

March overdose deaths (NR, Coroners Report)

From: Szabo, Maria HLTH:EX <Maria.Szabo@gov.bc.ca>
To: Dix, Adrian HLTH:EX <Adrian.Dix@gov.bc.ca>, van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>, MacDonald, Alex HLTH:EX <Alex.MacDonald@gov.bc.ca>, Pham, Thuy HLTH:EX <Thuy.Pham@gov.bc.ca>, Ho, Theresa HLTH:EX <Theresa.Ho@gov.bc.ca>
Sent: April 29, 2021 8:24:45 AM PDT
Attachments: 2021MMHA0020-000795.pdf
In March, 158 people lost their lives to a toxic illicit drug supply in BC.

Minister's statement (going at 8:30am) attached. Coroners Report: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

Maria

STATEMENT

For Immediate Release
2021MMHA0020-000795
April 29, 2021

Ministry of Mental Health and Addictions

Minister's statement on March illicit drug toxicity deaths report

VICTORIA – Sheila Malcolmson, Minister of Mental Health and Addictions, has released the following statement regarding the BC Coroners Service's report on illicit drug toxicity deaths for March 2021:

"In March, 158 people lost their lives to a toxic illicit drug supply in B.C. It's a heartbreaking loss, and we stand with everyone mourning the death of a loved one. Our province is grateful for front-line workers, caregivers, families and peers responding to overdoses and caring for loved ones during two public health emergencies.

"Stigma and criminalization are driving people to use alone, and the pandemic is pushing people further into isolation. The illicit drug supply has become dramatically more toxic and, tragically, more lethal. The effects of two public health emergencies have taken an immense toll. People and communities are hurting, and we will do more to stop this terrible surge of overdose deaths.

"After seeing deaths come down in 2019, we know what public health measures can work. We have continued to accelerate our overdose response over the past four years. In addition to expanding proven, life-saving measures such as overdose prevention services, outreach teams, nurses and making naloxone widely available, we are building up treatment and recovery services, adding new treatment beds around the province and trailblazing first-in-Canada solutions like prescribed safe supply and nurse prescribing.

"Together with our partners, we are building a culturally safe, trauma-informed system of mental health and addictions care that works for everyone in British Columbia. Budget 2021 invests a historic \$500 million in people's mental health and well-being, and aims to turn the tide on the terrible tragedy."

A backgrounder follows.

Contact:

Ministry of Mental Health and Addictions
Communications
778 584-3474

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

BACKGROUND

For Immediate Release
2021MMHA0020-000795
April 29, 2021

Ministry of Mental Health and Addictions

Escalated overdose response actions

The Province stepped up B.C.'s overdose response even further in 2020-21 in response to the dramatic increase in drug toxicity during the COVID-19 pandemic.

As well, Budget 2021 provides a historic investment of \$500 million for mental health and substance use over the next three years. This includes \$45 million to ensure the stability of all provincial overdose prevention sites. The ministry will have more to share about specific mental health and substance use investments as part of Budget 2021 in the coming weeks and months.

2020-21 actions:

Enhancing treatment and recovery

New beds for addictions and recovery care

B.C. is doubling the number of youth treatment beds, and more than 100 new adult treatment beds being added throughout the province. In August 2020, 20 new youth beds were also added in Chilliwack at the Traverse facility.

Expanded scope of nursing practice

Thirty nurses have completed their first round of training and will begin prescribing medication for opioid use disorder this month. This follows provincial health officer Dr. Bonnie Henry's order to allow registered nurses and registered psychiatric nurses to prescribe controlled drugs and substances in order to reach people who are underserved.

Expanded opioid agonist treatment

The number of people on opioid agonist treatment (OAT) has grown to more than 23,500, and the number of clinicians prescribing any form of OAT in a given month increased from 773 in June 2017 to 1,622 in November 2020. Access has also been significantly expanded through Rapid Access to Addictions Care Clinics in all health regions, so more people can access the care they need, where and when they need it.

More flexible treatment options

More options are available than ever before – including injectable opioid agonist treatment (iOAT), and low barrier pharmaceutical alternatives (TiOAT) programs in most health authorities in B.C. In 2019-20, iOAT capacity increased by more than 40%. In November 2019, government approved the expansion of TiOAT into every health authority in the province.

