

Wright, Kristin J HLTH:EX

From: OfficeofthePremier, Office PREM:EX
Sent: Friday, April 29, 2016 4:23 PM
To: s.22
Cc: Minister, HLTH HLTH:EX
Subject: FW: Fentanyl Emergency

Categories: FYI

Hello, s.22 and thank you for your email regarding fentanyl and drug overdoses. We appreciate your taking the time to write. On your behalf, we are sharing your comments and recommendations with the Honourable Terry Lake, Minister of Health. The Minister will ensure your feedback is included in his discussions with Dr. Kendall and any other relevant authorities in the Ministry of Health.

Again, thank you for writing. We do appreciate hearing from you.

cc: Honourable Terry Lake

From: s.22
Sent: Thursday, April 21, 2016 2:51 AM
To: OfficeofthePremier, Office PREM:EX
Subject: Fentanyl Emergency

Hi

I am assuming this email will be screened by an assistant as I really want to contact Dr. Perry Kendall so please forward to him is possible.

I will keep it short – I have personal experience re the fentanyl emergency situation involving my son and several death (In Alberta not BC). I think I was not listened to by Alberta but BC seems to be more responsive.

My advice is that until the problem is referred to a 'kill pill', 'poison pill' or something similar rather than an overdose, the problem will continue and get worse. The police and health authorities should be banned from referring to the deaths as an overdose and refer to them as a poisoning.

Thank you

s.22

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EMAIL RESPONSE

1053871

s.22

Dear s.22

Dr. Perry Kendall, Provincial Health Officer, has asked me to respond to your letter of April 19, 2016, regarding your recommendations to improve access to health and support services in British Columbia for youth challenged by substance use. Please accept my apologies for the delay in communication.

I would like to thank you for taking the time to share some of the details of your son's story. I recognize the challenges your family is facing, and I commend you on your advocacy.

The Ministry of Health works with the Ministry for Children and Family Development (MCFD), physicians, school districts, community practitioners and agencies to provide a full range of services for children and youth experiencing mental health and substance use challenges. We know early intervention is vital. That is why we are working toward integrating primary care and community-based mental health and substance use supports across all age ranges. These services vary depending on the severity of a patient's problems and patterns of use, but in general, BC's substance use system provides a continuum of evidenced-based services including prevention, health promotion, early intervention, primary and community care, and specialized tertiary care services.

There are currently 40 publicly-subsidized substance use beds available to youth in Fraser Health Authority (FHA) and Vancouver Coastal Health Authority (VCHA). These beds include services for withdrawal management (6 in FHA, 13 in VCHA), supportive recovery (4 in FHA, 4 in VCHA), and residential treatment (13 in VCHA). In addition to the 13 residential treatment beds in Vancouver (eight at Peak House and five at Young Bear's Lodge), there are seven beds in Prince George at the Nechako Youth Treatment Program run by the Northern Health Authority.

Work is underway to further expand the number of youth residential treatment beds. Expected to re-open in early 2017, The Crossing near Keremeos will offer 22 beds for youth between the ages of 17 and 24 with substance use disorders that have not been successfully addressed in community programs. MCFD staff will work with our partner agencies to ensure that youth have the resources for continued success, including appropriate housing and access to any community-based health services they may need.

Family can be an essential and enduring support to people with substance use challenges. While we recognize that family members and other caregivers wish to act on behalf of their loved ones, trust is critical to providing quality care to vulnerable individuals. The *BC Freedom of Information and Protection of Privacy Act* and *Personal Information Protection Act* authorize information sharing for care providers, but individuals are less likely to share all relevant

information with service providers if they lack trust in them. Families should feel supported and informed, but this needs to be balanced with the individual's right to privacy. Explicit guidance in this area is difficult to provide; information sharing decisions involving mental health and substance use are rarely straightforward. The Ministry of Health is looking into simplifying and streamlining BC's policies that deal with how health information is managed.

The province does not currently have specific legislation around involuntary detainment of youth engaged in self-harming behaviours such as problematic substance use. At this point, the *Mental Health Act* does allow involuntary admission of young people with mental health or addictions issues to a psychiatric facility for assessment and involuntary treatment if they meet admission criteria. Children under the age of 16 can be involuntarily admitted under the Act with consent from a parent or guardian.

While there is widespread recognition of the negative impacts of problematic substance use, there is no clear evidence that compulsory or involuntary treatment improves treatment outcomes. A systematic review of research on compulsory addiction treatment found little evidence of its effectiveness in the short term, and no evidence of improved long-term outcomes. The research recommends that in the absence of clear evidence, voluntary services should be prioritized as the first-run response to problematic substance use.

A number of other substance use services targeted to youth are delivered or funded by the regional health authorities. School-based prevention and early intervention services increase awareness and education related to harmful substance use, offer brief screening and intervention, and refer to clinical services as required. Youth and family outpatient and outreach counselling services are provided in a variety of settings, including youth clinics and community organizations, offering support to youth and families experiencing challenges due to problematic substance use.

Supportive recovery services are temporary residential, substance-free settings that provide a safe, supportive environment for individuals who have substance use problems. Services are targeted to youth who are preparing to enter residential treatment or those who have left more intensive residential treatment but require additional support to reintegrate into the community. They are also suitable for those requiring a longer-term structured environment while preparing to transition into a more stable lifestyle.

Withdrawal management services assist with withdrawal from harmful substances and stabilization, including the recovery of physical and emotional health in a safe environment. Detoxification is only one component of the withdrawal process and refers to the body ridding itself of the chemical effects of the substances that have been used. Withdrawal management, however, implies a more holistic and comprehensive approach to helping someone through withdrawal. It provides the necessary care during the "detox" stage, as well as ongoing supports after the chemical effects of the substances have worn off to assist the individual to stabilize physically and psychologically and to connect him or her with appropriate substance use treatment and other health and social services. Withdrawal management for youth is most often provided either in a family care home setting or a facility. These programs work to ensure proper

transition planning to other services, such as residential treatment, supportive recovery or outpatient treatment for individuals who would benefit from those services.

The ministry has also worked with Doctors of BC and other community mental health and substance use providers to offer the following:

- An online service map that makes it easier for families to find information about the child and youth mental health and substance use services in their community, available here: www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/find-services-near-you/youth-mental-health-services.
- The \$4.4 million Child and Youth Mental Health and Substance Use Collaborative, developed in partnership with the Doctors of BC and community partners, which supports children, youth and families struggling with mental health and substance use issues in BC.
- The F.O.R.C.E. Society for Kids' Mental Health, which works to connect families with the support systems, services or programs that may help children deal with mental health challenges, with \$850,000 in support from the government.
- The Granville Youth Health Centre in Vancouver, which provides comprehensive mental health and addictions services to street youth, aged 16 to 24, with the goal of addressing the three basic needs of this population: health care; shelter; and social support.
- Renfrew House, a six-bed youth group home offering housing, social supports and clinical care where youth can stabilize their lives and receive the care they need, with \$1.5 million in annual government support.
- The Kelty Mental Health Resource Centre, which provides an information and resource tool kit to child and youth mental health care teams throughout the province and is available online to every BC family at <http://keltymentalhealth.ca/toolkits>.
- The Provincial Youth Concurrent Disorders Program at BC Children's Hospital, an outpatient clinic that provides consultation, comprehensive psychiatric assessments and limited treatment for youth ages 12 to 24.
- A recently announced new 10-bed inpatient unit at the Hope Centre, opening in spring 2017, which will provide specialized, intensive services for youth living with mental health and substance use challenges.

I appreciate the time you took to share your family's experiences and your suggestions for how the health system can make changes to substance use service delivery for youth. I want to assure you that the provincial government is working to increase awareness and understanding of substance use across the province, and to ensure that appropriate and equitable services are available to youth and families where and when they need them.

I appreciate the opportunity to respond to your concerns. I hope you find this information useful.

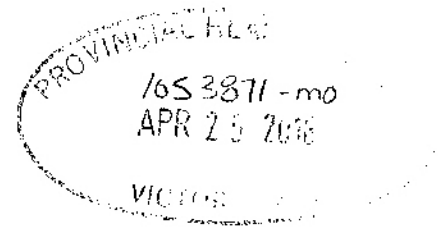
Sincerely,

Greg Leake
Executive Director

pc: Dr. Perry Kendall
Honourable Stephanie Cadieux,
Minister of Children and Family Development
Honourable Susan Anton,
Minister of Justice and Attorney General

Z:\Patient & Client Relations\2016\Finals - Correspondence\2nd Quarter (Apr-Jun)\1053871
s.22 EMAIL RESPONSE youth addiction treatment.docx

Dr. Perry Kendall,
Provincial Health Officer
Ministry of Health
PO Box 9648, STN PROV GOVT
1515 Blanshard St.,
Victoria BC V8W 9P4



RE: BC Declares Public Health Emergency as Overdoses Surge

April 19, 2016

Dear Dr. Kendall,

Last week I heard your interview on CBC Radio, regarding the current crisis in BC. I realize this is a complex issue, but I did not hear you speak enough about treatment. I cannot speak about adult addiction or mental illness, just of youth and our experiences.

s.22

Many parents I have come to know, share the same frustrations in getting help for youth, our sons and daughters. I believe our system can be changed, to prevent both deaths of our youth, and improve the financial burden addiction puts on ER Rooms, local police forces and property in our community.

This is the current system, loved ones of youth addicts face:

1. We have to convince our youth to enter detox. We as loved ones cannot call and book appointments, or get our kids on a wait list; the addict has to speak to an intake worker themselves. This is often the biggest challenge.
2. We wait for the appointment, and pray that our addict is still willing to go in, on the appointed time and date.
3. Our addicts go into detox, and we hope they stay the recommended 7 – 10 days. By design, detox offers limited counselling and support AND the addict is there voluntarily, so can leave at any time. Many stay only long enough to sober up, and leave. Many think they are better after a few days and leave.
4. If our addicts stay for the recommended period, they most often return home, healthier but right back in the same environment they left. Now loved ones must convince our addicts to accept treatment.
5. I believe that currently there are only 2 youth treatment centers available in BC, for non felons – Peak House and Last Door (which has limited funded beds). We again, must ask our addicts to call and begin the intake process, as loved ones cannot make these arrangements. If we are successful at this stage, then we ask our youth to wait until a bed becomes available – 6, 8, 10 weeks.
6. When a treatment bed becomes available, we hope that we can a) find our addicts b) hope they are clean, or we must repeat the detox step c) are still willing to accept treatment.
7. If we are very lucky, our youth will enter a treatment program and finally begin the process of learning about their disease, how to live a sober life and what tools and strategies they can undertake to succeed.

Dr. Kendall, I feel this system is inadequate, and lends itself to overdose of our young people. The cost to BC taxpayers, must be more than the cost of providing effective treatment. For example s.22
s.22

Here are my questions for you:

1. Obviously, we need more youth beds for treatment, how can this be accomplished? We need more medical detox beds and follow up treatment program spots. I would like to know how many funded beds there are currently in the Fraser / Vancouver Health Authorities – 10? 15?
2. Why can we not have detox and treatment in the same location, or at least be redesigned to be one step and not two, without waiting periods?
3. What needs to change, so that competent family or caregivers, can act on behalf of the youth, and have them placed in care for mandatory treatment?
4. Our current resources, as loved ones, are fractured. Why can't the necessary bodies work together, similar to the Drug Court system in Vancouver? Drug/alcohol counsellors; Psychiatrist / Psychologist care; Ministry of Children and Family Development, Ministry of Justice, Ministry of Health all offer a piece of the solution, but the barriers, red tape and delays contribute to our youth homelessness, addiction and overdose – because this disease is treated in part, not wholly. My experience is that there are really dedicated people in our communities that want to help, but they only know about their 'piece' and can only suggest 'here's a number, call and see what XXXX can do for you'. How can we create a holistic solution for addiction?

It is my belief that treating the youth in our communities, will reduce overdose statistics in both youth and future adult populations. While I realize that there are many pieces to this puzzle – drug supply – criminal enforcement – treatment – public perception, etc, I believe if we focus on youth treatment, we will decrease the need for adult treatment, and the reduction in costs from other community services would pay for it.

Dr. Kendall, as I type this letter today, s.22
s.22

I look forward to your reply,
s.22

Regards,
s.22

Cc: Honourable Terry Lake
Cc: Honourable Stephanie Cadieux
Cc: Honourable Suzanne Anton

1059467

From: Morris, Kirsty L <Kirsty.Morris@leg.bc.ca>
Sent: Wednesday, July 20, 2016 10:53 AM
To: Minister, HLTH HLTH:EX
Subject: PHO - FW: Commentary: Public Health Emergency

Categories: FYI

s.22

From: s.22
Sent: July 20, 2016 10:13 AM
To: Hogg.MLA, Gordon <Gordon.Hogg.MLA@leg.bc.ca>; Lake.MLA, Terry <Terry.Lake.MLA@leg.bc.ca>;
premier@gov.bc.ca; Sukh.Dhaliwal@parl.gc.ca; Dianne.Watts@parl.gc.ca
Cc: Kendall, Perry HLTH:EX <Perry.Kendall@gov.bc.ca>
Subject: Commentary: Public Health Emergency

April 14th, The Provincial Health Officer declared a Public Health Emergency concerning the extraordinary increase in deaths from illicit drug overdoses and other self-abusive behaviour.

It appears that ...

Three months later the response has not been expedited nor effective. Still the numbers climb.

Please do not bother to try and disabuse me of this appearance - the daily reporting of facts speak for themselves.

It is as if a war was declared and the first response from the Generals was to create committees to study the emergency as far from the conflict as possible. It is as if a war was declared but we neglected to arm the troops.

The call for Emergency has turned into a navel gazing exercise focused on process rather than results. It is a response better suited to the *faux* concerns about a *faux* problem: ClimateChange™ rather than a real, present, and immediate danger.

Perhaps it was in the nature of the Emergency declaration ...

It appears as if the emphasis in the declaration of the emergency was misplaced:

This is the first time the provincial health officer has served notice under the Public Health 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.

Collect information appears to take precedence over accomplishing on-the-ground results.

I am not interested in blame ...

There is a lot of blame to be shared among Professional Associations, Practitioners, and Politicians. There is a lot of blame to be shared among Health Care, Police, and Social Institutions.

You just can't make up some of the excuses that I have read concerning the lack of action.

I weary of listening to the sonorous tones of Mediacrats and concerned professionals who are more concerned about sustaining the positions of privilege, regulation, legislation, and process rather than getting on in the spirit of the declared Emergency to make a difference. I weary of those who declare that it is not their job. I weary of those apologists who declare that their actions may not be right, but it is not illegal. The less said about these people the better.

I appreciate that some of you are frustrated by this situation, as are many others. Rather than deferring to political correctness by keeping these frustrations private, I would certainly appreciate hearing a public expression of these frustrations.

I am interested in recognizing accomplishments ...

In the spirit of the declared Emergency what we need to recognize and affirm are the actions of those who have made a difference: individuals who have stepped up to make a difference, individuals who attended overdoes and tried to prevent death, individuals who have counseled to help avoid future overdoes, individuals who have advocated for more tools and appropriate treatments.

Individuals who stepped to make a difference.

What does this say about our civic institutions?

I am concerned.

The response speaks to a fundamental lack of capability of our infrastructure and institutions. The response speaks to a profound disinterest by professional associations.

If this is the best we can do in dealing with the effects of self-abusive behaviour, how then are we going to respond to a real medical emergency?

At some point - and please not now in the middle of an escalating emergency - we need to review our conduct in responding to the Provincial Emergency.

What does a response to a future Provincial Medical Emergency look like?

s.22

s.22

Wright, Kristin J HLTH:EX

From: s.22
Sent: Tuesday, August 9, 2016 1:39 PM
To: OfficeofthePremier, Office PREM:EX
Cc: Minister, HLTH HLTH:EX
Subject: RE: From s.22

Thank you Premier Clark. I look forward to corresponding with the Honourable Terry Lake about possibly joining the Joint Task Force on Overdose Response. It would be my honour.
s.22

s.22

From: OfficeofthePremier, Office PREM:EX [<mailto:Premier@gov.bc.ca>]
Sent: Tuesday, August 09, 2016 3:13 PM
To: s.22
Cc: Minister, HLTH HLTH:EX
Subject: FW: From s.22

Hello s.22 and thank you for your email and attached article. We appreciate hearing from you and receiving this information. On your behalf, we are sharing a copy of your correspondence with the Honourable Terry Lake, Minister of Health. Should the Minister or his staff have any further questions about your article or your request to join the Joint Task Force on Overdose Response, they will be in touch with you directly. Again, thank you for writing. It was good to hear from you.

cc: Honourable Terry Lake

From: s.22
Sent: Wednesday, August 3, 2016 12:40 PM
To: OfficeofthePremier, Office PREM:EX
Subject: From s.22

Hi Premier Clark,

I appreciate your work and analysis of opioids. s.22 I attach an article, recently published which has been well accepted by my colleagues, the public and the media. In short, it states that opioid overprescription is a surrogate for a lack of pain management resources.

s.22

Best,

s.22

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Wright, Kristin J HLTH:EX

From: Berkes, Andrea HLTH:EX on behalf of Kendall, Perry HLTH:EX
Sent: Thursday, August 18, 2016 4:26 PM
To: s.22
Cc: Pecknold, Clayton PSSG:EX
Subject: RE: Fentanyl Crisis (1060616)

Dear s.22

I would like to take this opportunity to thank you for your considerable work as both a Psychiatric and Registered Nurse. Categorically, your role as a nurse within the emergency room and intensive care unit provided you with valuable experience and insight for a variety of medical issues, including problematic substance use. From the various roles and experiences you have described in your email, I can understand your concern regarding the current Fentanyl crisis.

I can assure you that the current Fentanyl crisis is a concern to the Province of British Columbia as well. To respond to the crisis, an Overdose Response Joint Task Force, co-chaired by Mr. Clayton Pecknold, Assistant Deputy Minister and Director of Police Services and myself, will guide the work of cross-system partners. The planning and implementation of priority actions will be spearheaded by representatives from across the province from the seven Health Authorities in conjunction with provincial employees from the Ministries of Health and Public Safety and Solicitor General and other groups, including first responders.

I truly appreciate that you are offering your valuable expertise in order to address this very serious and concerning situation and suggest that you seek opportunities to contribute to this important work in your community.

Thank you for writing.

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer
Ministry of Health
Physical Address: 4th Floor, 1515 Blanshard Street
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4

From: s.22
Sent: Tuesday, August 2, 2016 6:49 AM
To: Kendall, Perry HLTH:EX
Cc: JAG Policing and Security Branch JAG:EX
Subject: Fwd: Fentanyl Crisis

Aug. 2, 2016

Dear Dr. Perry Kendall and Mr. Clayton Pecknold,

My reason for contacting you is because of my concern about the current Fentanyl crisis and I am aware of the task force that both. you and Police Director Mr. Clayton Pecknold are putting together to deal with this matter.

s.22

s.22

s.22

s.22

s.22

Thank you for your consideration.

I look forward to hearing from you.

Sincerely,

s.22

Wright, Kristin J HLTH:EX

From: Health, HLTH HLTH:EX
Sent: Friday, August 19, 2016 10:51 AM
To: s.22
Subject: Ministry of Health Response

Hi s.22 ,

Thank you for your inquiry to the Ministry of Health regarding changes to opioid prescribing.

The Ministry can advise that the decisions around Long Term Opioid Prescribing was a decision made by the BC College of Physicians and Surgeons and not by Dr. Perry Kendall, nor Honourable Terry Lake, Minister of Health.

For your interest, the updated guidelines can be found at: <https://www.cpsbc.ca/programs/drug-programs/prp/prp-guidelines>

Office of the Provincial Health Officer
Ministry of Health
Mailing Address: PO Box 9648, STN PROV GOVT
Physical Address: 4th floor, 1515 Blanshard Street
Victoria BC V8W 9P4

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Wright, Kristin J HLTH:EX

From: Berkes, Andrea HLTH:EX on behalf of Kendall, Perry HLTH:EX
Sent: Monday, August 22, 2016 12:38 PM
To: s.22
Cc: OfficeofthePremier, Office PREM:EX
Subject: BC's Overdose Response Joint Task Force - Response 1060929

August 22, 2016

s.22

Via Email: s.22

Dear s.22

I am in receipt of your recent correspondence with the Office of the Premier in BC and the BC Minister of Health regarding your interest in being a member of BC's Overdose Response Joint Task Force.

At this time, the Committee membership has been established and the work of the BC Task Force is specific to the fentanyl crisis in BC. We will not be directly engaged in developing opioid prescribing guidelines, though we recognize their importance. Work related to the opioid prescribing guidelines for BC has been undertaken by the BC College of Physicians and Surgeons.

Should you wish to be involved in work related to the Canadian Opioid Guidelines, I would suggest corresponding with the College of Physicians & Surgeons of Ontario, or the Federal Health Minister, Honourable Jane Philpott.

Thank you for writing to express your interest in this important initiative.

Sincerely,

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
BC Provincial Health Officer
Ministry of Health
Physical Address: 4th Floor, 1515 Blanshard Street
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4

Wright, Kristin J HLTH:EX

From: s.22
Sent: Tuesday, August 30, 2016 1:09 AM
To: Prime Minister; Minister of Health; Minister of Finance; TB President
Cc: OfficeofthePremier, Office PREM:EX; Minister, HLTH HLTH:EX; deJong.MLA, Mike LASS:EX
Subject: Fentanyl OD Deaths
Categories: FYI

Why all the hysteria about drug users killing themselves?

They chose the lifestyle; we should not be wasting health and tax resources paying the consequences of their actions. There are far worthier causes to down our money on.

Good riddance.

Vancouver

Wright, Kristin J HLTH:EX

From: OfficeofthePremier, Office PREM:EX
Sent: Wednesday, September 14, 2016 11:19 AM
To: s.22
Cc: Minister, HLTH HLTH:EX
Subject: FW: Fentanyl Crisis

Categories: FYI

Hello, s.22 and thank you for your email regarding the fentanyl health crisis in BC. s.22
s.22

You may be interested to know that our government recently announced the creation of a Joint Task Force on Overdose Response which will be headed by provincial health officer Perry Kendall and director of police services Clayton Pecknold. This task force will help the Province take the additional steps needed to get drugs like fentanyl off the street. For more information on this announcement, we encourage you to read the following news release:

<https://news.gov.bc.ca/releases/2016PREM0082-001361>

We hope that the work being undertaken by the taskforce will ensure that other families do not have to experience the same loss that you are currently facing.

You've made several comments regarding services available to those struggling with addiction as well as expressed concerns on licensing pill presses so, on your behalf, we are sharing your email with the Honourable Terry Lake, Minister of Health. Please be assured that your input will be included in the Minister's ongoing discussions on these important issues.

s.22

cc: Honourable Terry Lake

-----Original Message-----

From s.22
Sent: Monday, September 12, 2016 9:48 PM
To: OfficeofthePremier, Office PREM:EX
Subject: Fentanyl Crisis

Dear Hon. Clark,

My name is s.22 from a fatal fentanyl overdose. It was a fake Oxy
pill that s.22 It was stamped and in perfect form. We found 3 1/2 pills on s.22
s.22
s.22
s.22 We did what we
s.22

s.22

This is where I feel the system failed s.22 :

s.22

s.22

I believe the stigma around addiction was also a factor in s.22 there were several deaths in our community all fentanyl related. Prior to this year, there was not a lot of conversation about addiction and mental health, we all knew it was out there and people were struggling but what are we doing as a society to help these people? Not much.

