, an increase of 1 illicit OD death per month equates to \$20,000 in annual costs to the Coroners Service.



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The structure of the Coroners Service is well suited to reacting to unpredictable fluctuations in volumes. As volumes increase, the Coroners Service can respond in the short-term by reducing the size of the area serviced by community coroners, allowing reasonable amounts of overtime hours, adding additional community coroners to the on-call rotation, or a combination of these actions in order to allow for seamless front-line service delivery province-wide. Longer term, additional community coroners can be hired to build capacity on the front lines, and delays in latter-stages of the investigations can be addressed by bolstering the number of FT coroners to complete cases.

Drug Investigations Team (DIT):

In response to the much higher number of illicit drug overdose deaths being reported, the Coroners Service launched a Drug death Investigations Team (DIT) composed of community coroners who have availability during periods when they are not on call for responding to deaths in their local communities. The DIT conducts a standardized investigation to gather comprehensive information about the deceased that can then be analyzed in the aggregate for evidence-based prevention efforts. The DIT started in November 2016 and consisted of 12 part-time coroners at inception. The DIT began with a review of all calendar year 2016 cases where an illicit drug overdose was suspected. This resulted in an initial backlog of about 1,000 files to be investigated, just as the volumes of deaths in real-time began the recent surge. As at the time of writing, the team has increased modestly (by 2) to 14 part-time coroners, and the DIT is averaging 180 hours / pay period.

Beyond the investigational capacity of the DIT, the added volumes have:



- Put pressure on the organization in terms of front-line investigation,
- Increased the volume of requests for statistical reporting from the Provincial Health Officer, health authorities and media,
- Increased the burden on existing staff involved with recruitment/assessment/hiring/training of additional Community Coroners,
- Increased demands on the Medical unit as medical consultation requests have increased in step with the number of suspected overdose deaths,
- Increased demands on the Research unit to provide comprehensive, accurate data in a timely manner.
- Increased contracted costs for body conveyance, storage and post mortem testing

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