Better, safer care in supportive recovery

Increased mandatory requirements, including expanded training for staff and higher per diem rates for supportive recovery providers.

Funding for supportive recovery operators

\$2.5 million flowed to 53 existing residential treatment and recovery service providers with budgets strained by the COVID-19 pandemic, making sure they can continue delivering quality care for those who need it.

Improving the substance use system of care**New Assertive Community Treatment (ACT) teams**

Six teams in Vancouver, Victoria, Maple Ridge/Mission, Kelowna, Nanaimo and Cowichan Valley/Duncan will be added, bringing the provincial total of ACT teams to 30 to get people connected to services.

New teams to keep people connected to services and treatment

Seven new and nine expanded substance use teams throughout the province will be added to help people stay connected to health-care services, treatment and recovery.

New and expanded outreach teams

Forty-two new full-time registered nurses, psychiatric nurses, social workers and peer support workers are being added to 14 new and existing interdisciplinary outreach teams throughout the province. This expands access to substance use services to prevent overdose deaths, save lives and connect more people to treatment and recovery.

Significant expansion of mental health and addictions counselling through Community Counselling grants and support to go virtual during COVID-19.

Risk mitigation prescriber guidance

In March 2020, the Province announced new clinical guidance for health-care providers to stem the spread of COVID-19 and respond to the ongoing overdose emergency. Since March, when the Province first announced the new clinical guidance, there has been a 395% increase (from 677 to 3,348 people) in the number of people dispensed hydromorphone in December 2020 compared to March 2020.

24-7 helpline for prescribers and pharmacists provides live, in-the-moment support to doctors, pharmacists and nurse practitioners while they treat patients with opioid use disorder and consider safe prescription alternatives to the toxic drug supply.

Preventing overdoses**Decriminalization**

Application has been made to the federal government for a Section 56 exemption to the Controlled Drugs and Substances Act. The solicitor general has asked police forces in B.C. to not pursue criminal charges for people with personal possession of drugs.

Overdose prevention and supervised consumption services

B.C. is opening 17 new supervised consumption services and 12 new inhalation services in communities hit hardest by the overdose crisis. During COVID-19, all of these sites have been declared essential services. Government has supported the sites to stay open with new COVID-19 safety measures to help give people the confidence that they can continue to use these services safely during the pandemic. Since they were opened, these locations have played a critical role in connecting people to service options. They have had more than 2 million

visits, more than 11,000 overdoses responded to and survived, and zero deaths.

Lifeguard App

The free app helps to save lives by automatically connecting people who use drugs to first responders if they become unresponsive. Since its launch in late May 2020, the app has been used more than 17,000 times by more than 3,000 app users. In at least 13 instances, the person using the app became non-responsive, and BC Emergency Health Services dispatchers sent paramedics to care for them and take them to hospital. To date, no overdose deaths have been reported through the app. Lifeguard also now provides drug alerts.

Take Home Naloxone Kits

In 2020, more than 270,000 kits were shipped and nearly 79,000 have been reported as used to reverse an overdose since the program started (as of Jan. 20, 2021). The kits are available at more than 1,800 locations, including 752 community pharmacies in B.C.

Federal funding for safer supply projects

\$15 million in new funding over four years will support three projects in Vancouver and one on Vancouver Island:

- Vancouver Coastal Health Authority Safer Alternative for Emergency Response (SAFER) Initiative (\$5 million over four years)
- Providence Health Care Research Institute and BC Centre for Excellence in HIV/AIDS (\$3.6 million over three years)
- Kilala Lelum Health Centre/Urban Indigenous Health and Healing Cooperative (\$2.8 million over three years)
- AVI Health and Community Services Society Victoria Safer Alternatives for Emergency Response project (\$4 million over three years)

These innovative projects will provide pharmaceutical-grade medication as an alternative to the toxic illicit drug supply for people who have not responded to other forms of treatment for opioid use disorder.

Community response

Community Crisis Innovation Fund

Supports community-driven, innovative strategies and actions that draw on the expertise of local service providers and people with lived experience.

Grants totalling \$1.6 million will be provided to escalate the overdose response in rural, remote and Indigenous communities. The grants will also provide supports, including groups for grief and loss, family services and networks for people and families impacted by the overdose crisis.