The cost of privately funded treatment is ridiculous, and we need more support in every community.

I also believe that we have a loop hole in our system where it allows anyone to purchase a pill or tablet press without a license. I would like your government to take care of this one small issue and follow the lead of Alberta and change the requirements on who can and who can not have access to these machines. I cannot think of a single reason that any individual would need one of these machines, except maybe a pharmacist, unless it was for illegal purposes. I have read that many of the police departments would also like you to make this change. Please, s.22 because he took a pill he thought was something and it ended up being 100 percent fentanyl. Don't let s.22 die this way.

Thank you for your time, and again, please make this change in legislation on the pill and tablet press as a move forward in the fentanyl crisis that BC is dealing with. I know it will not stop everything, but it will help.

Thanks

s.22

Wright, Kristin J HLTH:EX

From: Westcott, William PREM:EX
Sent: Friday, September 23, 2016 8:27 AM
To: Minister, HLTH HLTH:EX
Subject: FW: rethink the battle plan against Fentanyl with the ProSmart-ID Network!

The following email is addressed to the Premier and Minister Lake, among others. We will leave this with you for any necessary action.

Thanks,

Will Westcott
Correspondence Officer
Office of the Premier

From: s.22
Sent: Thursday, September 22, 2016 11:28 AM
To: Prime Minister/Premier Ministre; XT:Ambrose, Rona HLTH:IN; OfficeofthePremier, Office PREM:EX; Minister, HLTH HLTH:EX
Subject: rethink the battle plan against Fentanyl with the ProSmart-ID Network!

Dear Prime Minister Justin Trudeau, Jane Philpott, Christy Clark, Terry Lake,

We need to rethink the battle plan against fentanyl

The drug crisis in Canada has now changed for the worse. No longer does a street dealer need to be connected to major organized crime groups to sell drugs on the street. Nowadays, anyone can become a street dealer with the ability to watch a how-to-video on YouTube and then order synthetic drugs like fentanyl over the internet from China, and have it delivered right to their doorstep.

For the street dealers, drugs like fentanyl serve three main purposes as they are highly addictive, cheap to purchase and highly profitable.

Nothing is safe and no one is safe!

North America is in crisis and providing Naloxone to counter the effects of fentanyl is really only a bandaid solution to the problem.

The real solution in Canada is to legalize street drugs so that we can control what's in them, by overseeing the production, distribution and product to consumer tracking.

Legalizing street drugs would be a very bold step for the Liberal Party of Canada to take in partnership with the Provinces and by utilizing the ProSmart-ID network (that's been designed for marijuana sales and logistics) we will stop the majority of overdoses from happening in the future.

If we want to save lives, we need to become the drug dealers!

The ProSmart-ID Network will also give medical professionals and community outreach workers a new set of

tools to track user purchasing patterns so to better understand the problems, as each user has different needs and roads to recovery.

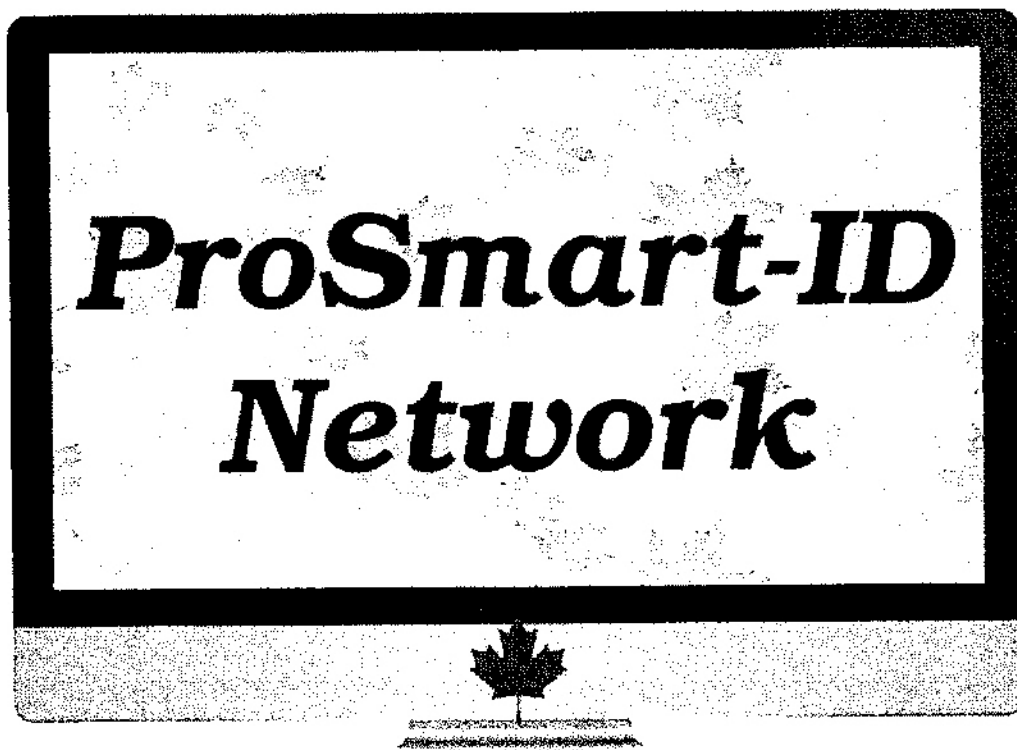
Canadian pharmacies working in partnership with Health Canada and the Provinces will be in a better position to address these problems with the ProSmart-ID Network in place.

As science advances, low cost synthetic drugs will eventually take over as traditional drugs “in comparison” become too expensive to manufacture and too risky to ship.

With that being said, if we are to become the drug dealers, we can eventually start building synthetic solutions right into the drugs, such as Naloxone as well as Suboxone and others so that users can one day just stop being users, without any side effects and all on their own accord!

Your's Sincerely,

s.22



Wright, Kristin J HLTH:EX

From: Morris, Kirsty L <Kirsty.Morris@leg.bc.ca>
Sent: Thursday, September 22, 2016 9:38 AM
To: Minister, HLTH HLTH:EX
Subject: FW: Toxic street drugs

Categories: FYI

From: s.22
Sent: September 21, 2016 7:09 PM
To: Lake.MLA, Terry
Subject: Toxic street drugs

Dear Dr. Lake:

Whether it is Fentanyl, Carfentanil, PCP, or other cheap extremely potent and toxic agents being cut into relatively "safe" street drugs, used by injection or other methods of administration (morphine, heroin, cocaine, MDMA, marijuana, etc) the concern is the delivery of street drugs which contain components that the user is not anticipating, and can lead to adverse reactions, including death. And clearly this is happening in BC very often.

You say the problem is complex and difficult to resolve. However, I am confused. Clearly based upon the exact numbers being reported by the coroner's office, it is not that difficult to determine that Fentanyl was the cause of death. If it can be identified in dead people, can it not be identified before it is consumed?

Yes, it's good your government has removed restrictions on access to the "after the fact" Naloxone, and it would be helpful if there were adequate detox beds so people who are reaching out for treatment could receive it without a 6 month to a year waiting list, and it would be really helpful to have numerous trained staff injection locations, but the provincial government is excusing itself due to certain federal legislation which appears to be placing some barriers.

Street drug users do not typically have a death wish. They do have an addiction which takes first priority in their lives. Recreational users are also not looking to die, but wishing to access some "good times" and escape.

Since these high potency toxic drugs being added to street drugs are identifiable, why can't the province offer drug testing, such that the drugs could be brought to a safe location and analyzed prior to it being used? If this is not an option due to logistics, accuracy of the test, time involved or cost, perhaps an even better option is expanding the substitution programs for drug addicts so they can access pharmaceutical grade medications which will control their withdrawal symptoms at least as a stop gap. Honestly, since pharmaceutical versions of street drugs are relatively inexpensive on the legitimate market, perhaps it is time to allow drug addicts access to clean versions of these drugs from pharmacies, as the drugs themselves are a lot less dangerous to health than the typical lifestyle of a drug addict, which may include prostitution or theft to support their habitual use, poor nutrition and homelessness due to financial problems, and consumption of contaminated street drugs which have much worse consequences than the drug they would prefer to be using.

The stigma and moral judgments being made regarding users simply serves to put a great number of people at

risk, not just the users themselves either, but their families and acquaintances, and potential victims from disease, or the methods they may use to acquire income for their drugs.

In the meantime, should testing the raw drugs not be an option, rapid increases of treatment beds, rapidly offering substitution programs, and safe injection locations seems long overdue, and says to me this "emergency" which it clearly is, has not been taken seriously by the provincial government. I will try not to presume that the reason for this is as nefarious as it currently appears.

Sincerely,

s.22

Berkes, Andrea HLTH:EX

From: Kendall, Perry HLTH:EX
Sent: Tuesday, December 13, 2016 3:22 PM
To: Berkes, Andrea HLTH:EX
Subject: FW: FOI

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer
Ministry of Health
Physical Address: 4th Floor, 1515 Blanshard Street
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4
Phone: 250 952-1330 Fax: 250 952-1570
Email: perry.kendall@gov.bc.ca



B.C. PUBLIC SERVICE
HALL OF EXCELLENCE MEMBER

From: s.22
Sent: Friday, December 9, 2016 9:29 PM
To: Lake.MLA, Terry LASS:EX; Kendall, Perry HLTH:EX
Subject: Thank you.

s.22

I'm alive today because of the action taken by s.22 and the dozens of volunteers working at the two pop-up tents in the DTES; the action you've taken today and plan to take over the coming weeks will save hundreds of additional lives.

Thank you.

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Wednesday, December 14, 2016 11:08 AM
To: s.22
Subject: MoH Response - Cliff # 1076004

s.22

Dear s.22

Thank you for your email dated December 6, 2016 to Premier Clark regarding naloxone availability in BC. The Premier has asked me to respond on her behalf.

People who are at risk of overdose are able to access Take Home Naloxone kits free of charge, no matter where they are in the province. This is coordinated provincially through the BC Centre for Disease Control, and kits are dispensed at harm reduction supply distribution sites by regional health authorities.

For more information on where these kits can be accessed, please visit: <http://towardtheheart.com/naloxone> or the Fraser Health website on harm reduction services: <http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/overdose-prevention-and-response/where-can-you-get-naloxone/where-can-you-get-naloxone>

Thank you for sharing your concerns about ensuring that naloxone is readily available to people at risk of opioid overdose in your community.

Sincerely,

Warren O'Brien
Executive Director
Public Health Services Branch

INCOMING

From s.22
Sent: Tuesday, December 6, 2016 5:52 PM
To: OfficeofthePremier, Office PREM:EX
Subject: Naloxone availability & drug addicts

Hello

I recently required a prescription that I had to pick-up at the Safeway pharmacy s.22
happened to notice a sign at the pharmacy window.

While there, I

"Naloxone kits are available for purchase."

Needless to say, I was disgusted and even said so to the pharmacist. I informed him, that addicts are going to die because Safeway puts a price on this precious life saving medication!

I am very aware that Naloxone is freely given away in the downtown core of Vancouver. s.22

s.22

s.22

As I do have this awareness and understanding, it is absolutely vital to saving lives, that Naloxone be freely available to all. I know that if I were still using drugs, I would always have this on hand, not only for myself, but for any friends I may be using with. A friend might be able to save my life by administering this medication. I would have it with me, just in case! And because it is addiction, it is about finding ways and means to buy more drugs. It isn't about buying Naloxone.

There happens to be a lot of addicts here in s.22, along with quite a number of homeless people with addiction issues. I guarantee you, that homeless people cannot afford naloxone.

My dear Premier, IF you truly do want to save lives, please, please, take the price tag off of this life saving, precious, medication, to enable all addicts the opportunity to have it on hand, just in case.

Naloxone *MUST* be free of charge to all. Lives depend on it.

Sincerely,

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Tuesday, December 13, 2016 2:44 PM
To: s.22
Subject: MoH Response - Cliff # 1075220

s.22

Dear s.22

Thank you for your email to Health Minister Terry Lake dated September 8, 2016, regarding problematic substance use and supervised consumption services in the province. The Minister has asked me to respond on his behalf. I apologize for the delay.

Supervised consumption services are evidence-based public health interventions that prevent harms related to substance use, including overdose fatalities and the transmission of blood borne pathogens such as HIV and hepatitis C. Evaluations of supervised consumption services show that, instead of increasing the cost to taxpayers, these interventions actually reduce health care costs and result in more people entering treatment for substance use disorders. In answer to your question about funding, operation of these services is funded by the regional health authority where the services reside.

As you may be aware, the health system is working hand in hand with law enforcement on these matters; while the health system remains focused on improving health and saving lives, our public safety and border security colleagues continue to work at stemming the flow of deadly fentanyl and its analogues across our borders, and intervening and arresting those involved in manufacturing and distributing such prohibited substances within our borders.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

Name

s.22

Email

s.22

Riding

kamloops

Comments & Feedback

Illicit Drugs and Society
September 8, 2016
6:33 PM

The Judicial system and medias manipulation of society.

The making of illegal drugs, legal with terminology, Illicit drugs? recreational drugs? And the implementation of Safe injection sites. What happened to Common sense? Street drugs are illegally sold by drug dealers and are gang affiliated, are illegal, full stop. The use of these illegal drugs must be stopped or reduced in there use, they are illegal by the Judicial System, Government and Society or not. Judicial system and government state the use and possession of these illegal drugs are a criminal offence yet they set up safe injection sites to use these illegal drugs. Who pays for these safe injection sites or the drugs they use there?

Fentanyl Over dosed citizens and the drug Naloxone used to revers the over dose with paramedics, R C M P and valuable hospital resources, who pays for all of this public misuse? The tax dollars thrown away on police resources chasing these Drug dealers and Gang Members if they allow safe injection sites. What are they saying the use is OK?

A Reflection of the Opium dens of the past, and Safe injection sites.

This is a very sick society, when money is thrown away on Illicit (illegal) drugs use?, or so called recreational (illegal) drugs? and Safe injection sites. Only to try to prevent over doses condoned by Your judicial system and Government . When there are other members of Our society who need LEGAL MEDICATION, cannot afford it and the medical attention needed to Live. Walking away from pharmacy's with out the medication needed is a criminal offence in itself, against Humanity. The drugs these people need and Cannot afford, are also paying taxes are being thrown aside for these indiscriminate illegal drug users. Giving them the time and attention they truly do not deserve brought upon them selves. You dance with the dead you belong with the dead, loss of a few for the good of the rest, of society.

I consider You, **s.22** to be no better than a Drug Dealer. Should be Jailed as a accessory to the Deaths of all overdosed citizens, by condoning drug use by loose terminology (Recreational not as Illegal Drugs)

Next election I will make it my priority to make sure You or your cronies are not elected. Through demagoguery all for votes, sick, sick, sick.

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX
Sent: Friday, December 2, 2016 10:47 AM
To: s.22
Subject: MoH Response - 1075192

Dear s.22

Thank you for your correspondence dated November 24, 2016, in which you suggested that the Government of British Columbia provide users of illicit drugs with access to uncontaminated heroin to combat the rise in the number of illicit drug overdose deaths. I appreciate the opportunity to respond to your suggestion.

The Government of British Columbia is committed to providing evidence-based opioid substitution treatments (OST) to reduce harms associated with illicit drug use. Studies show that OST can improve health and safety outcomes such as reduced illicit drug use, reduced injections, reduced needle sharing, lower incidence of HIV and other serious injection-related infections, and reduced crime.

In 2011, researchers from Providence Health Care and the University of British Columbia launched the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) to explore alternative forms of OST for people who are chronically dependent on strong opioids and do not respond to abstinence-based treatment options or pharmacotherapy such as methadone or buprenorphine/naloxone (i.e., suboxone) maintenance. The Vancouver-based SALOME study tested the effectiveness of other substitution medications such as diacetylmorphine (i.e., heroin) and hydromorphone through a clinical trial funded by the Canadian Institutes for Health Research. Findings from the SALOME study support offering both hydromorphone and diacetylmorphine as options to treat opioid use disorder. Following completion of the research phase of the study, and in keeping with an ethical obligation to continue offering experimental treatments to study participants when they respond positively, Providence Health Care physicians have continued to provide hydromorphone or diacetylmorphine treatment to study participants post trial. While patients are limited to former study participants, British Columbia is nevertheless gaining considerable expertise in the use of these treatment modalities with patients who have not responded to other available options.

In April 2016, the Provincial Health Officer declared a public health emergency under B.C.'s Public Health Act in response to an unprecedented number of opioid overdose deaths across the province. In July 2016, Premier Christy Clark announced the establishment of the Joint Task Force on Overdose Prevention and Response to lead an integrated response to the emergency across the public health and public safety sectors. The Joint Task Force remains focussed on stemming the increase in opioid overdose deaths while addressing the larger picture of problematic substance use in the province through the implementation of a comprehensive seven-point plan. The plan includes a commitment to improve treatment options for people with opioid dependence.

Thank you for your interest on this important issue. For more information about the public health emergency, visit www.gov.bc.ca/overdose.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

-----Original Message-----

From: s.22

Sent: Thursday, November 24, 2016 10:30 PM
To: Kendall, Perry HLTH:EX
Cc: Health, HLTH HLTH:EX
Subject: PPH - Fentanyl Crisis

If we are trying to save the lives of addicts in the fentanyl crisis, why don't we supply addicts with a legal source of pure heroin instead of having them rely on the drug laced with fentanyl from illicit sources? Seems like that is an obvious answer.

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Wednesday, August 24, 2016 12:31 PM
To: s.22
Subject: MoH response - Cliff # 1060581

s.22

Dear ^{s.22}

Thank you for your email to Premier Christy Clarke dated June 24, 2016, following the establishment of the Joint Task Force on Overdose Response, in which you raise the issue of workplace addiction and overdoses. The Premier has asked me to respond on her behalf.

Workplaces are key settings in which substance use problems such as addiction may arise or become manifest, impacting individual employees, their colleagues, their companies, and the economy and society as a whole. To this end, workplaces are important settings being considered as the government works with health system partners and key stakeholders to address these complex issues in the context of the provincial overdose crisis. These activities include public information and awareness campaigns, increased access to opioid substitution therapy and addictions treatment, providing more training for physicians, nurses and other health care providers, and continuing to increase access to Naloxone to reverse overdoses. The government is collaborating with WorkSafe BC on a number of matters related to addictions and overdoses, including safer prescribing practices for health professionals who are treating WorkSafe BC clients, and working with PainBC to hold a provincial Pain Summit.

Your support for the government's efforts to address overdose prevention and response is greatly appreciated.

Sincerely,

Warren O'Brien
Executive Director
Public Health Services Branch

From: s.22
Sent: July 27, 2016 12:12 PM
To: Clark.MLA, Christy <Christy.Clark.MLA@leg.bc.ca>
Subject: Task Force

Good afternoon Premier Clark, watched your news conference on our massive drug problem in BC.

Well done, this is something we need.

My question is this. As we get this task force rolling and doing what is required, is there an opportunity to start looking at workplace addiction and overdoses?

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Tuesday, November 29, 2016 2:03 PM
To: s.22
Subject: MoH Response - CLIFF 1071602

s.22

Dear s.22

Thank you for your email of October 27, 2016, to MLA Doug Bing regarding needle exchange in Maple Ridge. Your correspondence was subsequently forwarded to the Minister of Health who has asked me to respond on his behalf.

I appreciate your interest in the ongoing issue of problematic substance use in the province and in Maple Ridge. BC's harm reduction program, consistent with recommendations from the World Health Organization, supports needle distribution over needle exchange as rigorous scientific evaluation has demonstrated that limiting access to needles, or requiring the return of one needle before another can be distributed, can discourage use of such services, ultimately having a negative impact on public health at the community-wide level.

Thank you for your suggestion that individuals be paid a small sum of money for every needle returned. We will consider this suggestion.

To learn more about Fraser Health's approach to harm reduction and needle distribution, including the safe disposal of used needles, please visit: <http://www.fraserhealth.ca/health-info/health-topics/harm-reduction/disposing-of-needles-safely/>. I appreciate the opportunity to respond.

Sincerely,

Warren O'Briain
Executive Director
Public Health Service Branch

INCOMING

From: s.22
Sent: October 27, 2016 8:54 AM
To: Bing, MLA, Doug <Doug.Bing.MLA@leg.bc.ca>
Subject: Re: New submission from Contact Your Constituency

Regarding Maple Ridge and the issue of the Shelter....

If we must have a shelter at all, I don't feel that the current planned location is appropriate, and that in an industrial area might be a better location. Somewhere away from schools, parks & daycare facilities, also away from the main highway.

There needs to be rules to the shelter so any drug use is left outside & away from the shelter so actual homeless & disabled people feel comfortable to go to it. A " SAFE PLACE " for help & for people who want to improve themselves....to get better. If they are truly homeless then they shouldn't mind a couple rules just like if you moved back home. Parents provide house rules to keep everything equal or the kids will take over. Also if you need help there is usually something you do in return for that help....like following house rules.

As for the drug addicted...I know this is an issue that's not going to go away. Drugs are stronger than they ever have been and are so easily accessible & cheap. The government needs to step up on this issue because it's already getting out of control.

People won't decide to quit drugs if you feed, house and provide medical care to them. Not that we should just let them die...this is a hard puzzle to solve and that's why the government should get in on this issue because it's too difficult for one city to bare.

To provide for them will only attract more users to that area...we know this from all the new homeless people around here because of all the shelter talk.

A good idea someone had was to offer a refund for the needles returned, 0.05 cents per needle returned so the addicts will start picking up after themselves. This also will give them something to do while providing a safer environment to the public. Or perhaps to simply exchange....5c/needle returned or a fresh needle free. Unless it has value to them, they will just toss it on the ground like any other garbage.

This is just my 2c worth.

Regards ^{s.22}

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, November 28, 2016 2:22 PM
To: s.22
Cc: Hansen, Regan HLTH:EX; 'premier@gov.bc.ca'
Subject: MoH Response - Cliff # 1074880

Cliff # 1074880

s.22

Dear s.22

Thank you for your email to Premier Clark dated November 17, 2016 regarding the Joint Task Force on Overdose Response. The Premier has asked me to respond on her behalf. I am familiar with your story and offer my sincere condolences to you and your family. Thank you for reaching out.

I would like to extend an invitation to our Public Engagement Task Group; one of several task groups under the Joint Task Force responsible for addressing the public health emergency. Its mandate is to develop public messaging and education campaigns that center on family-focused messaging and stigma reduction. Membership is made up of representatives from the health and public safety sectors, as well as families and people with lived experience.

I have asked the co-chair of the Public Engagement Task Group, Regan Hansen, to follow up with you to determine how you might be involved with this important work, Regan.Hansen@gov.bc.ca

Thank you again for offering your experience and insight to help bolster the province's response to this tragic crisis.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: s.22
Sent: Thursday, November 17, 2016 8:30 AM
To: OfficeofthePremier, Office PREM:EX
Subject: Task Force

Hello,

My name is s.22 and I have created s.22 to create awareness, education and resources as it pertains to the Fentanyl crisis. s.22
s.22

s.22

s.22

s.22



BRITISH
COLUMBIA

OCT 04 2016

1064005

s.22

Dear s.22

Thank you very much for your letter of August 29, 2016, regarding the province's response to the opioid overdose crisis. We are deeply saddened to hear of the s.22 and offer our sincerest condolences to you and your family. Honourable Christy Clark has asked me to respond on her behalf, and I apologize for the delayed response.

Planning and carrying out the government's response to the opioid crisis involves all levels of the health and public safety sectors, federal and local governments, and experts in substance use, including those who work on the front lines. What is less often reported is that government's response has been and continues to be informed and supported by people who use drugs and people who have lost loved ones to drugs. Many of these individuals are a part of a long-standing group called the Drug Overdose and Alert Partnership (DOAP), while others are involved in organizations such as "From Grief to Action" and "Moms Stop the Harm."

The Joint Task Force is responsible for ensuring the integration of the multiple sectors involved in the province's response, and facilitates the removal of any identified barriers to consistent and rapid implementation of initiatives to address the crisis. Some of these barriers are gaps in service, as you note in your letter. To address this, the Joint Task Force has asked that DOAP expand its membership to more accurately reflect and report on the needs, challenges and obstacles for people who use drugs and those who have suffered loss due to drug use.

We recognize that people who use drugs and their loved ones face considerable challenges due to stigma. On August 31, International Overdose Awareness Day, the province launched the first phase of a comprehensive public engagement campaign to increase awareness of drug overdoses and the reality that no one is immune. As you said in your letter, drug dependence and overdose do not exclusively occur among people with long histories of drug use. The province is collaborating with expert input from DOAP and other organizations involving mothers and other family members to create resources for parents and families to use to combat this crisis.

...2

s.22, it is our hope that knowing the government is engaging with both front line staff and people who use drugs and their families brings some level of comfort to you. Your story is tremendously moving and puts a very human face to this very tragic public health emergency; we are so very sorry for the loss of your s.22

Thank you again for taking the time to write us.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Lake'.

Terry Lake
Minister of Health

pc: Honourable Christy Clark, Premier, premier@gov.bc.ca
Honourable Mike Morris, Minister of Public Safety and Solicitor General,
mike.morris.MLA@leg.bc.ca

Dear Premier Clark,

I was very moved the other evening when I was watching the local news and saw your announcement of new initiatives to tackle the Fentanyl crisis hitting the citizens of British Columbia. The task force you are implementing to combat the devastating and deadly affects of this drug in our communities is long overdue but I truly welcome it's implementation. s.22
s.22

s.22 However, to lose a child to an addiction related death brings with it many more layers to work through than one can imagine s.22
s.22

s.22

s.22 I've learned a lot about addiction in the past few months. s.22

s.22 . People often stereotype the addict as someone who is living on the streets under a park bench. However, addiction can affect people in every walk of life and we've seen this reflected in the deaths related to Fentanyl.

s.22

s.22 I was so happy to hear that strategies such as "tests kits" are in motion for addicts to use in testing the substance for fentanyl before using (this would have saved s.22 life) and a major push is on to get the Naloxone kits out to communities to combat the deadly affects of Fentanyl. I fully support the task force actions to expand the supervised consumption sites and dearly hope that one will be back up and running in the city of Victoria. I hope that "access" to Naloxone is easily accessed by youth, those that live on the streets and people from every walk of life. Finally, I hope there is a major push to "educate" the youth and those who face the challenge of addiction of this deadly drug.

I applaud you for all your efforts. I hope that “politics” will never stand in the way of what is a critical health emergency on the streets of our province. My hope is that all the political parties of this province will stand together in commitment to see an end to this drug on our streets.

s.22

However, your commitment to this task force is so greatly appreciated and it gives me hope that not one more family will experience the loss that I am having to experience.

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Tuesday, August 23, 2016 1:10 PM
To: s.22
Subject: MoH Response - Cliff # 1060691

s.22

Dear s.22

Thank you for your email of July 13th, 2016, concerning police carrying the medication naloxone to reverse opioid overdoses. The Minister has asked me to respond on his behalf.

Current federal and provincial regulations for naloxone allow police officers, firefighters and all levels of emergency medical responders to carry and administer this medication in emergency situations. To date, no police forces in BC have equipped their members with naloxone and the equipment to inject it. The Ministry of Health continues to work with police and other partners to expand access to naloxone. Recently, the federal government began allowing the importation of an intranasal naloxone formulation, which may be preferable for some first responders.

Sincerely,

Warren O'Brien
Executive Director
Public Health Services Branch

From: s.22
Sent: July 13, 2016 2:25 PM
To: Lake.MLA, Terry
Subject: naloxone question

Good afternoon,

In this article: Fletcher, T. (2016, April 14). B.C. declares fentanyl drug overdose emergency. The Chilliwack Times. Retrieved from <http://www.chilliwacktimes.com/news/375740571.html>

It is quoted in paragraph 6 as: Health Minister Terry Lake said kits containing an overdose treatment called naloxone have been made available to paramedics, firefighters and police, but the alarming rise in cases means more action is needed.

However after contacting a few police departments in the Fraser Valley I've been advised that no police departments have these on hand, but are administering if the victim has a kit.... Can you please tell me if this has just not taken affect yet, or if this is misinformation?

Thank you,

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, November 28, 2016 1:46 PM
To: s.22
Subject: MoH Response - CLIFF 1074871

Cliff # 1074871

s.22

Dear s.22

Thank you for your email to Minister Lake dated November 22, 2016 regarding the regulation of pill press machines. The Minister has asked me to respond on his behalf.

As you noted in your email, BC has lobbied the federal government to amend federal legislation and regulations to improve control of equipment associated with illegal pill manufacture (e.g., pill presses). While we are exploring a provincial approach to restricting pill presses, federal involvement is required to exercise control over importation. Without this intervention, provincial-level restrictions do not prevent individuals from obtaining this equipment from other jurisdictions in Canada, where restrictions are not present, and bringing the pill presses to BC across uncontrolled provincial boundaries.

The federal government has committed to exploring options on how access to pill presses could be controlled; however, the province recognizes that the lack of timely federal action ultimately impedes BC's progress in responding to the opioid overdose emergency. The province continues to encourage the federal government on this front; in the meantime, BC is exploring if and how pill press restriction might be implemented in the province.

Thank you for your interest in this important topic.

Sincerely,

Warren O'Brien
Executive Director
Public Health Services Branch

From: s.22
Sent: November 22, 2016 12:50 PM
To: Lake.MLA, Terry
Cc: Clark.MLA, Christy
Subject: Fentanyl

Dear Minister Lake

I was happy to read that you are calling on the Federal Government to "act now" to slow the fentanyl's deadly toll.

Could you explain why our own BC government is refusing to ban the possession of "press pills" (<http://theprovince.com/news/bc-politics/mike-smyth-the-fentanyl-crisis-while-b-c-whines-alberta-takes-action>) ?

If you are so concerned, surely this would be a step in the right direction ...

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, July 25, 2016 12:53 PM
To: s.22
Subject: MoH Response 1057638

s.22

Thank you for your email of June 17, 2016, regarding opioid drug harms and harm reduction. Minister Terry Lake has asked me to respond on his behalf. I am including updated information reflecting recent progress and remaining potential barriers in the important areas of action you identified. I hope this will be helpful in your work at s.22

The majority of BC's regional health authorities are actively exploring the feasibility of establishing supervised injection services. Each health authority may perceive different challenges in establishing these services, according to their local context. One challenge common to all is the requirement for a federal exemption under section 56 of the *Controlled Drugs and Substances Act*. Federal legislation put in place in 2015, known as "Bill C-2" or the "*Respect for Communities Act*," sets out the elements that must be present in an application before the Federal Minister of Health will review an application for an exemption to operate a supervised injection service. These requirements can be onerous and time consuming for applicants to meet. The Ministry of Health is working with regional health authorities and Health Canada on this issue.

On June 1, 2016, the College of Physicians and Surgeons of BC released new standards and guidelines relevant to opioid prescribing: *Safe Prescribing of Drugs with Potential for Misuse/Diversion*, see: <https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf>. These standards include the requirement for physicians to check PharmaNet where available before prescribing opioids, sedatives or stimulants. Where PharmaNet is not currently available, the guidelines direct physicians to consult with colleagues, such as pharmacists, and prescribe only necessary medications until the patient's dispensing history is available. In addition, the guidelines indicate that PharmaNet access will become a requirement in all clinical locations where opioids, sedatives or stimulants are prescribed.

The BC Government has committed to creating 500 additional substance use treatment/intervention beds across the province by 2017, which includes withdrawal management beds. As part of this initiative, many regional health authorities are opening new withdrawal management beds in facility-based settings, for example, in locations where patients would stay for the duration of their withdrawal. Additionally, some health authorities are adding home-based or mobile withdrawal management services to support patients in the community.

Previously, the requirement for physicians to have an exemption under the Federal *Controlled Drugs and Substances Act* in order to prescribe Buprenorphine (the major component of Suboxone) had been identified as a barrier to wider access to Suboxone as a treatment for opioid use disorder. As of July 4, 2016, the College of Physicians and Surgeons of BC no longer requires physicians to have this exemption. Any physician may prescribe Suboxone as a treatment for opioid use disorder. This change is intended to increase the availability of Suboxone. Through its new guideline, *Methadone and Buprenorphine: Clinical Practice Guideline for*

Opioids Use Disorder, see <https://www.cpsbc.ca/files/pdf/MBMT-Clinical-Practice-Guideline.pdf>, the College of Physicians and Surgeons of BC is advising doctors to take online training available for Suboxone prescribing, please see www.suboxonecme.ca. Support is also available for physicians via the Rapid Access to Consultative Expertise line, through which any physician may speak to an addictions specialist for advice in caring for patients, please see <http://www.raceconnect.ca/>.

Sincerely,

Warren O'Briain
Executive Director, Public Health Services
Population and Public Health

From: s.22 s.22
Sent: Friday, June 17, 2016 11:00 AM
To: Minister, HLTH HLTH:EX
Cc: Holman.MLA, Gary LASS:EX
Subject: Fw: drug policy chnges

Dear Minister Lake;

I am now part of the Opioid Action Exchange at which you spoke and we met on June 9th. We, a network of mothers who have lost children to drug harms, are activating for several changes in BC Harm Reduction actions. You have publically said many times that you are very supportive of Harm reduction measures in B.C. And I believe this is true. What are the barriers for the changes we need to see, such as the following:

- 1) Large increase in safe injection/consumption services all over B.C., not just in the Vancouver area.
- 2) Legislated use of Pharmanet or a change in the standards by the College of Physicians and Surgeons of Pharmanet Access. (I understand the the Ministry of Health owns the software for Pharmanet access and charges Physicians and Pharmacists to access it. It should be mandated and free. s.22 as a consequence of multiple prescriptions by doctors who did not access Pharmanet)
- 3) Increase in size of detox centers (Victoria has 21 beds!)
- 4) Physicians being trained and certified to prescribe Suboxone.

I know these items are on the table. I need to know at what stage, and what barriers. As you are well aware, people are dying. Please answer these questions as soon as possible. I am speaking to my MLA Gary Holman this afternoon and will present him with this list as well. I sure would like to know where in the process these items are before seeing him. I realize this incredibly short notice!

Thank you

s.22



Virus-free. www.avast.com

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, November 28, 2016 1:21 PM
To: s.22
Subject: MoH Response - CLIFF 1037365

s.22 Cliff # 1037365

Dear s.22

Thank you for your email of November 10, 2016 to the Minister of Health regarding a recent fentanyl public service announcement. The Minister has asked me to respond on his behalf.

I appreciate your interest and feedback on the fentanyl ad, which is part of a broader provincial campaign intended to raise awareness about overdose prevention and response. As you state in your email, many British Columbians are currently dying from unintentional drug overdoses, and our goal is to prevent overdoses and overdose deaths. Unfortunately, evaluations of programs that rely entirely on messages directing people to simply not take certain drugs produce no noticeable reduction in illegal drug use, and in some cases may have the negative effect of leaving people using drugs, and their families, feeling ashamed to seek help. In the context of this public health emergency, people who use drugs and their loved ones must be able to seek medical care for an overdose without fear of judgement.

The ad you saw is part of an integrated health and public safety response to opioid overdoses and overdose deaths in BC. Other actions include expanding treatment and harm reduction services as well as strengthening controls at the Canadian border and better regulating equipment and precursors used in the manufacture of illegal drugs. To learn more about the province's other actions to reduce overdoses and overdose fatalities, please visit: <https://news.gov.bc.ca/releases/2016HLTH0083-002396>.

This recent detailed progress report may also be of interest: <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-progress-update-nov2016.pdf>

I appreciate the opportunity to respond.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: s.22
Sent: November 10, 2016 12:14 AM
To: Lake.MLA, Terry
Subject: BC Government Fentanyl Ad

Dear Minister Lake,

s.22

watching it that we were compelled to reach out to you. I'm sure you 100% aware of the ad as it is directly from the BC Government and the BC Ambulance service about the drug fentanyl. Perhaps you even approved it directly. In the advertisement it is stated that fentanyl is killing British Columbians. But then it goes on to say:

- 1) do the drug with a sober friend
- 2) call 911 right away if it is going badly
- 3) paramedics won't judge you or get you in trouble, they just want to help you

At no point did it ever say to NOT take the drug. It didn't even IMPLY you shouldn't take it! We are extremely upset and perhaps that is not even a strong enough word. We are outraged. That type of messaging is unacceptable in so many ways in general. And then for it to come from the government is literally unbelievable and completely unacceptable.

We know this drug has killed British Columbians and and it is an awful situation. However, the answer is not to give people advice on how to take it! Again, that approach is literally unbelievable. If you want to say "DON'T take this drug but if you do, or someone around you does, then here are a couple of points" that would at least be in the realm of possibility. The current messaging is completely unacceptable and the ad in it's current form needs to be pulled from the air immediately.

We look forward to hearing back promptly.

Sincerely,

s.22

Coquitlam BC

McKinney, Jodie HLTH:EX

From: Perkin, Kathleen M HLTH:EX
Sent: Wednesday, July 6, 2016 2:31 PM
To: Latreille, Hollie E HLTH:EX
Subject: FW: MoH Response - 1057638

From: Population and Public Health HLTH:EX
Sent: Wednesday, July 6, 2016 9:09 AM
To: s.22
Subject: MoH Response - 1057638

July 6, 2016

Dear s.22

Thank you for your e-mail sent on June 17, 2016 regarding Opioid Drug Harms and Harm Reduction in BC. The Minister has asked that I respond on his behalf and I appreciate that you have taken the time to write. Please be assured that your letter is receiving prompt attention and that a more detailed response will be sent to you at the earliest opportunity.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: s.22
Sent: Friday, June 17, 2016 11:00 AM
To: Minister, HLTH HLTH:EX
Cc: Holman.MLA, Gary LASS:EX
Subject: Fw: drug policy chnges

Dear Minister Lake;

I am now part of the Opioid Action Exchange at which you spoke and we met on June 9th. We, a network of mothers who have lost children to drug harms, are activating for several changes in BC Harm Reduction actions. You have publically said many times that you are very supportive of Harm reduction measures in B.C. And I believe this is true. What are the barriers for the changes we need to see, such as the following:

- 1) Large increase in safe injection/consumption services all over B.C., not just in the Vancouver area.
- 2) Legislated use of Pharmanet or a change in the standards by the College of Physicians and Surgeons of Pharmanet Access. (I understand the the Ministry of Health owns the software for Pharmanet access and charges Physicians and Pharmacists to access it. It should be mandated and free. s.22 as a consequence of multiple prescriptions by doctors who did not access Pharmanet)
- 3) Increase in size of detox centers (Victoria has 21 beds!)
- 4) Physicians being trained and certified to prescribe Suboxone.

I know these items are on the table. I need to know at what stage, and what barriers. As you are well aware, people are dying. Please answer these questions as soon as possible. I am speaking to my MLA Gary Holman this afternoon and will present him with this list as well. I sure would like to know where in the process these items are before seeing him. I realize this incredibly short notice!

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Friday, November 25, 2016 12:41 PM
To: s.22
Subject: MoH Response - Cliff # 1075018

Cliff # 1075018

Dear s.22

Thank you for your correspondence dated November 19, 2016 to Minister Terry Lake in which you requested information regarding the goals of the Take-Home Naloxone (THN) program. I appreciate the opportunity to respond to your request.

In April 2016, the Provincial Health Officer declared a public health emergency under B.C.'s *Public Health Act* in response to an unprecedented number of opioid overdose deaths across the province. In July 2016, Premier Christy Clark announced the establishment of the Joint Task Force on Overdose Prevention and Response to lead an integrated response to the emergency across the public health and public safety sectors, supported by a comprehensive seven-point plan.

The comprehensive plan includes a commitment to expand the availability of naloxone in the province. Naloxone is a safe medication that can reverse the effects of an opioid overdose. British Columbia has been leading the country in responding to the growing number of opioid overdoses and was the first province in Canada to establish a province-wide THN program. Ensuring people at high risk of overdose and those likely to witness an overdose have access to naloxone reduces the chances of death.

Training and take-home naloxone kits are available at more than 260 sites across British Columbia. Since its launch, the THN program has shown effectiveness at saving lives with more than 700 opioid drug overdose reversals. Additional achievements of the THN program include:

- 15,841 no-charge naloxone kits dispensed
- 2,458 kits reportedly deployed to reverse opioid overdoses
- 14,820 people trained to administer naloxone safely

Additional information on the THN program is available at <http://towardtheheart.com/naloxone>.

Thank you for sharing your interest on this important subject. For more information about the public health emergency, visit www.gov.bc.ca/overdose.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services

INCOMING

To: Lake.MLA, Terry

Subject: s.22

To: B.C. Health Minister Terry Lake

Hi, my name is s.22

As an assignment for s.22, I am writing to you about **drug abuse (prevention, harm reduction and after care).**

You could write me back your answers via email, or we could set up a phone interview if you prefer.

My teacher will read and grade my assignment and this information from this interview/final story will not be published.

Here are the question I would like to ask you:

- 1.What do you hope will be achieved by distribution of the take home naloxone kits?
- 2.If you would like, can you share your personal connection with this job: what inspired you to work in politics, and specifically in the health department?

Thank you so much and I appreciate the work you do!

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Tuesday, June 21, 2016 1:37 PM
To: 'yes scs'
Subject: MoH Response - 1056748

Dear Mr. Calder:

Thank you for your letter of June 1, 2016, concerning the public health emergency of preventable overdose deaths in BC. Minister Lake has asked me to respond on his behalf.

I would like to begin by recognizing the enormous contribution of frontline health and community service workers, first responders and people who use drugs in responding to opioid overdoses and supporting people who have survived an overdose. These efforts are continuing evidence of a deep compassion and exemplary commitment to helping others that deserves the highest praise.

As you point out in your letter, supervised injection services are evidence-based, cost-effective and have been proven to reduce overdose deaths. The Ministry of Health is working with health authorities to increase the provincial scope of these services, including through engagement with federal partners on the *Controlled Drugs and Substances Act* section 56 exemption process. It is encouraging to see that the majority of BC's health authorities are actively exploring the establishment supervised injection or consumption services in their regions as a component of our overall response to this public health emergency.

In addition to supervised consumption services, the Ministry of Health and its partners are pursuing other strategies to reduce overdoses and overdose fatalities, some of which were mentioned in your letter. These include:

- increasing access to naloxone;
- increasing access to buprenorphine/naloxone (Suboxone) as a treatment for opioid use disorder;
- improving pharmaceutical opioid prescription and dispensing practices;
- supporting primary care providers (such as physicians and nurse practitioners) to access specialized expertise in substance use disorder treatment;
- improving how the health system tracks overdoses for surveillance and intervention purposes;
- increasing knowledge about other evidence-based opioid agonist treatments, such as hydromorphone and diacetylmorphine; and
- exploring the feasibility of drug checking services for people who use drugs.

...2

Thank you again for your letter and for your attention to this important subject. I appreciate the opportunity to respond.

Sincerely,

Warren O'Briain
Executive Director

Population and Public Health

From: yes scs [<mailto:yes2scs@gmail.com>]

Sent: Tuesday, May 31, 2016 4:31 PM

To: Minister, HLTH HLTH:EX; XT:VIHA CEO Executive Assistant HLTH:IN; XT:Roy, Amelia HLTH:IN; XT:Bligh, Stacey HLTH:IN; bal.millsat@interiorhealth.ca; linda.stajduhar@interiorhealth.com; XT:Marchbank, Michael HLTH:IN; fiann.crane@northernhealth.com; XT:Chipman, Desa HLTH:IN; board.chair@vch.ca; XT:Ackenhusen, Mary HLTH:IN; Karen.Matty@fraserhealth.ca

Cc: hon.jane.philpott@canada.ca

Subject: Urgent action urged to end overdose and overdose deaths in the Province of B.C.

Dear Minister Lake, Minister Philpott, CEO's and Board Chairs of B.C.'s Regional Health Authorities.

Please find attached a letter signed by prominent drug policy, research, and advocacy organizations urging you to take immediate action to end the overdose crisis in the Province of British Columbia. This letter has been forwarded to the press outlets through out the province.

I urge you to read the attached letter and give this matter every ounce of your dedicated effort.

With Respect,

Shane Calder,
on behalf of the YES2SCS Campaign

McKinney, Jodie HLTH:EX

From: Andrist, Kerri M HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Friday, November 25, 2016 11:52 AM
To: s.22
Subject: MoH Response - Cliff #1073704

Cliff # 1073704

Dear s.22

Thank you for your correspondence dated November 8, 2016, where you shared your tragic experience involving the loss of a close family friend from an overdose due to the use of a substance contaminated with fentanyl. I would like to offer my sincere condolences for your loss.

In your correspondence, you also provided feedback on the current public awareness campaign regarding the potential dangers associated with illicit opioid use and suggested that the campaign including additional materials targeted to infrequent or occasional drug users featuring youth and young adults sharing experiences similar to your own. I greatly appreciate the opportunity to respond to your suggestion.

In April 2016, the Provincial Health Officer declared a public health emergency under B.C.'s *Public Health Act* in response to an unprecedented number of opioid overdose deaths across the province. In July 2016, Premier Christy Clark announced the establishment of the Joint Task Force on Overdose Prevention and Response to lead an integrated response to the emergency across the public health and public safety sectors, supported by a comprehensive seven-point plan.

The comprehensive plan includes a commitment to educate the public about overdose prevention and response through a public awareness campaign as a means to prevent additional overdose deaths. Since the launch of B.C.'s multi-pronged public awareness campaign on August 31, 2016 to coincide with International Overdose Awareness Day, the Government of British Columbia has developed additional and more comprehensive resources for teachers, parents, friends, family, those who may witness an overdose, and anyone seeking more information on the public health emergency.

As you are aware, the Government of British Columbia has launched an ad campaign featuring Leslie McBain that highlights the potential dangers associated with problematic substance use. With input from family members and people with lived experience as well as public engagement task group partners, the Government of British Columbia will continue to develop, share, and adjust messages to inform British Columbians about the public health emergency.

Thank you for sharing your experience and insight on this important issue. For more information about the public health emergency, visit www.gov.bc.ca/overdose.

Sincerely,

Warren O'Briain
Executive Director, Public Health Services

>
> Submission from s.22 on 08/11/2016.
>
> -----
> My question is about: Government of BC programs and services
> Message: My Name is s.22 and I am writing to congratulate

> the government of BC for their campaign to fight lethal drug use. Your
 > ad campaign with s.22 speaking about the loss of s.22 will
 > touch many people. However, after a horrific event at my :s.22
 > s.22 this past September, I would like to suggest
 > additional videos be produced where youth and young adults are
 > featured, especially those who have a story to share about the loss of
 > a loved one or friend. There is such a misconception that the
 > individuals using these drugs are using daily and live on the streets.
 >
 > Our story is much different. s.22
 > s.22 It was
 > laced with fentanyl. s.22 survived with the help of naloxone
 > administered by paramedics. s.22
 > s.22
 > Youth and young adults who engage in recreational use of these drugs
 > are stepping away. I'd like to suggest future ad campaigns
 > consider telling stories from this aspect.
 > Thank you, s.22 First Name:
 > s.22 City: Kamloops Consent: checked
 > Date: 08/11/2016

McKinney, Jodie HLTH:EX

From: Latreille, Hollie E HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Friday, April 29, 2016 11:22 AM
To: s.22
Subject: MoH Response - Cliff 1053704

Cliff #1053704

s.22

Dear s.22

Thank you for your email of April 21st, 2016 about the nasal spray formulation of naloxone. Minister Terry Lake has asked me to respond on his behalf.

You may have seen news articles reporting that the nasal spray formulation of naloxone is available in BC. Unfortunately, the authors of those articles are mistaken. Only the injectable formulation of naloxone is approved for use in Canada, and BC first responders have access to injectable naloxone only. Health Canada determines which formulations are approved, and you may wish to contact Health Canada at the address below to inquire about the approval process and timelines for the naloxone nasal spray:

Health Canada
Prescription Drug Status Committee
Address Locator 3102C3
Holland Cross, Tower B, 2nd Floor
1600 Scott Street
Ottawa, Ontario
K1A 0K9

Sincerely,

Warren O'Briain
Executive Director, Public Health Services
Population and Public Health Division

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: s.22
Sent: April 21, 2016 4:45 AM

To: Lake, MLA, Terry <Terry.Lake.MLA@leg.bc.ca>

Subject: Nasal Naloxone for Police

Hello Dr Lake,

Mv name is s.22
s.22

The reason for the e-mail is that I was hoping you could provide further information regarding the nasal Naloxone that has been distributed to some first responders in BC. One of the responsibilities I have in this drug unit is to respond to possible clandestine drug laboratories. We are currently seeing an emergence of Fentanyl in our city and I have heard about the issues with W-18 in western provinces.

I immediately saw the need to have a form of administering the Naloxone to anyone on our team should they become affected by the drug. Having access to a syringe-based Naloxone, while effective, would not be suitable for our team due to the large amount of gear we often wear, making access to an injection site difficult.

Could you please send me more information as to where our police service could acquire the Naloxone nasal spray? Thank you for your time.

Best regards,

s.22

s.22

***This email has been scanned for malicious content ***

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Wednesday, November 23, 2016 3:59 PM
To: s.22
Subject: MoH Response - Cliff # 1071168

s.22

Dear s.22

Thank you for your correspondence of October 25, 2016, where you requested information regarding the existence of any acts or regulations governing the collection of pharmaceuticals and sharps in British Columbia. I appreciate the opportunity to respond to your request.

There are several laws and regulations governing the collection and disposal of pharmaceuticals and medical sharps (e.g., needles and syringes) in British Columbia. Section 111(2) of the *Workers Compensation Act* delegates authority to WorkSafeBC to make regulations to establish standards and requirements for the protection of the health and safety of workers and the environment in which they work. Section 6.57(1) of the *Occupational Health and Safety Regulation* states that "Adequate, leak-proof waste disposal containers, including sharps and solids containers, and distinctive plastic waste bags must be available in every area where cytotoxic drugs are prepared, administered or stored, and all cytotoxic drug-related waste must be placed into these containers or bags."

Under the *Environmental Management Act*, the Recycling Regulation requires that "A producer must submit a product stewardship plan ... for the products within the product category of the product the producer sells, offers for sale, distributes or uses in a commercial enterprise in British Columbia." Section 5c(ii) of the Recycling Regulation applies directly to pharmaceutical products and states that the stewardship plan must adequately provide for:

- (A) the collection of residuals and containers that are or were in direct contact with a residual, and
- (B) the management of residuals and containers collected.

To comply with the requirements outlined in the Recycling Regulation, the Health Products Stewardship Association developed the BC Medications Return Program (MRP) that allows consumers to return all prescription drugs, over-the-counter drugs, natural health products, and inhalers to any participating pharmacy. More information about the MRP and a list of participating pharmacies can be found at <http://www.healthsteward.ca/returns/british-columbia>.

Additionally, some municipalities have bylaws related to the disposal of pharmaceutical products and medical sharps. Consult your local municipality to find out more about the bylaws in your community.

Thank you for sharing your interest on this important subject.

Sincerely,

Warren O'Brien
Executive Director
Public Health Services

INCOMING

> My question is about: Government of BC programs and services
> Message: Hello,
>
> I'm wondering if there is a Pharmaceutical and Sharps Collection
> Act/Regulation in BC. If so, could you please direct me to the
> document? Thank you.
>
> Regards,
s.22
> Consent: checked Date: 25/10/2016
>

--

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Thursday, April 28, 2016 1:42 PM
To: s.22
Subject: MoH Response - Cliff # 1051924

Cliff # 1051924

s.22

Dear s.22

Thank you for your email of April 6th, 2016, concerning novel treatments for heroin addiction. The Premier has asked me to respond on her behalf.

You may have seen recent news coverage of a study that found that two medications (hydromorphone and diacetylmorphine) show promise as treatments for opioid addiction (also known as “opioid use disorder”). Providing effective treatment for opioid use disorder is not just about treating individuals for a medical condition. These treatments are also effective public health interventions with benefits for the whole population. In particular, these treatments decrease blood borne pathogen transmission (e.g., HIV and hepatitis C) among people who use drugs and their partners by preventing the injection of illegal opioids. The treatments also help prevent deaths from drug overdose, a growing problem in BC and across Canada.

I hope this information helps clarify the reasons for the BC government’s interest in new potential treatments for opioid use disorder.

Sincerely,

Warren O’Brian
Executive Director, Public Health Services
Population and Public Health

From: s.22
Sent: Wednesday, April 6, 2016 9:18 PM
To: OfficeofthePremier, Office PREM:EX
Subject: What is going on?

Dear Premier Clark,

I was dismayed when I saw the headline on BC1 TV tonight.

BC Government looking for ways to help heroin addicts. Well MS. Clark I have s.22 and cannot afford the best medications for s.22 PLEASE explain to me why s.22

citizen, worked all my life have BC MED , no extras as s.22 Unfortunately s.22

s.22 a government job in BC where I understand meds are paid. I s.22
s.22

There is something wrong. with this picture. Where is the logic?

I think I deserve a reply.

Getting Fed Up,

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Tuesday, October 25, 2016 10:29 AM
To: s.22
Subject: MoH Response - Cliff #1067214

s.22

Dear s.22

Thank you for your emails of September 14 and September 23, 2016, regarding the opioid overdose death at the s.22
The Minister of Health has asked me to respond on his behalf.

Preventing and responding to opioid overdoses is a top priority at the Ministry of Health. One way to prevent overdoses before they occur is the improvement of available treatment options for people with opioid use disorder. Recent changes to how Suboxone is regulated make this medication more widely available. To allow for greater patient access, the College of Physicians and Surgeons of British Columbia,

- Removed its requirement for physicians to have a special federal exemption (required for methadone prescribing) in order to prescribe Suboxone as a treatment for opioid use disorder – this means that all physicians are now able to prescribe Suboxone; and
- Released new prescribing guidelines for physicians to ensure safe prescribing of opioids (Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder).

In addition, Suboxone was added under British Columbia's public drug plan, PharmaCare, as a regular coverage benefit on October 13, 2015. As a result, patients no longer need special approval to have PharmaCare cover the cost of the drug. These changes will allow for more effective and sustained treatment for people with opioid use disorders.

You may also be aware that other work is underway to expand the availability of naloxone (a medication that blocks or reverses the effects of an overdose from opioids) and expand the reach of supervised consumption services in the province. As of September 15, 2016, B.C.'s Take-Home Naloxone program has dispensed 13,746 no-charge naloxone kits; 2,149 kits have been used to reverse opioid overdose; and, 11,629 people have been trained. For more information about BC's Take Home Naloxone Program, see: <https://www.healthlinkbc.ca/healthlinkbc-files/take-home-naloxone-program>.

As for the expansion of supervised consumption services, ongoing efforts are dedicated to removing the barriers for expansion of these life-saving interventions. Supervised consumption services provide a safer context for substance use, so that if someone overdoses, medical care is immediately available. Currently, supervised consumption sites operate only in Vancouver at Insite and the Dr. Peter Centre near St. Paul's Hospital. To expand these services beyond Vancouver, current work is underway with the federal government to identify how exemption applications may be processed and approved efficiently to be in compliance with federal legislation. Interior health, Vancouver Coastal Health and Island Health are developing applications for exemption. In the meantime, Insite's hours of operation have expanded to 24 hours during the weeks that income and disability payments are issued.

Most importantly, we recognize that an effective approach requires meaningful engagement and involvement with people who use drugs and their families. This is why the Ministry of Health has created partnerships with organizations of people who use drugs such as the Society of Living Illicit Drug Users as well as groups for family members like Moms

Stop the Harm. By engaging individuals with lived experience, the approaches are more likely to be comprehensive and effective.

The information provided above captures some of the key approaches to address the opioid overdose crisis. For further information on BC's overdose response, the following document is available online: B.C.'s Opioid Overdose Response: Progress Update.

Lastly, I want to thank you for taking the time to write and assure you the Ministry of Health is working tirelessly to address the crisis and prevent future tragedies. We will continue to be proactive in preventing and responding to opioid overdoses.

Sincerely,

Warren O'Brien
Executive Director
Public Health Services Branch

-----Original Message-----

From: s.22
Sent: Friday, September 23, 2016 11:59 AM
To: Health, HLTH HLTH:EX
Subject: Fwd: Attention Minister Lake: Re overdose in s.22

It has been over a week since I sent this message. I want the Minister to read it posthaste and give me an answer as to what he's going to do to fix this problem and prevent it from ever happening again. What do you think the s.22 mother is feeling right now? Is there anyone in government who gives a damn? I am aware of how Ministerial correspondence is dealt with having worked in a government setting. I didn't write this so that it would be looked at by a machine I wrote it to bring the problem to M. Lake's attention. As such I expect an answer. The attitude of this government seems to be that to get rid of the drug problem, you let people overdose. That's not the answer, these are human beings we are dealing with, not animals. The government perhaps should get out of the health regulation business if the attitude is that drug users are trash, and leave treatment to doctors. Government employees like Ministers are not elected to go around denying things and making Ms. Clark look good. Get a program together and consult with stakeholders and set something up; this problem, like many others, does not need another hearing, inquiry or report. The information is there, use it!

A seeming ignored BC resident, s.22

----- Forwarded Message -----

From: s.22
To: HLTH health <HLTH.health@gov.bc.ca>
Sent: Wed, 14 Sep 2016 19:47:35 -0600 (MDT)
Subject: Attention Minister Lake: Re overdose in s.22

The health minister is directly responsible for the death of this s.22 It is not the government's role to control the power of a medical practitioner to prescribe medication that is efficacious for a specific health problem. It is a knee jerk reaction re:opioids that gives the impression that medical practitioners, despite their lengthy training, cannot be trusted with certain medications. The proper approach is to monitor the triple scrips filled by pharmacists, rather than to refuse

treatment because of the nature of the drug. There is a sophisticated computer system that allows monitors to search for discrepancies. Use it.

s.22 . and I am advised that such doctor mistrust does not exist. I put my faith in my doctor and not in government bureaucrats that seldom have medical training. I am disappointed in this health care system. I ask that you look into this situation, find out how it happened, and do something about it so that these sad events don't happen again. Drug addicts are people, and are entitled to full and comprehensive health care just like the rest of society.

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Wednesday, October 26, 2016 11:20 AM
To: s.22
Subject: MoH Response - Cliff # 1068712

Cliff # 1068712

s.22

Dear s.22

Thank you for your email of October 2, 2016 to the Minister of Health regarding problematic substance use and regulating substances in the province. The Minister has asked me to respond on his behalf.

I appreciate your thoughtful suggestion to regulate psychoactive substances for non-medical use. It is true that one of the main drivers of drug overdoses in the province and elsewhere is the unregulated nature of the market for illegal drugs. The first step to regulating substances outside of alcohol and tobacco is being taken by the federal government through the legalization, restriction and regulation of cannabis for non-medical use. Any movement to regulating substances as you suggest would require considerable federal government involvement as the substances you reference are controlled under federal legislation such as the *Controlled Drugs and Substances Act*. You may wish to write to Prime Minister Justin Trudeau and the federal Minister of Health, Dr. Jane Philpott, with your suggestion.

Meanwhile, the province's comprehensive approach to addressing the current opioid overdose crisis includes expanding supervised consumption services, improving health provider guidelines on available treatment for opioid dependence, and monitoring the prescription of opioids. We are also considering the introduction of drug checking services that would allow people who use drugs to test their substances prior to use (<http://www.vch.ca/about-us/news/news-releases/86-of-drugs-checked-at-insite-contain-fentanyl>). Our recent report has further information on these initiatives: <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-progress-update-sept2016.pdf>.

Thank you for your interest in this important topic.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: s.22
Sent: Sunday, October 2, 2016 4:39 AM
To: Minister, HLTH HLTH:EX
Subject: Drugs

Hello Health Minister.

I was looking into the massive problem of drug addictions and in particular opioid addictions, as to how this problem might be remedied for the people who are already addicted to it.

I did a lot of research on the US's problem with this and while our epidemic isn't nearly so severe, our problem up north is caused by largely similar problems with over prescription and actually the drug war itself.

I also realized several fundamental problems with the way we treat our addicts. They are going to continue to use their drugs regardless of what we do, we can't be like 1984, which I've read, for obvious reasons and gangs are always going to use an illegal market as a cash cow and no matter how illegal you make something, there will still be evidence of the problem somehow.

I believe that the main solution aside from doctors being better trained in how to ensure that their patients get only the right medicines in the right dosages is actually to allow these drug users to use their drug in a supervised clinic. I know this already happens in Insite in Vancouver. But here is the thing that makes it even more radical, the clinic itself dispenses the drug in question. This is going to seem very illogical and make it sound as if doctors are going to be evil, but no, this isn't likely to happen. It still wouldn't be sold like a pharmacy, it would be in a non-commercial nature, and you without a diagnosis of an addiction to a drug already would need to be 18 to buy it, not that different from cigarettes which actually make for a pretty good comparison. Well, you're British Columbians so I guess it would be 19 perhaps. Without that diagnosis too, there should be an extra tax on it that should discourage people from trying it in the first place but with that diagnosis as something that you are dependent on to avoid just having physical symptoms of withdrawal it becomes not such a burden that you might turn to crime. You also would not be allowed to take the drug in question outside the clinic.

This idea solves a number of problems. The idea behind Insite is really useful, prevented a lot of overdoses, made a lot fewer blood borne diseases happen, reduced crime in the area, and probably helped people to quit in the first place. But by making it purchased from the clinic itself, you also have the ability to make it less likely that people will begin to use it, both from the minimum age part and from the clinical setting, people might be tempted to use cocaine ala Rob Ford at a party, especially when already intoxicated, but if you had to be sober to begin with in a boring clinic to try cocaine, that is going to make experiences while under the influence of cocaine less memorable and less tempting and less likely that one might try it again and so on which increases the chance of dependence and addiction. And the same goes for other drugs too, especially adderall and MDMA, and perhaps it could help bust the idea, especially among students in high school and post-secondary that adderall is a study drug (well, it is but the long term problems are worse for reasons by which doctors already know) and among people with employment as a work aid drug and perhaps decrease the chance by which it would be used.

Also, the drugs would be medical grade, so there is less risk with using any drug and quantity can be controlled effectively, reducing the chance of overdoses and diseases.

It also could help raise revenue for the province. While I don't see it really as very ethical to make literal addicts cash cows, those who aren't at the point by which they'd put the drug in question in the same place as water in their needs list could be charged a fee for their use by my ethical standards. The money can go to pay for the clinics first and the cost of the drugs themselves, then go into drug counseling and treatment, and go into drug education and enforcement.

And while this is less of a concern for the health department, it would be effective at making it much harder for criminal gangs to exist. They make a lot of their money with drugs of course, and so if the drug users would just go to the regulated clinics for their fix, even the new users, well, their profits are going to largely dissipate.

They also will have a harder time existing on the street and so just like an unprofitable business, they shrivel up and die, and so minors are less able to find a dealer somewhere. Same with people offering dangerous things at parties.

We already have regulated clinics, why not regulate the products themselves?

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, October 24, 2016 4:15 PM
To: s.22
Subject: MoH Response - Cliff #1067208

Cliff #1067208

s.22

Dear s.22

Thank you for your email of September 23, 2016 and your follow up email of October 13, 2016 to the Minister of Health regarding supervised consumption services and impacts on treatment services. The Minister has asked me to respond on his behalf; I apologize for the delay.

Supervised consumption services and expanded access to substance use disorder treatment are both central elements in BC's plan to address the current opioid overdose crisis. These two approaches, far from being in competition with each other, work hand-in-hand to support people who use drugs by injection to achieve better health. While we are working to expand supervised consumption services in BC, no new facilities have been opened since Insite started offering services in 2003.

As you point out in your letter, not all people who use drugs by injection choose to use supervised consumption services, even where those services are available. Nonetheless, supervised consumption services have been shown to reduce harm (including preventing overdose deaths), and help people who are seeking recovery from a substance use disorder connect to treatment services. The BC government has committed to opening 500 new substance use treatment beds between 2013 and 2017. That commitment is unchanged and unaffected by other health services that may also open during this time.

For more information on the types of services available in your community to support people seeking treatment for a substance use problem, you may wish to contact your regional health authority.

Fraser Health
Suite 400, Central City Tower
13450 – 102nd Avenue
Surrey, BC
V3T 0H1
Phone: 1-877-935-5669 or 604-587-4600
www.fraserhealth.ca

Interior Health
#220 - 1815 Kirschner Road
Kelowna, BC
V1Y 4N7
www.interiorhealth.ca

Island Health

1952 Bay St
Victoria, BC V8R 1J8
www.viha.ca

Northern Health
Suite 600, 299 Victoria St.
Prince George, BC
V2L 5B8
Phone: (250) 565-2649
northernhealth.ca

Vancouver Coastal Health
11th Floor, 601 West Broadway
Vancouver, BC
V5Z 4C2
www.vch.ca

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: s.22
Sent: Friday, September 23, 2016 10:42 AM
To: Health, HLTH HLTH:EX
Subject: Safe Injection Sites.

Dear Mr. Lake,

I am noticing more and more safe injection sites going up in Canada. This is great news for a very small percentage of the addicted population. s.22 with thousands of people who are on wait lists to get treatment beds. Some of these folks die in the wait. Many addicted persons have homes. Very few live on the streets. Many of the addicted population don't want people to know they're addicted and therefore say they would not use safe sites. s.22 that when you're addicted you don't get dressed and then bus/walk/run across town to a safe site, to inject. You shoot up in bed because your dope-sick. Or if you don't have drugs you go find them and shoot up immediately. Wherever you are, in your car, in a public bathroom, in an alleyway, or in the drug dealers house.

With this in mind, here's my question. When you open a safe injection site does it decrease the funding available for treatment beds in that province?

All the best, s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, September 19, 2016 10:37 AM
To: s.22
Subject: MoH Response - 1063305

s.22

Dear s.22

Thank you for your email of August 19th, 2016. The Premier has asked me to respond on her behalf.

We share your concerns about opioid overdose deaths, and assure you that preventing opioid overdoses is a top priority for the government of British Columbia. On July 27, 2016, the Premier announced the creation of an Overdose Response Joint Task Force—co-chaired by Perry Kendall, Provincial Health Officer, and Clayton Pecknold, Director of Police Services—to ensure cooperation and integration between the health and public safety sectors in responding to this public health emergency.

As part of the public safety contribution to the overdose crisis, Mike Morris, Minister of Public Safety and Solicitor General, has written to the federal government to urge them to amend the federal Controlled Drugs and Substances Act to regulate equipment used in the manufacture of illicit pills. The illegal drug trade does not respect provincial boundaries. A national approach to regulating equipment used in the production of illegal drugs would be far more effective than thirteen separate provincial or territorial regulations. Such a federal approach would address cross-border and interprovincial movement of these pill presses, impacting the illegal drugs produced with the aid of these devices.

Thank you for your interest and concern about this matter.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

-----Original Message-----

From: s.22
Sent: August 19, 2016 9:43 AM
To: Clark.MLA, Christy <Christy.Clark.MLA@leg.bc.ca>
Subject: Pill presses

Honorable Premier:

Why is the Provincial Liberal Party refusing to bring in legislation that would ban the sale of pill making machines?

Knowingly allowing the genocide(overdose deaths) within our Province to continue and doing little if anything constructive to put and end to this tragic situation makes all British Columbians partners to this crime!

History will not look back in a favorable way on this era and I wonder " how many deaths will there be by the end of your term in power"?

With respect,
s.22

Sent from my iPad

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Friday, September 23, 2016 2:58 PM
To: s.22
Subject: MoH Response - CLIFF 1066052

s.22

Dear s.22

Thank you for your letter of August 31st, 2016, concerning opioid overdose deaths in BC. The Minister of Health has asked me to respond on his behalf.

Preventing and responding to opioid overdoses is a top priority at the Ministry of Health. The Drug Policy Coalition's five-point plan is well aligned with work underway in the BC health system, and I am pleased to say that many of the measures suggested in the plan have already been put in place (e.g., a nasal spray formulation of naloxone is now approved in Canada; all first responders in BC are authorized to administer naloxone; the College of Pharmacists of BC has de-scheduled naloxone allowing for its sale in locations other than pharmacies; BC is on track to add 500 substance use treatment spaces by 2017; the College of Physicians and Surgeons of BC has removed the requirement for physicians to have a section 56 exemption to the CDSA to prescribe buprenorphine/naloxone).

The Ministry of Health is working with the federal government in areas where federal action could aid BC's response to the opioid overdose emergency. This includes advocating for the repeal of Respect for Communities Act and supporting "Good Samaritan" legislation.

In your letter, you identify the important role that primary care providers play in treating substance use disorders. Work is underway to improve addictions training for primary care providers and expand access to newer medications to treat opioid use disorder. The Ministry of Health is also exploring drug checking as an intervention to reduce accidental exposure to potentially harmful substances, and the use of fentanyl detection strips at Insite is an early example of this initiative.

Work is also underway through the Joint Task Force on Opioid Response to better support schools, parents and caregivers, people and organizations who work with youth, and other related community service providers in educating young people about opioids and associated harms. As you note, the BC Integrated Youth Services Initiative presents an excellent opportunity for innovation in health and social services for youth. We look forward to further collaboration with this initiative, including in the area of substance use.

I appreciate the opportunity to respond.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

-----s.22

From:
Sent: Wednesday, August 31, 2016 4:45 PM

To: Lake.MLA, Terry LASS:EX; Health, HLTH HLTH:EX

Cc: DMOFFICE, HLTH HLTH:EX; Minister, MCF MCF:EX; MCF Deputy Minister MCF:EX; dmacpher@sfu.ca

Subject: DAY OF ACTION TO ADDRESS OVERDOSE DEATHS IN BRITISH COLUMBIA

Please find enclosed a letter to Hon. Dr. Terry Lake on this matter.

Kind regards,

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, October 3, 2016 2:15 PM
To: s.22
Cc: Dalton.MLA, Marc LASS:EX; Bing.MLA, Doug LASS:EX
Subject: MoH Response - Cliff #1065685

s.22

s.22
Dear

Thank you for your email of September 12th, 2016 regarding the opportunities presented by fentanyl urinalysis dipstick testing as part of the health system response to the opioid overdose emergency in BC. The Minister of Health has asked me to respond on his behalf.

I would like to add my sincere condolences to those expressed by MLA Marc Dalton on the loss of s.22
s.22 Preventing deaths and injury from opioid overdoses is a top priority for the Ministry of Health, and the health system is working to prevent deaths s.22

As you note in your email, fentanyl urinalysis dipstick testing has been experimentally piloted at Insite, a supervised consumption service operated by Vancouver Coastal Health (see the press release on this topic: <http://www.vch.ca/about-us/news/news-releases/86-of-drugs-checked-at-insite-contain-fentanyl>).

This is the first time urinalysis dipstick methods have been applied to attempt to identify fentanyl in samples of street drugs. It must be noted that this is an innovative approach being taken in the context of a public health emergency, and that the fentanyl urinalysis dipsticks are being used in a way other than their manufacturer intended. These dipsticks are ordinarily used by physicians to randomly test the urine of methadone patients to detect the presence of fentanyl (in order to ensure that they are not continuing to use street drug while being prescribed methadone, which can be very dangerous). The manufacturer of the fentanyl urinalysis dipsticks did intend for them to be used for drug checking (i.e. testing samples of illicit pills or powders) directly, but health service providers have hypothesized that they may be helpful for people to determine whether illicit drugs they have purchased may contain fentanyl before they use them.

At present, this is an experimental pilot project, and there are a number of reasons why it is not advisable to make it more widely available, beyond the supervised consumption context of Insite. First, the testing method of fentanyl urinalysis dipsticks being applied directly to illicit drug samples has not yet been scientifically validated. Second, while the dipsticks are a promising technology, they only identify fentanyl and do not necessarily identify similarly or even more hazardous substances that may be present in a sample (i.e., acetyl-fentanyl, carfentanil, W-18). Thus, there is a risk of a “false negative” result for toxic opioids—i.e., while the strips may show that no fentanyl is present, there may in fact be a deadly dose of carfentanil or W-18 present. Such a potentially misleading result is less problematic at Insite, where staff can provide immediate assistance to someone who overdoses, but is much more of a concern in other locations where the same level of medical supervision may not be available.

Vancouver Coastal Health continues to evaluate the fentanyl urinalysis dipsticks and consider whether or how they could most safely and effectively be deployed to reduce overdoses. At the same time, the Ministry of Health and the BC Centre for Disease Control are exploring other drug checking technologies to determine

their viability as a harm reduction intervention to reduce the risk of overdose from adulterated or contaminated street drugs.

I hope this information has been helpful, and thank you for your interest in ways to prevent accidental illness or death from illicit drug overdoses.

Sincerely,

Warren O'Briain
Executive Director
Population and Public Health

From ^{s.22} _____
Sent: September 8, 2016 10:59 AM
To: Dalton.MLA, Marc <Marc.Dalton.MLA@leg.bc.ca>; Dan.Ruimy.@parl.gc.ca; Bing.MLA, Doug
<Doug.Bing.MLA@leg.bc.ca>
Subject: Fentanyl overdose deaths

Good Day Gentlemen

I wish to talk to you about the horrifying drug overdose deaths, from fentanyl in particular ^{s.22}
^{s.22}

I have recently heard of a test strip that can be used on drugs to see if they are tainted with fentanyl. I believe it is available to addicts down in the east end.

I feel these strips should be made available to everyone that is using recreational drugs. !!! And for free !!! And it cannot happen soon enough !!

I am asking you to please look into this as soon as possible ^{s.22} hundreds of other kids and other lives are at risk. I believe the death toll this year alone is around 400 !!!

Thank you for your attention, I will wait to hear from your office. I am including a photo and information of the strips being used

Sincerely

^{s.22}

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, September 19, 2016 9:57 AM
To: s.22
Subject: MoH Response - Cliff # 1063442

s.22

Dear s.22

Thank you for your letter of August 24th, 2016 regarding school-based drug education. The Minister has asked me to respond on his behalf.

Your suggested approach is well-aligned with our current plans for education and public engagement on the topic of opioid overdoses. The government of BC launched the first phase of a public awareness campaign on August 31st, 2016, emphasizing practical harm reduction strategies people who use drugs can follow lower the risk of an overdose or related fatality.

In addition, the Ministry of Health is working with the Centre for Addictions Research of BC to develop resources for parents to use in discussions with their children on substance use, including fentanyl and other opioids. You may already be familiar with the school-based drug education materials available through the Centre for Addictions Research of BC's "Helping Schools" initiative (<http://www.uvic.ca/research/centres/carbc/publications/helping-schools/index.php>). These educational resources use evidence-based constructivist learning models to support school teachers, counsellors, administrators, as well as parents or other loved ones, to engage in honest and meaningful dialogue with students about drugs and drug use. The CARBC resources are available at no cost to teachers, schools and school districts who wish to use them, and they have also been translated into French.

Some BC school districts have created their own programs to support resilience and decision making capacity in students. For example, the School Aged Children and Youth (SACY) Substance Use Prevention Initiative by the Vancouver School Board reaches most of the students in the Vancouver school district (<http://www.vsb.bc.ca/sacy>).

Thank you for your advocacy and attention to this issue, and your work this past year speaking to students in the Southern Gulf Islands.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: s.22
Sent: Wednesday, August 24, 2016 8:36 AM

To: Health, HLTH HLTH:EX; Kendall, Perry HLTH:EX; Jane Buxton; Pecknold, Clayton PSSG:EX
Subject: PPH - Drug Safety Education

Hello Everyone;

I should have copied you all on this when I sent it. I have not had any reply, not even an automatic one.
s.22

Dear Minister Bernier and Deputy Minister Byng;

s.22

One component of this activism, that has been largely absent from the provincial government's action plan is the inclusion of a realistic campaign of, not 'don't do drugs', or D.A.R.E, or 'just say 'no', but of straightforward, morals-free, evidence and statistic- based information on current drug dangers for the students in **the public schools**.

s.22

Given the situation in B.C. and in the rest of the nation, the public health emergency called by Chief Medical Officer Perry Kendall, the over 370 drug related deaths in this calendar year, can we please institute a realistic program of drug information in the curriculum for the upcoming school year?

Kids need to know critical information, scientific information, information on the current environment of street drugs. They need practical information in the event that they make a decision to take a drug. They need to know how to stay alive.

This is a matter of life and death. That is not an exaggeration.

Thank you for your attention to this very important matter. I await your reply. I am at your service.

Regards,

s.22



This email has been checked for viruses by Avast antivirus software.
www.avast.com

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Monday, September 19, 2016 9:39 AM
To: s.22
Subject: MoH Response - Cliff #1063529

s.22

Dear s.22

Thank you for your email of August 25, 2016 on the subject of supervised injection, or consumption, services. The Premier has asked me to respond on her behalf.

A supervised consumption service can legally operate once an exemption is granted under section 56 of the federal *Controlled Drugs and Substances Act*. Currently, BC has two supervised consumption services with this kind of exemption: Insite and the Dr. Peter Centre, both located in Vancouver. These exemptions are granted by the federal Minister of Health.

Over more than a decade, intensive evaluation at Insite has shown that supervised consumption services reduce harms related to substance use, without negatively impacting the surrounding area. Some of the benefits of supervised consumption services include fewer deaths, reducing health care costs, reduced transmission of blood-borne illnesses, and more people entering treatment for substance use disorders. In addition, Insite has not led to increased crime or substance use rates. In other words, supervised consumption services are demonstrated not to promote drug use.

BC is currently experiencing an opioid overdose crisis. Between January and July 2016, more than 400 preventable overdose deaths occurred across the province, a 79% increase compared the same time period last year. Services like Insite have prevented many deaths by offering immediate medical attention to people who may overdose while using the service.

Treatment services are another essential component of a comprehensive system of care for people who struggle with substance use disorders. The BC health system provides a range of withdrawal management and treatment options for people with substance use disorders. Over 200 new substance use treatment beds opened across the province in the past two years as part of the province's commitment to have 500 new beds open by 2017. If you would like more information about substance use disorder treatment options in your area, please contact your regional health authority.

Currently, there is insufficient research evidence to support mandatory treatment as an effective approach. BC does, however, have a program that provides treatment as an alternative to incarceration. The Drug Treatment Court of Vancouver, which offers a minimum 14-month intensive day treatment program to eligible participants (for more information, see <http://www.provincialcourt.bc.ca/about-the-court/court-innovation/DrugTreatmentCourt>).

I hope this information has been helpful and answers your questions about supervised consumption services.

Sincerely,

Warren O'Briain
Executive Director
Public Health Service Branch

INCOMING

From: s.22
Sent: Wednesday, August 24, 2016 9:47 PM
To: OfficeofthePremier, Office PREM:EX
Subject: Injection sites

Hello,
My question to you is "why have injection sites been made legal? Others injecting face criminal charges? Legalizing is enabling drug use. Why doesn't the government add treatment centres to help people rather than inject? If someone is caught using, have mandatory treatment centre as their sentence rather than jail.

Respectfully,

s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Thursday, September 1, 2016 2:05 PM
To: s.22
Subject: MoH Response Cliff #1061678

Cliff # 1061678

s.22

s.22

Dear s.22

Thank you for your email of August 10th, 2016 concerning school-based drug education. The Minister has asked me to respond on his behalf.

Thank you for the school-based drug education materials you have developed s.22
s.22 are an important setting for reaching youth with information and knowledge about drugs and their potential harms, as well as places for engaging vulnerable youth to foster healthy attitudes about drugs and promoting resilience and harm reduction among those who may already be experimenting or using regularly.

I will share these materials with my colleagues who are developing the provincial public awareness campaign on fentanyl and opioid overdoses. I'm sure they will appreciate the thoughtfulness that has gone into your work on this matter.

I wish you all the best in your efforts to help young people make informed decisions about substance use and appreciate your interest in this important public health issue.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

From: Matthew Huo^{s.22}
Sent: Wednesday, August 10, 2016 6:41 PM
To: Minister, HLTH HLTH:EX
Subject: Fentanyl Overdose Awareness Program

To whom it may concern,

My name is s.22 and I have been developing a substance abuse awareness program focusing on fentanyl and opioid abuse for the s.22

s.22 who has been helping with the editing the program, saw a story on the morning news about putting together a fentanyl awareness campaign s.22 suggested that I share what I have developed so far in the hope that it may help with the development of your campaign.

I have attached the program, which was developed following research from the United Nations Office on Drugs and Crime and The Centre for Addictions Research of British Columbia. Included is a program booklet with all the resources necessary to teach 2-5 lessons informing students on the dangers of substance use and addiction, as well as PowerPoints for each lesson.

Thank you for your time. I hope that this will help in your campaign to raise awareness about the dangers of fentanyl.

Best,

s.22

--
s.22

McKinney, Jodie HLTH:EX

From: McKinney, Jodie HLTH:EX on behalf of Population and Public Health HLTH:EX
Sent: Wednesday, August 24, 2016 12:31 PM
To: s.22
Subject: MoH response - Cliff # 1060581

s.22

Dear s.22

Thank you for your email to Premier Christy Clarke dated June 24, 2016, following the establishment of the Joint Task Force on Overdose Response, in which you raise the issue of workplace addiction and overdoses. The Premier has asked me to respond on her behalf.

Workplaces are key settings in which substance use problems such as addiction may arise or become manifest, impacting individual employees, their colleagues, their companies, and the economy and society as a whole. To this end, workplaces are important settings being considered as the government works with health system partners and key stakeholders to address these complex issues in the context of the provincial overdose crisis. These activities include public information and awareness campaigns, increased access to opioid substitution therapy and addictions treatment, providing more training for physicians, nurses and other health care providers, and continuing to increase access to Naloxone to reverse overdoses. The government is collaborating with WorkSafe BC on a number of matters related to addictions and overdoses, including safer prescribing practices for health professionals who are treating WorkSafe BC clients, and working with PainBC to hold a provincial Pain Summit.

Your support for the government's efforts to address overdose prevention and response is greatly appreciated.

Sincerely,

Warren O'Briain
Executive Director
Public Health Services Branch

s.22

From:
Sent: July 27, 2016 12:12 PM
To: Clark.MLA, Christy <Christy.Clark.MLA@leg.bc.ca>
Subject: Task Force

Good afternoon Premier Clark, watched your news conference on our massive drug problem in BC.

Well done, this is something we need.

My question is this. As we get this task force rolling and doing what is required, is there an opportunity to start looking at workplace addiction and overdoses?

s.22

Delta, BC

Essa, Noren A HLTH:EX

From: Westcott, William PREM:EX
Sent: Monday, September 26, 2016 8:33 AM
To: Health, HLTH HLTH:EX
Subject: HSD - FW: Kati Mather

Categories: Assign

Hi Valentina,

Would this be a Health issue? If so, would you be able to respond obo PCC?

Thanks,

Will Westcott
Correspondence Officer
Office of the Premier

-----Original Message-----

From: s.22
Sent: Friday, September 23, 2016 11:35 AM
To: OfficeofthePremier, Office PREM:EX
Subject: Kati Mather

Good Morning Premier!

I was heartened to hear that you have reached out to the mother of young s.22 who died recently from an overdose. But it seems a bit odd after the fact.

s.22 where drug addiction was not staring us in the face but still existed.

We need to do more for our youth In this respect. We need to have a well-known (to youth), available, safe, place where they can go for help or to talk.

I would like to help if there is anything at all that I can do.

I called the CBC news last week after Erik Rankin's report on the beautiful, articulate Young lady, Kati Mather, who is addicted to Fentanyl. I was horrified at the thought that the tv crew would just walk away at the end of their interview with her. IT BROKE MY HEART. I almost drove to the strip in Surrey where she is living on the street in order to bring her home with me, but I knew that that was not a sound solution. I spoke with the CBC twice over this, and received no satisfactory response. Please check out this interview if you have not seen it.

WE NEED TO HELP THIS YOUNG LADY NOW. WE DO NOT WANT HER TO END UP AS ANOTHER s.22

Please please put something in place. I will drive her, buy whatever she needs, pick up supplies, I will do anything. I just need to be directed. If feel quite powerless. I could go and talk with her and see what she needs, I suppose.

I thought of Covenant House but they are not set up for medical interventions.

Please do something for this lovely young lady and let me help. We need to talk.

Thank you,

s.22

s.22

Essa, Noren A HLTH:EX

From: McCormick, Erika HLTH:EX
Sent: Monday, May 9, 2016 10:45 AM
To: Docs Processing HLTH:EX
Subject: 1055128 - MO Request for Phone Call and Summary - s.22 and s.22
Substance Use

Hey Docs,

s.22 Regarding s.22 who has overdosed a couple on fentanyl. Concerns over this are that s. went through withdrawal, went to detox. s.2 was discharged and went home. This past weekend s.22 reached a point of needing CPR.. Would like better training for those who are dealing with this problem and coordinated service to everyone who has to deal with this. s.22 says s.22 been referred to everyone and that in the end everything has failed s.22 says they are in s.22 s.22 wants something better to be done.
s.22 any time works for a call.

Please report back.

Erika McCormick

Administrative Assistant to the Honourable Terry Lake | Minister of Health
Hlth.minister@gov.bc.ca | 2509533547
PO Box 9050 Stn Prov Govt | Victoria BC | V8W 9E2

Telephone Response Log

Assignment Due Date: May 19, 2016

Cliff #: 1055128

Date / Time of Call: May 17, 2016: 9:35 am.
June 22, 2016: 3:40 pm.
July 6, 2016: 3:00 pm.
July 7, 2016: 1:40 pm.

Name & Number of Person Contacted: s.22

BACKGROUND:

- s.22 contacted the Minister's Office on May 9, regarding s.2 s.22 struggles with mental health and substance use.
- In April s.22 s.22 went through withdrawal at home before going into a detox facility in Vancouver. s.22 was discharged on s.22 after five or six days without any follow-up that s.22 is aware of. s.22 overdosed at home the day after discharge, was found by s.22 and resuscitated by paramedics.
- s.22 s.22 have had difficulty finding supports for their s.22 and s.22 It has been their experience that agencies refer them to other agencies and the search for support becomes a "revolving door."
- s.22 feels there is not enough coordination between agencies to provide adequate support to individuals and their families.
- When staff contacted s.22 on May 17, s.22 explained that s.22 was not looking for resources, but feels it is important for the Minister to hear from people who have experience navigating BC's health care system. s.22 wanted the Minister's office to understand there is little continuity between agencies and resources, and that people seeking services are often referred from agency to agency. s.22 would like the Ministry of Health to look at how mental health and substance use services can be better coordinated to offer resources and treatments to individuals and their families.
- s.22
- s.22 feels the government should invest in people, for example hiring nurses and other critical health care staff, who will then contribute to the province's economy.
- s.22 contacted the Minister's Office again on June 22, looking for information about government funded rehabilitation facilities, and how many of them have a freedom of movement policy (i.e., residents can come and go as they please).

FINDINGS:

- In June s.22 s.22 was in the residential Addiction Recovery Program at s.22 s.22 Residents of this facility are placed on "house restriction" for the first five days. For the first 24 hours, they cannot leave the premises, except with an escort to smoke outside. After that they are only allowed to leave the building with a staff-approved escort.

- Residents are expected to abstain from substances and abide by the rules of the facility. If residents break the rules, they are discharged.
- If s.22 has further questions about s.22 s.22 may direct them to Ms. Tristin Wayte, Director, Client Relations and Risk Management, Patient Care Quality Office (PCQO), at s.22 or the s.22 s.22

DETAILS OF CONVERSATION:

June 22, 2016:

- When staff spoke with s.22 for the second time s.22 explained that s.22 is able to come and go as s.22 pleases at s.22 and is able to buy and use heroin. s.22 feels that as long as people in detox programs have the freedom to move about as they please, the programs will be ineffectual and a waste of money.
- s.22 would like the government to pass or amend legislation to state that when people enter detox, they must sign an agreement that they will not leave the premises for a minimum amount of time.
- s.22 explained that s.22 was bullied in school, which s.22 feels is what led to s.22 drug use. s.22 would like the Ministry of Education to put more emphasis on anti-bullying.
- Staff committed to following up with VCHA for information about the policies at s.22 s.22 and someone for s.22 to speak with, and who would phone s.22 back.
- s.22 said s.22 really believes the Minister needs to know about what is happening at these facilities, and appreciated staff spending so much time on the phone. Staff assured s.22 that a record of the conversations would be provided to the Minister's office.

July 6, 2016:

- s.22 called again and advised that s.22 had been discharged from s.22 s.22 for not adhering to the rules. s.22 wanted to know how many rehabilitation facilities in the province receive government funding, and what their failure rate is. s.22 believes that the current policies are wasting money.
- Staff provided s.22 with the contact info for Tristin Wayte, Director, Client Relations and Risk Management, PCQO, VCHA and advised that the PCQO would be able to register s.22 complaints about the model of care in licensed facilities, and answer questions about supports available for mental health and substance use through the health authority.
- s.22 reiterated that s.22 believes the legislation needs to be changed to provide more successful services to people with mental health and substance use challenges.
- s.22 appreciated knowing that s.22 concerns will be passed along.

July 7, 2016:

- s.22 called to thank staff for caring and for passing along s.22 concerns to the Minister's office s.22 said s.22 had spoken with Ms. Wayte, and that Ms. Wayte had assured s.22 that they are monitoring s.22 progress and are working to get s.22 back into treatment. s.22 feels better knowing that something is being done.
- s.22 feels it is important for people to know that their concerns have been heard, and that is how s.22 feels. s.22 is very appreciative of staff for taking the time to listen to s.22

Follow up correspondence requested? No

Name of Staff Member who contacted the Individual: Leah Baade

Telephone: s.15

Program area: HSD Patient and Client Relations

Date: July 6, 2016

Telephone Response Log

Assignment Due Date: May 19, 2016

Cliff #: 1055128

Date / Time of Call: May 17, 2016: 9:35 am

Name & Number of Person Contacted: s.22

BACKGROUND:

- s.22 s.22 lives in Vancouver, and struggles with mental health and substance use.
- Last month, s.22 s.22 went through withdrawal at home before going into a detox facility in Vancouver. s.22 stayed there for five or six days before s.22 was discharged on s.22 without any follow-up that s.22 is aware of.
- On s.22 the day after s.22 was discharged, s.22 overdosed at home. s.22 was found by s.22 sister and resuscitated by paramedics. s.22 is currently in a treatment facility.
- s.22 s.22 have experienced difficulty finding appropriate supports for their s.22 and themselves throughout the process. It has been the s.22 experience that agencies refer them to other agencies and the search for support becomes a “revolving door.”
- s.22 feels there is not enough coordination between agencies to provide adequate support to individuals and their families.

DETAILS OF CONVERSATION:

- s.22 feels it is important for the Minister of Health to hear from the public who have experience navigating British Columbia’s health care system. s.22 was not looking for resources, but wanted the Minister’s office to understand that there is little continuity between different agencies and resources. s.22 feels people seeking these services are often referred along from agency to agency
- s.22 would like the Ministry of Health to look at how mental health and substance use services can be better coordinated to more effectively offer resources and treatments to individuals and their families.
- s.22
- s.22 feels the government should invest in people, for example hiring nurses and other critical health care staff, who will then contribute to the province’s economy.
- s.22 thanked me for taking the time to listen to s.22 concerns and ended the call.

Follow up correspondence requested? No

Name of Staff Member who contacted the Individual: Leah Baade

Telephone: s.15

Program area: HSD Patient and Client Relations

Date: May 17, 2016

Essa, Noren A HLTH:EX

From: Docs Processing HLTH:EX
Sent: Friday, May 20, 2016 11:34 AM
To: McCormick, Erika HLTH:EX
Cc: Docs Processing HLTH:EX; Will, Jordan HLTH:EX; Michell, Jennifer HLTH:EX; Stearn, Anne HLTH:EX; Godfrey, Debbie HLTH:EX
Subject: RE: 1055128 - MO Request for Phone Call and Summary - s.22 and s.22 Substance Use
Attachments: 1055128 | s.22 TELEPHONE RESONSE MHSU services.docx
Categories: To Close/Deliver

Hi Erika,
I've attached the summary of staff's phone call with s.22 . Approved by Greg Leake.

All the best,

Kyle Falk-Varcoe

Program Assistant | Executive Operations | DMO | Ministry of Health |
1515 Blanshard Street, Victoria, BC, V8W 3C8 | Phone: 250.952.1040

From: McCormick, Erika HLTH:EX
Sent: Monday, May 9, 2016 10:45 AM
To: Docs Processing HLTH:EX
Subject: 1055128 - MO Request for Phone Call and Summary - s.22 and s.22 Substance Use
Hey Docs,

s.22 Regarding s.22 who has overdosed a couple on fentanyl. Concerns over this are that he went through withdrawal, went to detox. s.2 was discharged and went home. This past weekend s.2 reached a point of needing CPR.. Would like better training for those who are dealing with this problem and coordinated service to everyone who has to deal with this. s.22 says s.22 have been referred to everyone and that in the end everything has failed s.22 says they are in s.22 and she is in s.22 s.2 wants something better to be done.

s.22 , any time works for a call.

Please report back.

Erika McCormick

Administrative Assistant to the Honourable Terry Lake | Minister of Health
Hlth.minister@gov.bc.ca | 2509533547
PO Box 9050 Stn Prov Govt | Victoria BC | V8W 9E2

Essa, Noren A HLTH:EX

From: Robertson, Derek HLTH:EX
Sent: Thursday, July 14, 2016 12:06 PM
To: Cambiazo, Valentina C HLTH:EX
Cc: Tyson, Jo HLTH:EX
Subject: (ASAP) MLA Bing - Addressing the Health Care Crisis

Importance: High

Valentina,

Can we have staff respond to this constituent ASAP and cc MLA Bing on the response?

Thanks,

Derek

From s.22

Sent: June 14, 2016 11:52 AM

To: Bing.MLA, Doug <Doug.Bing.MLA@leg.bc.ca>

Cc: nread@mapleridge.ca; tshymkiw@mapleridge.ca; cspeirs@mapleridge.ca; cbell@mapleridge.ca; kduncan@mapleridge.ca; rmasse@mapleridge.ca; grobson@mapleridge.ca

Subject: Addressing the Health Care Crisis

Importance: High

Doug Bing, MLA
Maple Ridge - Pitt Meadows

Dear Dr. Bing:

I'm writing to ask you what the provincial government is going to do to address the mental illness and addiction crisis Maple Ridge is currently experiencing? This is an epic provincial health care failure and our city naturally lacks the resources and supports necessary to effectively deal with a problem of this magnitude. This is both an emergent and urgent situation that requires immediate attention from a higher level of government.

The citizens of Maple Ridge do not want tents to be pitched in our parks, potentially exposing our children to discarded needles and human waste. We do not want low barrier shelters in our downtown core, nor do we want them in our neighbourhoods. Illicit drugs are being openly sold and used in public spaces and in front of us. We no longer feel safe frequenting our downtown shops and businesses.

Our kids are witness to violence and drug overdoses at a few of the low barrier rental homes that have been set up in our neighbourhoods for the individuals who have come from the shelter. People who live closest to the downtown core are dealing nightly with groups of "homeless" people roaming their neighbourhoods, causing disturbances and relieving themselves in public places.

It is morally wrong to enable these vulnerable people with mental illnesses and addiction issues to continue to use drugs at low barrier shelters. There have been nearly 60 drug overdoses at Rain City alone. The shelter is not staffed with medical professionals. The occupants at the shelter are our sons and daughters, our mothers and

fathers, our sisters and brothers, and we need to care for them compassionately and provide them with appropriate medical treatment.

The sale and use of illicit drugs often goes hand in hand with an increase in crime. There have been recent police reports of people armed with guns who are trespassing on our private property. Reports of theft on my own street have increased and there are times when I do not feel safe in my own neighbourhood, which is kilometers away from the downtown core. Given the recent exclusive invitation (June 16) for input regarding the decision to extend the shelter, I think the rippling effects of the situation are not well understood by the municipal government.

I do believe our Mayor and Council are working diligently to find a solution to this extremely complex and challenging situation. However, our local resources are limited, and I respectfully ask to know what you are doing to bring this critical issue forward and demand immediate support and resources from the provincial government?

Sincerely,

s.22

Essa, Noren A HLTH:EX

From: Clarke, Kristine M HLTH:EX on behalf of HLTH HSD HLTH:EX
Sent: Thursday, August 4, 2016 4:27 PM
To: s.22
Cc: XT:Libbiter, Andy HLTH:IN; Bing.MLA, Doug LASS:EX
Subject: Ministry of Health response - 1058976

1058976

s.22

Dear s.22

Thank you for your June 14, 2016 email, addressed to Dr. Doug Bing, MLA, Maple Ridge-Pitt Meadows, regarding mental health and substance use services in Maple Ridge. Your email was forwarded to the Ministry of Health for consideration and I apologize for the delayed response.

I appreciate your concerns regarding the safety of your community, and access to appropriate mental health and substance use services due to the increased demand for these services in Maple Ridge. I can assure you both the Ministry of Health and the health authorities share your concerns and are working together to address the issues of homelessness and drug use.

In April, British Columbia's Provincial Health Officer, Dr. Perry Kendall, exercised his powers under the *Public Health Act* to declare a public health emergency in response to the significant increase in drug-related overdose and death in BC. This made it possible for medical health officers throughout the province to collect robust, real-time information on overdoses, enabling them to identify immediately where risks are rising and take proactive action to warn and protect people who use drugs.

While the ministry is providing leadership and strategic direction in the work to address this health crisis, the regional health authorities are planning and delivering an effective system of services and supports. In Maple Ridge, Fraser Health is committed to providing a range of appropriate and responsive mental health and substance use services to ensure that those wishing to access support can easily do so. Currently, services to address the issues associated with substance use in Maple Ridge include:

- Creekside Withdrawal Management Service (adult detox and dedicated youth detox/30-day stabilization beds)
- Creekside Daytox Program (medically monitored day program)
- Maple Ridge Treatment Centre (intensive residential treatment program for men)
- Kinghaven Treatment Centre (intensive residential treatment program for men)
- Peardonville House (intensive residential treatment program for women – can accommodate preschool age children)
- Contracted supportive recovery facilities for men and women called STLRs (Stabilization and Transitional Living Residences)
- Second stage supportive housing
- DEWY (Day, Evening, Weekend Youth intensive day treatment program)

- Intensive day treatment program for adults (TEAM – co-ed; WELL - Women’s intensive; MELL – Men’s intensive)
- Riverstone Home/Mobile Detox service

A complete list of mental health and substance use services available in Maple Ridge can be found online. Go to: www.fraserhealth.ca/your-community/mapleridge/ and click on the “Mental Health” tab.

In addition, Fraser Health is working with Alouette Addictions Services and Riverstone Home/Mobile Detox Services to develop detailed care plans for each individual at the RainCity shelter. RainCity staff are trained and experienced in providing services to groups of people with complex needs. A Fraser Health nurse has been assigned to the shelter Wednesday to Friday, and nurse practitioners are available every day of the week at the Salvation Army.

Partnerships have been arranged with the RCMP for those who may require a joint approach between mental health services and the RCMP. Fraser Health is also working with the Maple Ridge Division of Family Practice to ensure that transitions between mental health services and primary care physicians occur so that individuals receive appropriate care.

Fraser Health’s focus is on public health and harm reduction: minimizing harms, increasing safety, increasing trust, and engaging individuals in support and treatment. If you have any further questions or concerns about the health services provided in the shelters and elsewhere in your community, I encourage you to contact Mr. Andy Libbiter, Executive Director, Mental Health and Substance Use, Fraser Health, at 604 587-4460 or andy.libbiter@fraserhealth.ca.

Thank you again for taking the time to bring your concerns to the government’s attention. I trust the foregoing helps to assure you that the ministry and Fraser Health are working to address the issues in your community and throughout the health authority. I appreciate the opportunity to respond.

Sincerely,

Gayle Downey
Director

pc: Dr. Doug Bing, MLA, Maple Ridge-Pitt Meadows
Mr. Andy Libbiter

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From: s.22

Sent: June 14, 2016 11:52 AM

To: Bing.MLA, Doug <Doug.Bing.MLA@leg.bc.ca>

Cc: nread@mapleridge.ca; tshymkiw@mapleridge.ca; cspeirs@mapleridge.ca; cbell@mapleridge.ca;

Subject: Addressing the Health Care Crisis

Importance: High

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Maple Ridge - Pitt Meadows

Dear Dr. Bing:

I'm writing to ask you what the provincial government is going to do to address the mental illness and addiction crisis Maple Ridge is currently experiencing? This is an epic provincial health care failure and our city naturally lacks the resources and supports necessary to effectively deal with a problem of this magnitude. This is both an emergent and urgent situation that requires immediate attention from a higher level of government.

The citizens of Maple Ridge do not want tents to be pitched in our parks, potentially exposing our children to discarded needles and human waste. We do not want low barrier shelters in our downtown core, nor do we want them in our neighbourhoods. Illicit drugs are being openly sold and used in public spaces and in front of us. We no longer feel safe frequenting our downtown shops and businesses.

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I do believe our Mayor and Council are working diligently to find a solution to this extremely complex and challenging situation. However, our local resources are limited, and I respectfully ask to know what you are doing to bring this critical issue forward and demand immediate support and resources from the provincial government?

Sincerely,

s.22

From: Clarke, Kristine M HLTH:EX on behalf of HLTH HSD HLTH:EX
Sent: Tuesday, October 18, 2016 11:10 AM
To: s.22
Cc: 'premier@gov.bc.ca'
Subject: Ministry of Health response - 1067222

1067222

s.22

Dear s.22

Thank you for your email of September 23, 2016, regarding the need for services for youth who are struggling with drug addiction and, in particular, the situation of Kati Mather, who was featured in CBC News' September 17 Point of View article by Eric Rankin. The Honourable Christy Clark, Premier, has asked me to respond on her behalf.

The interview with Ms. Mather was indeed distressing and highlighted the challenges that mental health and addictions experts are grappling with in communities throughout the province. I appreciate your concern for the safety of the community and this young woman in particular. I can assure you that both the Ministry of Health and the health authorities share your concern and are working together to address the issues of drug use and homelessness in the province.

In April, British Columbia's Provincial Health Officer, Dr. Perry Kendall, exercised his powers under the *Public Health Act* to declare a public health emergency in response to the significant increase in drug-related overdose and death in BC. This made it possible for medical health officers throughout the province to collect robust, real-time information on overdoses, enabling them to identify immediately where risks are rising and take proactive action to warn and protect those at risk.

Over the past year through a cabinet working group initiated by Premier Clark, we have been developing an integrated, cross-government mental health and substance use strategy for British Columbia. Our goal is to address key gaps in the current system and ensure individuals and families can access support services early, before they find themselves in a crisis.

While the ministry is providing leadership and strategic direction in the work to address this health crisis, the regional health authorities are planning and delivering an effective system of services and supports. In Surrey, Fraser Health is committed to providing a range of appropriate and responsive substance use services to ensure that those wishing to access support can easily do so. Currently, services to address the issues associated with substance use in Surrey include:

- Kinghaven Treatment Centre (intensive residential treatment program for men);
- Peardonville House (intensive residential treatment program for women – can accommodate preschool age children);
- Contracted supportive recovery facilities for men and women called STLRs (Stabilization and Transitional Living Residences);
- Second stage supportive housing;

- DEWY (Day, Evening, Weekend Youth intensive day treatment program); and,
- Intensive day treatment program for adults (TEAM – co-ed; WELL - Women’s intensive; MELL – Men’s intensive).

A complete list of substance use services available in Surrey can be found under the “Mental Health” tab at: www.fraserhealth.ca/your-community/surrey/.

Fraser Health is also actively implementing its overdose strategy, which includes an ongoing social media awareness campaign targeting people who use drugs, their families and friends. They are also enhancing their harm reduction efforts, which include increased access to take-home naloxone in emergency departments in the community and working with community partners. Fraser Health’s efforts to get naloxone into the hands of people who use drugs began last fall and has proven to be effective.

Your concern for youth with drug issues is one that the Ministry and the health authorities share. There are no wait times for youth in crisis to access Fraser Health programs. Any youth in the Fraser Health region can immediately receive care through the START team (Short Term, Assessment, Response and Treatment). Youth or parents can call a central number at any time, including evenings and weekends. If necessary, Fraser Health can also access detox beds in other health authorities. For youth living with concurrent disorders (for example, mental health and substance use), Fraser Health has specialist Youth Concurrent Disorder Therapists. Youth requiring this service can also access the Provincial Youth Concurrent Disorders Program.

On July 27, 2016, Premier Clark announced a new Joint Task Force on Overdose Prevention and Response. Headed by Dr. Kendall and director of police services Clayton Pecknold, the task force is providing expert leadership and advice to government on actions to strengthen the provincial response. To bolster the efforts underway to prevent illicit drug overdoses and related deaths, Premier Clark announced that the Province is providing \$10 million to support a British Columbia addiction treatment research and training centre and to fund strategies identified under the Joint Task Force on Overdose Prevention.

You may be interested in the information on the government’s overdose information awareness page, which includes resources for at-risk individuals, parents and concerned citizens. It can be found here: www2.gov.bc.ca/gov/content/overdose.

I recognize and appreciate your desire to be part of the solution to the challenges being faced by youth struggling with addiction in your community. I trust the foregoing helps to assure you that the Ministry of Health and Fraser Health are working together to address the issue in Surrey and throughout the province.

Thank you again for taking the time to bring your concerns to the government’s attention. I appreciate the opportunity to respond.

Sincerely,

Gayle Downey
Director

pc: Honourable Christy Clark

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-----Original Message-----

From s.22

Sent: Friday, September 23, 2016 11:35 AM

To: OfficeofthePremier, Office PREM:EX

Subject: Kati Mather

Good Morning Premier!

I was heartened to hear that you have reached out to the mother of young s.22 who died recently from an overdose. But it seems a bit odd after the fact.

s.22 where drug addiction was not staring us in the face but still existed.

We need to do more for our youth In this respect. We need to have a well-known (to youth), available, safe, place where they can go for help or to talk.

I would like to help if there is anything at all that I can do.

I called the CBC news last week after Erik Rankin's report on the beautiful, articulate Young lady, Kati Mather, who is addicted to Fentanyl. I was horrified at the thought that the tv crew would just walk away at the end of their interview with her. IT BROKE MY HEART. I almost drove to the strip in Surrey where she is living on the street in order to bring her home with me, but I knew that that was not a sound solution. I spoke with the CBC twice over this, and received no satisfactory response. Please check out this interview if you have not seen it.

WE NEED TO HELP THIS YOUNG LADY NOW. WE DO NOT WANT HER TO END UP AS ANOTHER s.22

Please please put something in place. I will drive her, buy whatever she needs, pick up supplies, I will do anything. I just need to be directed. If feel quite powerless. I could go and talk with her and see what she needs, I suppose.

I thought of Covenant House but they are not set up for medical interventions.

Please do something for this lovely young lady and let me help. We need to talk.

Thank you,

s.22

s.22

Essa, Noren A HLTH:EX

From: Westcott, William PREM:EX
Sent: Monday, September 26, 2016 2:26 PM
To: Health, HLTH HLTH:EX
Subject: FW: How will the Health Minister deal with the Fentanyl crises in British Columbia?

Hi Valentina,

Would Health be able to respond to this email obo PCC?

Thanks,

Will Westcott
Correspondence Officer
Office of the Premier

From: s.22
Sent: Friday, September 23, 2016 8:09 PM
To: OfficeofthePremier, Office PREM:EX
Cc: s.22
Subject: RE: How will the Health Minister deal with the Fentanyl crises in British Columbia?

Dear British Columbia Government,

Being a resident of Alberta but lives in British Columbia I realize that both Alberta and British Columbia has a Fentanyl drug crises for young people in both places. I have spoken to the Betty Ford Foundation in the United States of America, they are willing to help us with drug problem if they want their help. Lot's of young people age's 18-25 are taking these dangerous drugs and they dying too young because this drug, is toxic towards their health. So my question is for the British Columbia Government, will the Minister of Health for the British Columbia Government ask the Betty Ford Foundation help on controlling this Fentanyl drug crises in both British Columbia and Alberta, and help family's who have to suffer with this terrible drug that has caused chaos with their family's. So as family's in both British Columbia and Alberta should we not have access to quality drug treatments to treat this growing Fentanyl crises in British Columbia and Alberta, before another family has to bury their son or daughter who has fallen prey to this Fentanyl drug for years to come.

Sincerely,

s.22

P.S If you would like to respond to my comment please email at s.22

Sent from [Mail](#) for Windows 10

Essa, Noren A HLTH:EX

From: Clarke, Kristine M HLTH:EX on behalf of HLTH HSD HLTH:EX
Sent: Tuesday, October 25, 2016 10:04 AM
To: s.22
Cc: 'premier@gov.bc.ca'
Subject: Ministry of Health response - 1067446

1067446

s.22

Dear s.22

I am writing in response to your email of September 23, 2016, addressed to the Honourable Christy Clark, Premier of British Columbia, regarding the overdose crisis caused by Fentanyl. Premier Clark has asked me to respond on her behalf. I apologize for the delay.

The Ministry of Health shares your concern for the many young people and their families that are experiencing harms associated with problematic substance use. Drug related overdoses and deaths have become a very serious concern all across Canada, and while BC is leading the country in addressing this issue, families are still losing loved ones to overdoses.

Not long after you sent your email to Premier Clark, the Honourable Terry Lake, Minister of Health, addressed news agencies describing how BC is at the forefront of the overdose crisis that is facing jurisdictions across North America, including Alberta. We are taking action on many fronts, from public awareness and education to treatment and harm reduction and public safety and policing.

In July 2016, Premier Clark announced a new Joint Task Force on Overdose Prevention and Response, which is led by Dr. Perry Kendall, Provincial Health Officer, and Mr. Clayton Pecknold, Assistant Deputy Minister and Director of Police Services, Ministry of Public Safety and Solicitor General. The task force is providing expert leadership and advice to government on actions to prevent and respond to overdoses in British Columbia.

In addition, the government recently announced \$10 million to support a new British Columbia Centre on Substance Use (BCCSU) to address the overdose crisis by focusing on addiction research, health provider education and clinical care guidance. The BCCSU will establish best practices for the province's addiction treatment system and link together health authorities, academic institutions, care providers and service agencies to position BC as a leader in delivering evidence-based addiction treatment. A further \$5 million will be invested in additional priority areas identified by the task force.

The government is working diligently to address this issue and help all BC residents, including young people and families who are affected by this opioid crisis. We will continue to work with experts and improve access to the best evidence-based treatments to help people recover from substance-use issues.

I appreciate the time you took to share your suggestions for a solution to the overdose crisis. I trust the information provided is useful.

Sincerely,

Keva Glynn
Executive Director

pc: Honourable Christy Clark, Premier
Honourable Terry Lake, Minister

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From: s.22

Sent: Friday, September 23, 2016 8:09 PM

To: OfficeofthePremier, Office PREM:EX

Cc: s.22

Subject: RE: How will the Health Minister deal with the Fentanyl crises in British Columbia?

Dear British Columbia Government,

Being a resident of Alberta but lives in British Columbia I realize that both Alberta and British Columbia has a Fentanyl drug crises for young people in both places. I have spoken to the Betty Ford Foundation in the United States of America, they are willing to help us with drug problem if they want their help. Lot's of young people age's 18-25 are taking these dangerous drugs and they dying too young because this drug, is toxic towards their health. So my question is for the British Columbia Government, will the Minister of Health for the British Columbia Government ask the Betty Ford Foundation help on controlling this Fentanyl drug crises in both British Columbia and Alberta, and help family's who have to suffer with this terrible drug that has caused chaos with their family's. So as family's in both British Columbia and Alberta should we not have access to quality drug treatments to treat this growing Fentanyl crises in British Columbia and Alberta, before another family has to bury their son or daughter who has fallen prey to this Fentanyl drug for years to come.

Sincerely,

s.22

P.S If you would like to respond to my comment please email at s.22

Sent from [Mail](#) for Windows 10

Essa, Noren A HLTH:EX

From: Westcott, William PREM:EX
Sent: Monday, September 26, 2016 2:34 PM
To: Health, HLTH HLTH:EX
Subject: FW: A fax has arrived from remote ID s.22
Attachments: 00001C39.PDF

Hi Valentina,

Would Health be able to respond to this attached letter obo PCC?

Thanks,

Will Westcott
Correspondence Officer
Office of the Premier

-----Original Message-----

From: Clark.MLA, Christy [<mailto:Christy.Clark.MLA@leg.bc.ca>]
Sent: Monday, September 26, 2016 10:02 AM
To: OfficeofthePremier, Office PREM:EX
Subject: FW: A fax has arrived from remote ID s.22

-----Original Message-----

From: RightFax E-mail Gateway [<mailto:rfax@mail.leg.bc.ca>]
Sent: September 23, 2016 1:08 PM
To: Clark.MLA, Christy <Christy.Clark.MLA@leg.bc.ca>
Subject: A fax has arrived from remote ID s.22

A fax has arrived from remote ID s.22 '.

2016-09-23 1:06:31 PM Transmission Record
Received from remote ID s.22
Inbound user ID CCLARK.MLA, routing code s.22
Result: (0/352;0/0) Success
Page record: 1 - 1
Elapsed time: 01:00 on channel 7

s.22

September 23, 2016

Premier Christy Clark
Westside-Kelowna Constituency Office via fax (250) 768-8436 and e-mail
#3-2429 Dobbin Road
West Kelowna, BC
V4T 2L4

Dear Premier Clark,

No one deserves to die like 22 year old Katie Mather. Another poor fentanyl addict, who like most, does not have the \$25,000- \$40,000 to procure a bed in a private treatment clinic.

In a recent CBC news piece by Eric Rankin on the Surrey (drug addict) Strip, Ms. Mather was interviewed. Her face was bloody because she had been clawing at it. Fentanyl addicts suffering withdrawal claw their own skin off.

She said she has tried quitting a few times but couldn't hang on long enough to get into a treatment bed. If you don't have enough money you must join a long queue and wait. She said she called every day for 3 months and then she relapsed.

This is an epidemic that is destroying too many young people. The province is not doing enough.

Fentanyl addicts are in acute danger of death every time they use. Our medical system is very good at treating acute medical issues. Please do what it takes to make access to drug addiction treatment easier and faster. The wait is too deadly.

This is the kind of healthcare benefit to which I expect you to apply our taxes. There is no time to lose, only more young lives.

Please treat this like the epidemic it is.

Yours truly,

s.22

cc Coast Reporter

Essa, Noren A HLTH:EX

From: Clarke, Kristine M HLTH:EX on behalf of HLTH HSD HLTH:EX
Sent: Tuesday, October 25, 2016 2:11 PM
To: s.22
Cc: OfficeofthePremier, Office PREM:EX
Subject: Ministry of Health response - 1067451
Attachments: 1067451 Response Attachment.pdf; 1067451 s.22 RESPONSE Fentanyl Crisis.pdf

Please find attached the Ministry of Health response to your letter, including attachment, dated September 23, 2016.

Thank you.

Improvement through every concern.

[Patient Care Quality Offices](#)



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-----Original Message-----

From: RightFax E-mail Gateway [mailto:rfax@mail.leg.bc.ca]
Sent: September 23, 2016 1:08 PM
To: Clark.MLA, Christy <Christy.Clark.MLA@leg.bc.ca>
Subject: A fax has arrived from remote ID s.22

A fax has arrived from remote ID s.22

2016-09-23 1:06:31 PM Transmission Record
Received from remote ID: s.22
Inbound user ID CCLARK.MLA, routing code s.22
Result: (0/352;0/0) Success
Page record: 1 - 1
Elapsed time: 01:00 on channel 7



1067451

s.22

Dear s.22

I am writing in response to your letter of September 23, 2016, addressed to the Honourable Christy Clark, Premier of British Columbia, regarding the overdose crisis caused by Fentanyl. Premier Clark has asked me to respond on her behalf. I apologize for the delay.

The Ministry of Health shares your concern for the many young people and their families that are experiencing harms associated with problematic substance use. Drug related overdoses and deaths have become a very serious concern all across Canada, and while BC is leading the country in addressing this issue, families are still losing loved ones to overdoses.

Not long after you sent your letter to Premier Clark, the Honourable Terry Lake, Minister of Health, addressed news agencies describing how BC is at the forefront of the overdose crisis facing jurisdictions across North America. We need to take action on many fronts, from public awareness and education to treatment and harm reduction and public safety and policing.

In July 2016, Premier Clark announced a new Joint Task Force on Overdose Prevention and Response, which is led by Dr. Perry Kendall, Provincial Health Officer, and Mr. Clayton Pecknold, Assistant Deputy Minister and Director of Police Services, Ministry of Public Safety and Solicitor General. The task force is providing expert leadership and advice to government on actions to prevent and respond to overdoses in British Columbia. One of the key areas of work for the task force is to address known issues of access to appropriate substance use services, such as treatment beds. This need to improve access is also at the heart of our commitment to open 500 new substance use treatment beds by 2017.

In addition, the government recently announced \$10 million to support a new British Columbia Centre on Substance Use (BCCSU). That will address the overdose crisis by focusing on addiction research, health provider education and clinical care guidance. The BCCSU will establish best practices for the province's addiction treatment system and link together health authorities, academic institutions, care providers and service agencies, to position BC as a leader in delivering evidence-based addiction treatment. A further \$5 million will be invested in additional priority areas identified by the task force.

...2

- 2 -

Our government is working diligently to address this issue and help all BC residents, including young people and families, who are affected by this opioid crisis. We will continue to work with experts and improve access to the best evidence-based treatments to help people recover from substance-use issues.

Thank you for writing. I trust the information provided is useful.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keva Glynn'.

Keva Glynn
Executive Director

Attachment

pc: Honourable Christy Clark, Premier

B.C.'s Public Health Emergency Progress Update on B.C.'s Response to the Opioid Overdose Crisis

September 2016

"Throughout B.C., we are dealing with the overwhelming effects of problematic substance use. In response to this crisis, experts from across the province are taking wide-ranging action to address the problem and prevent future tragedies. Services are in place to help British Columbians and their families, and we will continue to expand them."

~ Statement from Premier Christy Clark

"Every day families and friends are losing loved ones to deaths that could have been prevented. No one is immune. People with long histories of drug use are overdosing, as are people trying drugs for the very first time. It's crucial to remind people that no matter who you are, illicit drugs can be deadly, and that there are steps you can take to reduce the chance of an overdose."

~ Statement from Dr. Perry Kendall and Clayton Pecknold,
co-chairs, BC Joint Task Force on Overdose Response

Background

The significant rise in opioid-related overdose deaths reported in B.C. since the beginning of 2016 is part of an increasing, alarming trend in North America over the last six years.

On April 14, 2016, provincial health officer Dr. Perry Kendall [declared a public health emergency](#) under the *Public Health Act*. The declaration of a public health emergency allows for real-time information to be collected, reported and analysed across the health system, to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs. This is the first time Dr. Kendall has used the act to enact these emergency powers.

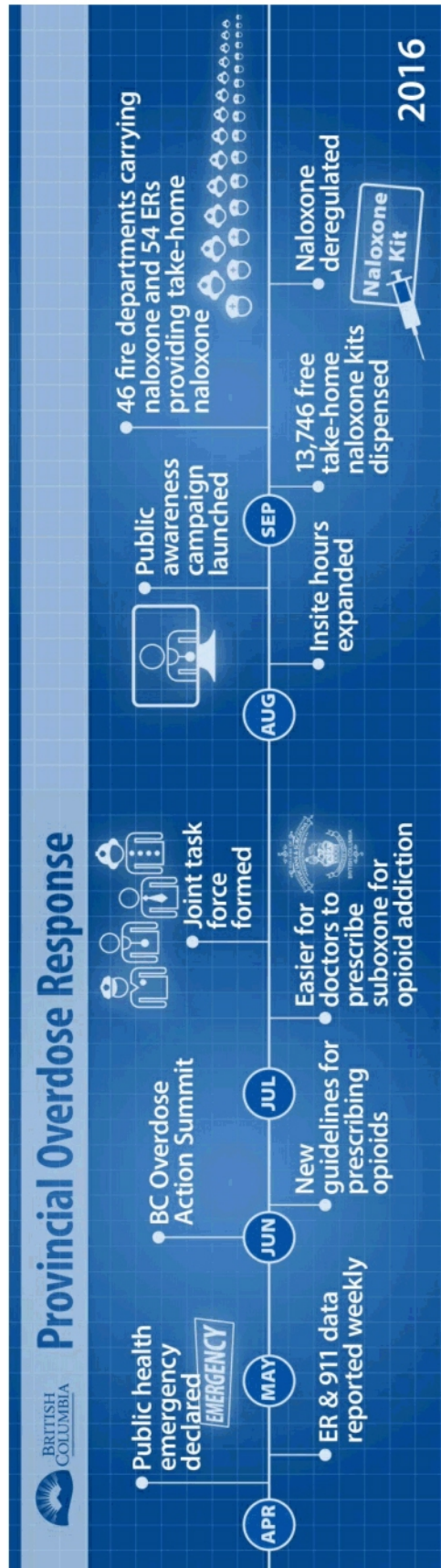
On July 27, 2016, the Premier established the [Joint Task Force on Overdose Response](#); this ground-breaking integration of the health and public safety sectors, and law enforcement efforts ensures co-operation between the health and public safety sectors to consistently and rapidly implement new provincial initiatives and strengthen existing approaches to address the crisis.

Ongoing Public Progress Reporting

This first overdose prevention and response progress report outlines action on B.C.'s public health emergency, identifying progress achieved to date and next steps underway.

The province's response continues to focus on seven key areas:

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



A diverse range of agencies throughout the province have work underway to respond to the overdose situation in British Columbia. Efforts are ongoing and involve the provincial ministries of Health and Public Safety and Solicitor General, public health officials, health authorities, the Office of the Coroner, emergency first responders including paramedics, police and firefighters, social service agencies, community partners and people with lived experience and their families.

A number of task groups have been established to work on specific elements of the response.

1. Immediate Response to an Overdose

Saving lives is the province's first priority in this public health emergency. Intervening when a person is experiencing an overdose is imperative to preventing fatal outcomes. The task force's work on improving immediate response to an overdose involves expanding the availability of naloxone and expanding the reach of supervised consumption services in the province.

Naloxone is a medication that blocks or reverses the effects of an overdose from opioids (such as fentanyl, heroin, and morphine), restoring normal breathing and consciousness. Naloxone can be given by injection or intranasally. It is one of the primary tools in preventing death once an opioid overdose has occurred. Naloxone is available in B.C. through paramedics, many first responders, emergency departments, community pharmacies, recovery homes and homeless shelters, to inmates upon release from some provincial correctional centres, and the Take Home Naloxone program.

B.C. was the first Canadian jurisdiction to introduce a Take Home Naloxone program. Increasing access to naloxone for people at risk of overdose and those who may witness an overdose reduces the chances of death.

In addition, supervised consumption services are cost-effective interventions for improving health outcomes and reducing harms associated with non-medical drug use. In B.C., supervised consumption services currently operate only in Vancouver at Insite and the Dr. Peter Centre at St. Paul's Hospital. Expansion of these services beyond Vancouver is critical in view of the overdose epidemic and the demonstrated ability of supervised consumption services to prevent overdose fatalities. A significant barrier to rapid expansion of these services is the exemption process required for compliance with federal legislation; however, B.C. has engaged with the federal government to identify how exemption applications may be processed and approved smoothly.

Expanding Naloxone Availability in B.C.

Accomplishments to Sept. 15, 2016:

- ✓ B.C.'s Take-Home Naloxone program has:
 - ▶ Dispensed 13,746 no-charge naloxone kits
 - ▶ Had reports of 2,149 kits been used to reverse opioid overdoses
 - ▶ Trained 11,629 people (online training is available for those with access to the internet at <http://towardtheheart.com/naloxone>)
- ✓ Naloxone kits are now available in 297 sites across BC, including most emergency departments, three provincial correctional facilities (to be expanded to remaining centres over the next year), and one federal correctional facility.
- ✓ All ambulance crew and 46 fire departments are now carrying naloxone and are administering as needed.
- ✓ The College of Pharmacists of BC has descheduled naloxone, which will make naloxone available for purchase without a prescription and without requesting it over-the-counter.
- ✓ Regional health authorities continue to train people who use drugs, their family members and friends, health and social service providers and others on the administration of naloxone and continue to promote awareness of this intervention.
- ✓ Some people who use drugs have expressed reluctance to call 9-1-1 in an overdose situation due to a perception that police will attend and arrest. The RCMP and most municipal police departments have now adopted a policy that members will not attend 9-1-1 calls for overdose assistance unless requested to do so. Law enforcement attendance at overdose calls is reported to be declining as a result of this policy. However, in some regions of the province, especially in smaller communities, police may often be the first to respond to a call.
- ✓ The RCMP have announced they are acquiring intranasal naloxone for use both when members encounter someone experiencing an overdose, as well as their own members who may be exposed during the course of their work. The kits will be provided to all RCMP jurisdictions across the province. Abbotsford Police Department is similarly acquiring intranasal naloxone for the protection of its officers and for use on the public in cases of overdose when emergency health service providers are not in the vicinity.
- ✓ The Vancouver Police Department has acquired intranasal naloxone to administer to their members/employees who may be exposed during the course of their work.

Next steps:

- The Ministry of Health is funding the expansion of no-charge naloxone kits to all remaining emergency departments and public health units, and to all provincial and federal correctional facilities in British Columbia.
- Naloxone kits will be distributed to sites where healthcare professionals are customarily not present (recovery homes, homeless shelters).
- Vancouver Coastal Health is developing a standardized online training curriculum for first responders to ensure ongoing competency in naloxone administration.

Expanding Reach of Supervised Consumption Services in B.C.

Accomplishments to Sept. 15, 2016:

- ✓ Vancouver Coastal Health has expanded Insite's hours of operation to 24 hours on Wednesdays, Thursdays and Fridays during weeks that income and disability payments are issued by the Ministry of Social Development and Social Innovation.
- ✓ Interior Health, Fraser Health and Island Health are developing applications for exemption to federal legislation in order to launch and run supervised consumption services in some locales in their regions.

Next steps:

- The Ministry of Health will continue to work with Health Canada to identify methods to streamline and accelerate approval of applications for exemptions under the *Controlled Drugs and Substances Act* and Bill C-2 to expand reach of supervised consumption services in each regional health authority.
- Regional health authorities will continue their work to prepare and submit applications to Health Canada to expand supervised consumption services across the province.

2. Preventing Overdoses Before They Happen

The potential for overdose risk is present in many scenarios. Overdose can occur among people who use drugs long-term, among those experimenting with new drugs, and among those who experience relapse from treatment. Every overdose is theoretically preventable. Work to equip providers, patients, families and friends with the resources to prevent overdoses before they occur focuses on improving available treatment options for people with opioid dependence and implementing drug checking services in the province to allow people to be aware of what is actually in powders, pills or liquids they have acquired from the illicit market.

Opioid agonist treatment (OAT, also referred to as opioid substitution treatment or OST) is the most effective intervention to treat opioid use disorder and other associated harms. Professional guidance on opioid use disorders is imperative for health care providers to ensure they have up-to-date information about best practices in treating opioid use disorders. This leads to more effective and sustained treatment for people with opioid use disorders, and ensures patients who access substance use services are provided the best quality evidence-based care, including how to reduce relapse and overdose risk.

Health authorities continue to open additional substance use treatment beds, and the province has invested in new mental health and addictions facilities for youth, young adults and others who have challenges with mental health and substance use.

Street drugs are of unknown potency and often contain unknown substances (e.g. fentanyl), adulterants and contaminants. Street drug checking is common in many European countries, and supports informed decision making by providing individuals with knowledge of what they are buying and consuming. With information about illicit drug composition (including adulterants or contaminants), individuals may make safer choices about what, where, how much and with whom they consume.

Improving Treatment Options for People with Opioid Dependence

Accomplishments to Sept. 15, 2016:

- ✓ College of Physicians and Surgeons of British Columbia removed its requirement for physicians to have a special federal exemption (required for methadone prescribing) in order to prescribe Suboxone as a treatment for opioid addiction.
- ✓ Suboxone has been added as a regular coverage benefit under PharmaCare.

B.C.'s Opioid Overdose Response: Progress Update

- ✓ Interdisciplinary addiction medicine training provided to 14 clinical fellows (physicians with a sub-speciality in addictions), 113 medical students/residents, and 5 intensive preceptorships, with enrollment ongoing.
- ✓ Health Canada has made changes to the schedules of the *Food and Drugs Act* that now allow physicians to prescribe diacetylmorphine (also called prescription heroin) through the Special Access Programme as a treatment for patients with opioid dependence who have failed other treatment options (e.g., methadone, Suboxone).
- ✓ The College of Physicians and Surgeons of B.C. released new opioid prescribing guidelines that set the new professional standard on safe prescribing of opioids.

Next steps:

- Health authorities will continue to open the additional planned substance use treatment beds in 2017, for a total of 500 new beds opened since 2013.
- The Ministry of Health will continue discussions with Health Canada on the possibility of physicians accessing two new long-acting opioid agonist medications (Vivitrol®, Probuphine®) through the Special Access Programme.
- The Ministry of Health continues to work with partners to develop and release new opioid disorder treatment guidelines and support tools for providers and patients.
- Expand access to opioid agonist treatment by increasing the number of these providers who prescribe the treatment.
- The Ministry of Health and College of Physicians and Surgeons are working together to further enhance prescription monitoring to ensure more appropriate use of prescription opioids and other controlled medications.

Drug Checking Services

Accomplishments to date:

- ✓ Fentanyl detection pilot project is underway at Insite.

Next steps:

- The Network for Excellence in Substance Dependence and Related Harms will lead drug checking technical, operational and logistical scoping work, including expansion of dipstick testing to other parts of British Columbia.
- Confirm regulatory approval options with federal partners through the *Controlled Drugs and Substances Act*.

3. Public Education and Awareness

Populations at risk for overdose are not limited to those with long histories of illicit drug use. Information on fatal and non-fatal overdoses is showing that people who are experimenting with drugs, recreational users (including stimulant users), chronic pain patients, illicit opioid users, those discharged from corrections, and those discharged from abstinence-based opioid addiction treatment are at risk for overdose. Information on overdose risk also needs to extend beyond these groups to family members, friends, and the general public.

There is no single approach to effectively reach such a broad audience, which has led the province to launch a multi-pronged campaign. It is imperative that B.C. residents are aware of the risks of non-medical opioid use, the potential toxicity of illicit substances, and how to recognize and respond to an opioid overdose.

Accomplished to date:

- ✓ First phase of a multi-pronged [provincial awareness campaign](#) launched on International Overdose Awareness Day (Aug. 31, 2016), including an informational website at www.gov.bc.ca/overdose and paid media on Facebook with messages highlighting the dangers and life-saving supports.

Next steps:

- The Community Action Initiative – an organization that supports projects focused on mental health and substance use issues – is using \$750,000 in previous funding received from the Province through the Provincial Health Services Authority to develop resources for parents and community members who work with youth.
- The Province will issue paid video public service announcements (PSAs) through digital media and on television, supported by partnerships to ensure broad reach and additional airing through PSA status.
- Additional outreach is planned with targeted materials to reach specific audiences, such as people who use illicit drugs regularly, through handout materials, videos in clinics and other public venues, and through a poster campaign.
- The Province and public engagement task group partners continue to share and adjust messages using social media channels to ensure there is a credible channel for open dialogue around this critical public safety issue.

4. Monitoring, Surveillance, and Applied Research

One of the main components of declaring a public health emergency allows for the immediate, real-time sharing of information across systems to accurately identify areas of concern.

Improving monitoring and surveillance of fatal and non-fatal overdoses and data on trends of different opioid substances involved in overdoses that result in hospitalization or death inform the health system and partners of the magnitude of the problem; trends identified are used to support targeted interventions and other actions as needed.

The Canadian Research Initiative on Substance Misuse (CRISM), supported by the Canadian Institutes of Health Research, is a national interdisciplinary research group that has a regional node in BC. This regional node collaborates with provincial health authorities and the Ministry of Health in translating scientific evidence to inform provincial health policy. To ensure that research priorities align with lived experience of those affected by substance use disorders, CRISM leverages well-established partnerships with community and advocacy groups, including the BC Association of People on Methadone, the Vancouver Area Network of Drug Users, the Western Aboriginal Harm Reduction Society, From Grief to Action, and Moms United and Mandated to Save the Lives of Drug Users.

Improving timely data collection, reporting and analysis

Accomplished to Sept. 15, 2016:

- ✓ Ambulance and emergency departments are now reporting data to the BC Centre for Disease Control on non-fatal overdoses.
- ✓ Weekly reporting by the BC Centre for Disease Control on overdose data, including ingestion poisoning 9-1-1 calls, naloxone interventions by the BC Ambulance Service, regular and enhanced emergency department surveillance, overdoses broken down by substance, and illicit drug overdose deaths by regional health authority.

B.C.'s Opioid Overdose Response: Progress Update

- ✓ Two applied research projects are underway, utilizing \$4.4 million in funding from the Canadian Institutes of Health Research and other partners :
 - [TASA Cheque Issue Day study](#): this study, led by the Urban Health Research Initiative, aims to examine whether changing when and how often social assistance is disbursed will benefit individual health and safety; decrease drug-related harm within the community; and decrease demand on health, social and police service providers.
 - [OPTIMA clinical trial](#): this study, led by the Canadian Research Initiative on Substance Misuse, will compare and evaluate two treatments for prescription opioid dependence, methadone, which is the current standard of care in Canada, and combination buprenorphine/naloxone.

Next steps:

- The BC Centre for Disease Control will issue detailed monthly overdose data reporting and analysis to public health officials and decision makers to inform further action.
- The BC Coroners Service is working towards collecting more detailed information about illicit overdose deaths that can be used to share trends and patterns with the health system and other stakeholders to support evidence based solutions.

5. Improving the Scheduling of Substances and Equipment under the *Controlled Drugs and Substances Act* and the *Precursor Control Regulations*

Improving how substances and equipment used to manufacture illicit substances are controlled is an important component of addressing this public health emergency at a foundational level. Drug enforcement is ultimately a federal responsibility, but it is well understood that the illicit drug market does not abide by provincial boundaries; therefore, strengthening enforcement response to the production and trafficking of fentanyl-based substances has to be a co-ordinated, national effort. To this end, the Ministry of Public Safety and Solicitor General has requested that the federal government lead this role. Specifically, Minister Morris has requested:

- Improvements to the scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and the *Precursor Control Regulations*, notably regulation of equipment used in the manufacture of illicit pills;
- Streamlined and safe destruction of substances seized by police in drug investigations without jeopardizing prosecutions; and,
- Expanded authority for interdiction of incoming products used in the production of street drugs and greater police partnership with Canadian Border Services Agency.

Accomplished to date:

- ✓ Health Canada is proposing to restrict six chemicals used in the production of fentanyl and has posted a public consultation on this regulatory change to render the unauthorized importation and exportation of these chemicals illegal.

Next steps:

- The provincial government continues to advocate that the federal government regulate/restrict equipment associated with the manufacture of illicit pills, including pill presses, tableting machines, pill counters, punches and dies.

6. Improving Federal Enforcement and Interdiction Strategies

Responding to the production and trafficking of illegal fentanyl involved in B.C.'s opioid overdose crisis requires increased federal enforcement and interdiction strategies, including greater penalties and fines. Efforts at addressing these activities are underway with the enforcement partners engaged in the response to the illegal drug trade.

Accomplished to date:

- ✓ Letter sent to federal ministers on July 27, 2016 requesting the prioritisation of federal (RCMP and Canada Border Services Agency) enforcement strategies, including focusing interdiction of imported products, packages and precursors.
- ✓ Commitment from the Canada Border Services Agency to assist further and expand interdiction efforts.

Next steps:

- The Task Force will work with Police and law enforcement, including Canada Border Services Agency, to support measurable expansion of interdiction efforts, including the co-ordination of efforts to intercept, detect and investigate illegally imported fentanyl and precursors.
- Continue to advocate that the federal government increase penalties under the *Controlled Drugs and Substances Act* and the *Criminal Code* for those who import and traffic fentanyl and related compounds.
- Continue with enhanced ongoing communication among law enforcement agencies.

7. Enhancing the Capacity of Police to Support Harm Reduction Efforts Related to Street Drugs

As first responders, police have a broad exposure to activities related to street drug acquisition and use. In this capacity there are opportunities to educate the public on the risks and harms associated with fentanyl and other dangerous drugs.

Accomplishments to Sept. 15, 2016:

- ✓ Funding has been provided to the Justice Institute of BC to create a website with safety information for first responders, including training materials, for safe fentanyl identification and handling practices. The website is currently under development.
- ✓ A training workshop for police officers, paramedics, firefighters, Canada Border Services Agency agents, coroners and other first responders was held June 14-15, 2016 to focus on the dangers of fentanyl and to provide information on the safe handling and investigation of the drug.
- ✓ Local police have contributed to the Know your Source campaign and will continue engaging at-risk communities in awareness building on the dangers of fentanyl.

Next steps:

- The Ministry of Public Safety and Solicitor General will continue to work with RCMP and municipal police departments to ensure that appropriate information is available to police services to formulate local operational policy and that they have the supports to work with community partners to decrease opioid overdose deaths.

Conclusion

While significant first steps have been taken to address B.C.'s opioid overdose emergency, much remains to be done. The data are clear: opioid overdoses do not discriminate. With multiple populations in all corners of the province at risk, the response to this crisis must be comprehensive; everyone in the province has a role to play.

B.C. has long recognized that effectively addressing harms related to substance use requires meaningful engagement and involvement with people who use drugs and their families. The Joint Task Force on Overdose Response has mandated increased engagement with organizations of people who use drugs (such as the Society of Living Illicit Drug Users) and organizations of family members with lived experience (such as Moms Stop the Harm and From Grief to Action) to inform further action.

The public health emergency is a call to action. All levels of government – local, provincial and federal – and other sectors, such as the media, and organizations that engage with people who use drugs and family members with lived experience, must work together to address the health, public safety, social, economic and cultural factors that are driving this public health emergency.

Essa, Noren A HLTH:EX

From: s.22
Sent: Tuesday, November 15, 2016 5:16 PM
To: Minister, HLTH HLTH:EX
Subject: Fwd: Overdose deaths

Categories: Assign

Dear Hon. Terry Lake,I would like to speak to someone about this subject.If you can provide me with someones contact info and best time to call.Thanks s.22

Telephone Response Log

Assignment Due Date: December 6, 2016

Cliff #: 1074056

Date / Time of Call: November 18, 2016 at 10:30 a.m.

Name & Number of Person Contacted: s.22

BACKGROUND:

- s.22 emailed the Ministry of Health on November 15, 2016, requesting to speak to someone about overdose deaths in the province.

FINDINGS:

- n/a

DETAILS OF CONVERSATION:

- s.22 wanted to know the ministry's mandate about saving everyone. s.2 feels that there is a problem with continuing to save drug users at all costs.
- s.22 believes that people should not be provided treatment for drug overdoses more than one time.
- s.2 also believes it is unfair that needles are provided free of charge at safe consumption sites but there is not coverage for those with diabetes who require insulin injections to stay alive.
- In addition, s.22 stated that drug users are not contributing to British Columbia's tax base.
- s.2 feels that drug users, criminals and Syrian refugees receive better support than veterans.
- Staff assured s.22 that ministry staff continues to research best practices and that substance use is a complex challenge.
- Staff told s.22 that s.2 comments would be made available to the program area and Minister Lake.
- s.22 thanked staff for the call and concluded by stating that s.2 hopes those with substance use challenges die.

Follow up correspondence requested? n/a

Name of Staff Member who contacted the Individual: Leah Baade

Telephone: s.15

Program area: Patient and Client Relations

Date: November 22, 2016

From: s.22
Sent: Tuesday, November 22, 2016 6:21 AM
To: jane.philpott@canada.ca; Health, HLTH HLTH:EX
Subject: Opioid Crisis and Root Causes

Dear Jane Philpott and Terry Lake,

I am an injured worker in BC who has an open WorkSafe BC claim from a s.22
s.22

Recently I have been reading about the opioid crisis in Canada, and saw that a committee or task force will be looking at root causes. I am writing to ask you to consider a few things as they may relate to the opioid crisis, as well as for general health consideration:

1) motor vehicle accidents and how these increasing injuries can lead to prescription of opioid painkillers. Better enforced laws and safer roads would prevent these devastating injuries in the first place. s.22
s.22 . Nothing has been improved to date.

2) there is limited access to quality pain clinics. I tried the clinic at Vancouver General Hospital, but was told they only admit people after they are addicted to opioids. GF Strong clinic does not accept people with a WorkSafe Claim. The wait list at St. Paul's Hospital is very long and my pain is not "severe enough compared to others", so my doctor would not add me to the list. Change Pain clinic also does not accept WorkSafe claim patients.

3) the practices/limitations of Worker's Compensation Boards could lead to opioid dependence or self medication. For example, active rehabilitation is known to help recovery, but equipment is not covered for reimbursement. Habit forming pills are (I am fortunate to be able to afford my active rehab equipment and gym pass to complete the exercises recommended by my physiotherapist, but many people cannot afford this and rely solely on the painkiller pills that are covered). Chronic pain is also minimized and dismissed as "just soft tissue damage". The pensions for chronic pain are quite low. As a person living with pain, I can see how people might start to self medicate under these circumstances.

4) shortage of family doctors and how this can lead to poor continuity of care for injured and vulnerable people

For s.22 I was the only person with a family doctor. I was given ibuprofen and then naproxen, but s.22 were given hydromorphone as a matter of course. Some now self medicate with alcohol because their prescriptions for hydromorphone are not being extended any more. I now suffer from chronic pain, but will not use opioids. My body has become resistant to ibuprofen and naproxen now, so I just suffer through and try to use exercise and heat packs to alleviate the pain. This negatively affects my life and my ability to do my job. I can understand how the temptation to use increasingly potent pills would be too great to resist for many people. If my pain were worse and I were not as educated about pain management (I am well educated plus s.22 and gives me advice), I might have succumbed too.

In addition, a widely used chronic pain clinic called Lifemark is located on Keefer Street in Vancouver, near the downtown East side. I was sent to their Pain Management Program by WorkSafe BC (100% of the patients

in my class were WCB referrals) and what I saw there was an eye opener. I often had to step over dirty needles, drug cooking pans and 'tying off' tubes on the stairs leading to the clinic. There were dirty needles in the hallway inside the building too.^{s.22} reported it to staff they shrugged it off as normal. It seems like a bad idea to place vulnerable people (those in chronic pain) so close to easily accessible illicit drugs. I heard drug dealers selling on the corner outside of the clinic. Some of the other patients at the clinic spoke about getting the drugs. They shared tips about how to visit different walk-in clinics and how to frame their requests for opioids so as not to appear as "drug seeking". It made me feel vulnerable and made me feel sorry for them to hear these exchanges. It made me sad to think that I could not attend the more reputable pain clinics listed above, just because I was injured while at work. It also made me want to distance myself from them as "others" and was quite uncomfortable in general.

This is a concern for me and I wanted to bring these matters to your attention for consideration as you look into the root causes of the opioid crisis. Please feel free to contact me if you would like more information.

Sincerely,

^{s.22}

Essa, Noren A HLTH:EX

From: Mah, Tara HLTH:EX on behalf of HLTH HSD HLTH:EX
Sent: Thursday, December 22, 2016 3:50 PM
To: s.22
Cc: JAG RoadSafetyBC JAG:EX
Subject: Ministry of Health response - 1074717

1074717

s.22

Dear s.22

Thank you for your email of November 22, 2016, regarding the opioid crisis in British Columbia. I apologize for the delayed response.

I was sorry to read about your s.22 and resulting injuries. I appreciate the time you have taken to share your personal story and for offering insight on the opioid crisis.

The Ministry of Health shares your concern for the many people that are experiencing harms associated with problematic substance use. Drug related overdoses and deaths have become a very serious concern all across Canada, and while BC is leading the country in addressing this issue, families are still losing loved ones to overdoses. We need to take action on many fronts, from public awareness and education to treatment and harm reduction, public safety and policing.

The Joint Task Force on Overdose Prevention and Response is providing expert leadership and advice to government on actions to prevent and respond to overdoses in British Columbia. One of the key areas of work for the task force is addressing known issues of access to appropriate substance use services, such as treatment beds. This need to improve access is also at the heart of our commitment to open 500 new substance use treatment beds by the end of 2017.

We also recognize the importance of having a family physician for continuity of care and are aware that many people in communities throughout the province are having difficulty finding a family physician. We are working to address the situation. This includes the establishment of networks of Patient Medical Homes (full-service family practices) linked with health authority and relevant government- and community-delivered primary care services. We know that improving access to primary care for British Columbians will require a team-based approach. Nurse practitioners, social workers, nurses, dietitians, community pharmacists and other allied health professionals all play an important role in providing primary care alongside family physicians. Patient Medical Homes use an inter-professional, team-based and person-centred approach to meet the majority of patients' primary health care needs.

I encourage you to continue working with your physician and WorkSafeBC about getting referred to an appropriate pain clinic. You may also be interested in the resources available at www.PainBC.ca.

I am unable to provide information about the equipment that WorkSafeBC covers or about the pain clinic service providers they partner with. I encourage you to contact WorkSafeBC to provide feedback. Information

about how to raise an issue or make a complaint can be found at www.worksafebc.com/en/about-us/fairness-privacy/fair-practices-office/raise-issue-complaint.

I understand that you contacted the Ministry of Transportation about your concerns over road safety; I also encourage you to raise your concerns with RoadSafetyBC by calling 1 855 387-7747 or by sending an email to RoadSafetyBC@gov.bc.ca.

Again, thank you for writing. We value your input as we strive to improve the health care system. Our government is working diligently to address this issue and help all BC residents who are affected by this opioid crisis. We will continue to work with experts and improve access to the best evidence-based treatments to help people recover from substance-use issues.

I appreciate the opportunity to respond.

Sincerely,

Gayle Downey
Director

pc: RoadSafetyBC

Improvement through every concern.

[Patient Care Quality Offices](#)



Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

Dear Jane Philpott and Terry Lake,

I am an injured worker in BC who has an open WorkSafe BC claim from ^{s.22}
^{s.22}

Recently I have been reading about the opioid crisis in Canada, and saw that a committee or task force will be looking at root causes. I am writing to ask you to consider a few things as they may relate to the opioid crisis, as well as for general health consideration:

1) motor vehicle accidents and how these increasing injuries can lead to prescription of opioid painkillers. Better enforced laws and safer roads would prevent these devastating injuries in the first place. ^{s.22}

^{s.22}
^{s.22}

Nothing has been improved to date.

2) there is limited access to quality pain clinics. I tried the clinic at Vancouver General Hospital, but was told they only admit people after they are addicted to opioids. GF Strong clinic does not accept people with a Worksafe Claim. The wait list at St. Paul's Hospital is very long and my pain is not "severe enough compared to

others", so my doctor would not add me to the list. Change Pain clinic also does not accept WorkSafe claim patients.

3) the practices/limitations of Worker's Compensation Boards could lead to opioid dependence or self medication. For example, active rehabilitation is known to help recovery, but equipment is not covered for reimbursement. Habit forming pills are (I am fortunate to be able to afford my active rehab equipment and gym pass to complete the exercises recommended by my physiotherapist, but many people cannot afford this and rely solely on the painkiller pills that are covered). Chronic pain is also minimized and dismissed as "just soft tissue damage". The pensions for chronic pain are quite low. As a person living with pain, I can see how people might start to self medicate under these circumstances.

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This is a concern for me and I wanted to bring these matters to your attention for consideration as you look into the root causes of the opioid crisis. Please feel free to contact me if you would like more information.

Sincerely,

s.22



December 7, 2016

1075784

To: Medical Health Officers
Directors of Health Protection
Regional Managers of Licensing

Re: Preventing Opioid Overdose Deaths in Licensed Community Care Facilities

In April 2016, the Provincial Health Officer declared a public health emergency under British Columbia's *Public Health Act* in response to an unprecedented number of opioid overdose deaths across the province. While the rate of overdose deaths remains unacceptably high, countless lives are being saved by community members and first responders through the rapid administration of Naloxone.

In July 2016, Premier Christy Clark announced the establishment of the Joint Task Force on Overdose Prevention and Response (Joint Task Force) to lead an integrated response to the emergency across the public health and public safety sectors.

The first recommendation of the Joint Task Force is specific to the administration of Naloxone:

“Immediate response to an overdose by expanding naloxone availability and the reach of supervised consumption services in the province.”

In order to ensure that operators of licensed community care facilities providing residential care to persons who are at risk of opioid overdose take appropriate steps in both prevention and response to overdoses in their facilities, a Director of Licensing Standard of Practice, effective immediately has been issued.

Please share this information with your licensing staff that monitor and inspect residential care facilities.

Yours truly

P. R. W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer

Doug Hughes
Assistant Deputy Minister
Ministry of Health

Bullets for ADM – Preventing Overdoses in Community Care Facilities

Proposed Process

- In order to ensure that operators of licensed community care facilities take appropriate prevention and remedial action with respect to overdoses, a Director of Licensing Standard of Practice has been developed, with input from legal counsel and program staff in MHSU
- It is the expectation that operators of licensed residential care facilities who provide services to persons at risk of overdose will have a supply of Naloxone, and have staff who are trained to administer it appropriately
- It is the expectation that operators and their staff will follow appropriate protocols when administering Naloxone, including providing artificial respiration, and immediately calling 911
- Naloxone kits and training in responding to overdose is available for operators at pharmacies.
- The Director of Licensing Standard of Practice will contain links to appropriate resources to assist operators
- Two letters will accompany the Standard of Practice. The first will be a letter to operators signed by the ADM of Health Services Policy/Director of Licensing. This letter is to be sent to all operators – the health authorities may need to send this electronically as the Ministry does not have their addressed.
- The second letter to accompany the Standard of Practice will be jointly signed by the Provincial Health Officer and the ADM of Health Services Policy/Director of Licensing. This letter is to go to the Medical Health Officers/Directors of Health Protection/Regional Managers of Licensing to ensure that the Residential Care Licensing Officers who monitor MHSU facilities do not use the Residential Care Regulation as a barrier, or cite operators for any perceived non-compliance. This letter must be shared with all front line inspectors.
- With respect to Assisted Living – a letter has been drafted to MHSU operators. The Ministry of Health does have a list of all operators , and can send this out by e-mail.



December 7, 2016

1075784

Dear Facility Operator

Re: Preventing Opioid Overdose Deaths in Community Care Facilities

In April 2016, the Provincial Health Officer declared a public health emergency under B.C.'s *Public Health Act* in response to an unprecedented number of opioid overdose deaths across the province. While the rate of overdose deaths remains unacceptably high, countless lives are being saved by community members and first responders through the rapid administration of Naloxone.

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The first recommendation of the Joint Task Force is specific to the administration of Naloxone:

“Immediate response to an overdose by expanding naloxone availability and the reach of supervised consumption services in the province.”

In order to ensure that licensed community care facilities providing residential care to persons who are at risk of opioid overdose take appropriate steps in both prevention and response to overdoses in their facilities, I am issuing the attached Director of Licensing Standard of Practice, effective immediately.

Sincerely

Doug Hughes
Director of Licensing
Assistant Deputy Minister

pc: Bob Nakagawa, RPh
Registrar, College of Pharmacists of BC



December 7, 2016

1075784

Dear Registrant:

Re: Preventing Opioid Overdose Deaths

I am writing to you today concerning one aspect of your legal obligation to ensure the health and safety of your residents. As an operator of a registered assisted living residence, Section 26(5) of the *Community Care and Assisted Living Act* requires you to:

“Ensure that the assisted living residence is operated in a manner that does not jeopardize the health or safety of its residents.”

In April 2016, the Provincial Health Officer declared a public health emergency under B.C.’s *Public Health Act* in response to an unprecedented number of opioid overdose deaths across the province. While the rate of overdose deaths remains unacceptably high, countless lives are being saved by community members and first responders through the rapid administration of Naloxone.

In July 2016, Premier Christy Clark announced the establishment of the Joint Task Force on Overdose Prevention and Response (Joint Task Force) to lead an integrated response to the emergency across the public health and public safety sectors.

The first recommendation of the Joint Task Force is specific to the administration of Naloxone:

“Immediate response to an overdose by expanding naloxone availability and the reach of supervised consumption services in the province.”

In light of the seriousness of the present crisis, and in order to ensure the health and safety of residents to whom you are providing substance use services, you are required to implement policies and procedures to prevent as well as to respond to opioid overdose incidents.

1. Registrants who provide services to persons who are at risk of an opioid drug overdose must either obtain and maintain a supply of Naloxone for emergency use, or allow persons receiving services to bring Take Home Naloxone Kits into the residence
2. Registrants must receive training in the administration of Naloxone from a pharmacist or other qualified individual or organization, and must ensure that residence staff receives training to administer Naloxone and to provide first aid. Registrants must ensure that trained staff is available at all times to administer Naloxone while residents are under the supervision of the registrant.

3. Registrants must ensure that when Naloxone is administered, first aid including artificial respiration is provided, and that 911 is called immediately.
4. Registrants must report any administration of Naloxone as a reportable incident to the Assisted Living Registry.

If you have any questions or concerns regarding the above, please contact the Assisted Living Registry at (250) 952-1369 (Victoria) or toll-free at 1-866-714-3378.

Sincerely,



Doug Hughes
Assistant Deputy Minister
Assisted Living Registrar

pc: Bob Nakagawa, RPh
Registrar, College of Pharmacists of BC

Attachment: Resources

Resources

<https://towardtheheart.com/naloxone/naloxone-videos>

Training Manual

<http://towardtheheart.com/assets/uploads/THN%20Training%20Manual%20Final.pdf>

This Standard of Practice is made under the authority of section (4) (1) (e) of the *Community Care and Assisted Living Act*, which provides that the Director of Licensing may specify policies and standards of practice for all community care facilities or a class of community care facilities.

STANDARD OF PRACTICE

1. Operators of licensed community care facilities that provide care to persons who are at risk of an opioid drug overdose must obtain and maintain a supply of Naloxone for emergency use in the event that a person in care suffers from a drug overdose.
2. Section 70 (1) of the Residential Care Regulation, which requires that "...only medications that have been prescribed or ordered by a medical practitioner or nurse practitioner are administered to persons in care" **must not be interpreted as a barrier** to administering Naloxone to a person who is suffering from an opioid overdose. Naloxone may be provided under a Standing Order in collaboration with an operator's Medication Safety and Advisory Committee and facility physician, as Naloxone is no longer a prescription medication in a non-hospital setting.
3. Operators must receive training in the administration of Naloxone from their pharmacist, and must ensure that their staff also receive appropriate training to administer Naloxone and to provide first aid appropriate to the situation. Operators must also ensure that trained staff are available at all times to administer Naloxone to persons in care when persons in care are on the premises of the licensed facility or away from the premises and remain under the care of facility staff.
4. Operators must ensure that when Naloxone is administered first aid, including artificial respiration is provided, and that 911 is called immediately.
5. Operators must report any administration of Naloxone as a reportable incident under the category of Poisoning which is defined as "... the ingestion of a poison or toxic substance by a person in care".

Resources

<https://towardtheheart.com/naloxone/naloxone-videos>

Training Manual

<http://towardtheheart.com/assets/uploads/THN%20Training%20Manual%20Final.pdf>

Essa, Noren A HLTH:EX

From: Robertson, Gregor <Gregor.Robertson@vancouver.ca>
Sent: Monday, December 5, 2016 5:23 PM
To: Robertson, Gregor
Subject: Invitation to Attend Public Forum on the Fentanyl Overdose Crisis
Attachments: Fentanyl Drug Forum_Dec 7-Evite.pdf

Hello,

This Thursday, the City of Vancouver is hosting a public forum on the fentanyl overdose crisis, in partnership with the Vancouver Area Network of Drug Users and the Western Aboriginal Harm Reduction Society. The forum takes place from 7-9pm at Vancouver City Hall and is open to the public. I hope you can attend.

Sincerely,

Mayor Gregor Robertson

YOU ARE INVITED TO A PUBLIC FORUM ON THE

FENTANYL OVERDOSE CRISIS

In partnership with the Vancouver Area Network of Drug Users (VANDU), and the Western Aboriginal Harm Reduction Society (WAHRS), Mayor Gregor Robertson invites the public and key stakeholders to join a discussion about the ongoing overdose crisis.

People will have a chance to hear directly from those who have been personally affected by overdoses as well as representatives who are working towards putting an end to this crisis.

Thursday, December 8, 2016 at 7 pm (6:30 sign in)
Vancouver City Hall, Ground Floor, Town Hall Meeting Room

Panel Speakers include:

- Patricia Daly, Chief Medical Health Officer and Vice President, Vancouver Coastal Health
- Al Fowler, President, British Columbia Association for People on Methadone (BCAPCOM)
- Adam Palmer, Chief Constable, Vancouver Police Department
- Sarah Heneghan, Administrator, Vancouver Coastal Health and Urban Native Youth Association
- Patrick Smith, Director Aboriginal Health, PHS Community Services Society
- Leslie McBain, family member of an overdose death victim, member of Moms United and Mandated to Saving the Lives of Drug Users

Over 622 people across BC have died from drug overdoses this year alone – the highest annual death toll in over 30 years. This alarming number of drug overdose deaths has prompted BC's Chief Health Officer to declare a public health emergency. The forum will focus on documenting cooperative strategies that need to happen to put an end to this crisis.

HLTH HSDFOI HLTH:EX

From: Leake, Greg HLTH:EX
Sent: Friday, December 30, 2016 8:53 AM
To: Leake, Greg HLTH:EX
Subject: FW: Opioid Crisis - Emergency measures.

From: Tyson, Jo HLTH:EX
Sent: Thursday, December 1, 2016 10:21 AM
To: Health, HLTH HLTH:EX
Subject: FW: Opioid Crisis - Emergency measures.

Please assign to HSD with MO approval

From: Dhanowa, Damon HLTH:EX
Sent: Thursday, December 1, 2016 10:17 AM
To: Tyson, Jo HLTH:EX
Cc: Cambiazo, Valentina C HLTH:EX
Subject: FW: Opioid Crisis - Emergency measures.

Hi Jo,

Can we do a reply direct MO approval on this please. thanks :D

From: Westcott, William PREM:EX
Sent: Tuesday, November 29, 2016 4:07 PM
To: Dhanowa, Damon HLTH:EX
Subject: RE: Opioid Crisis - Emergency measures.

Great, thanks Damon!

Will

From: Dhanowa, Damon HLTH:EX
Sent: Tuesday, November 29, 2016 4:06 PM
To: Westcott, William PREM:EX
Subject: Re: Opioid Crisis - Emergency measures.

Yes will do. Thanks :D^{s.15}

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Westcott, William PREM:EX
Sent: Tuesday, November 29, 2016 3:58 PM
To: Dhanowa, Damon HLTH:EX
Subject: FW: Opioid Crisis - Emergency measures.

Hi Damon,

Would Health be able to respond to this email obo PCC?

Thanks,

Will Westcott
Correspondence Officer
Office of the Premier

s.22

Sent: Sunday, November 27, 2016 9:22 PM
To: OfficeofthePremier, Office PREM:EX
Cc: Merrifield, Katy PREM:EX
Subject: Opioid Crisis - Emergency measures.

Dear Premier Clark;

It was good to spend time with you in Ottawa and to have our voices heard so widely. We created great awareness, and I had a lot of good feedback on our interviews.

It is ironic, however, and tragic that this past week we have seen the worst spate of overdoses yet. There needs to be an immediate concrete response to deaths and ods and to the increase in fentanyl, carfentanyl and W18 on the streets and in the homes around BC. You may already be aware of the documentary on fentanyl that will be aired next week on CBC (Thursday, 9 PM) called "Unstoppable" by Robert Osborne, and the interview on last Friday's Almanac with Gloria Macarenko, Robert, and a black market chemist. Amazing and truly frightening!

Also on Quirks and Quarks on CBC on Saturday the way opioids work on the brain was discussed with David Juurlink among a couple of others. These were all very good programs and widely heard.

The point is, as awareness of the dynamics of the opioid crisis grows in the public's mind, so is the obvious need for proactive on- the- ground support for people taking drugs and people wanting or in recovery. I have had two people contact me in the past 6 days who need recovery services. I am not a doctor, and besides, there is no place to go!

I am hoping some more **emergency** measures can be implemented now. I know you have pledged more money to Emergency Services. Can we not open a few offices, grab a few doctors who can prescribe suboxone and methadone, some support staff, some ersatz safe injection sites? It is time for heroism! We need more kinds of emergency services now. As we speak, people are dying.

What can we do?

I hope to hear from you soon. I will help in any way I can.

Respectfully,

s.22