Community Action Teams (CAT)

\$2.5 million will maintain these services in B.C. communities. The 36 CATs in high-priority communities throughout the province help communities form partnerships and strategies to address the overdose crisis at a local level.

People with lived/living experience

Continued investments will ensure people with lived and living experience are involved in

building a provincial network of people who use drugs to share that experience and expertise, as well as funding for peer and family support networks. Moms Stop the Harm – B.C. is leading Stronger Together, a provincial family support and development project.

Facility Overdose Response Box (FORB) program provides community organizations with naloxone, supplies and training so staff can recognize and respond to overdose. There are currently 661 registered sites in the province and 1,789 overdose reversals reported from FORB sites (as of Jan. 20, 2021).

Indigenous-led solutions

\$20 million provided by B.C. to support the First Nations Health Authority with the replacement of First Nation-run treatment centres throughout B.C.

\$29 million was provided by B.C. to the First Nations Health Authority (FNHA) to support the design and expansion of land-based and culturally safe treatment services. As part of this initiative, the FNHA has provided funding to First Nations to increase the number of treatment options available to First Nations clients with a focus on land-based, family-based or group-based treatment services.

The Province of B.C., the Government of Canada and the FNHA committed \$30 million to support the implementation of a new tripartite partnership for mental health and wellness.

Provincial overdose emergency response for First Nations communities

\$24 million over three years will support the FNHA with the overdose emergency response, with an increased focus on addressing the impact of the emergency on First Nations people living in urban centres.

Métis-led mental health and wellness initiatives

\$1.13 million has been provided to the Métis Nation BC to support Métis-led mental health and wellness initiatives, including the development of a cultural safety and wellness curriculum and a harm-reduction and anti-stigma campaign.

Contact:

Ministry of Mental Health and Addictions
Communications
778 584-3474

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

For approval: outstanding media requests (as of 2pm)

From: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>
To: Dix, Adrian HLTH:EX <Adrian.Dix@gov.bc.ca>
Cc: hlth Ministerial and Executive Assistants <hlthmaea@Victoria1.gov.bc.ca>
Sent: September 29, 2021 2:12:56 PM PDT
Attachments: Outstanding Media Requests Sept 29.docx, Interview Requests Sept 29.docx

Good afternoon Minister,

Please see the attached media responses for your approval. There are a number of interview requests for your consideration as well.

Thanks!
Aileen

Media requests summary:

- NEW – PHSA: **Brendan Pawliw, Vista Radio** – overdose responses in Prince George - **Deadline** Sept 29
- NEW – HLTH: **Penny Daflos, CTV News** – hospitalized due to overdose - **Deadline** Tuesday, September 28, 2021 4:00 PM
- NEW – HLTH: **Jack Hauen, Queen's Park Briefing** – cost of eye exam - **Deadline** Thursday, September 30, 2021 3:30 PM
- NEW – HLTH: **Sarah Grochowski, Vancouver Sun** – Crosstown Clinic – heroin - **Deadline** Wednesday, September 29, 2021 2:00 PM
- NEW – HLTH: **Dominique Levesque, CBC Radio Canada** – BC Coroner illicit drug toxicity report - **Deadline** ASAP
- NEW – COVID: **Marcella Bernardo, News 1130** – rapid testing – **Deadline** ASAP
- NEW – COVID: **Luiz Lopes, CBC** – age for boosters – **Deadline** ASAP
- NEW – COVID: **Anita Bathe, CBC** – schools mask exemption – **Deadline** ASAP
- NEW – COVID: **Jodi Muzykowski, CBC** – fitness facility BC Vaccine Card – **Deadline** ASAP
- NEW – COVID: **Brishti Basu, Capital Daily** – first responders mandatory vaccine – **Deadline** ASAP
- NEW – COVID: **Rob Brown, Dawson Creek Mirror** – Northern Mayor – **Deadline** ASAP
- NEW – COVID: **Robert Buffam, CTV** – Vaccine Data – **Deadline** ASAP
- NEW – COVID NH: **Brady Strachan, CBC** – Healthcare situation in Fort St. John – **Deadline** ASAP
- NEW – COVID NH: **Brendan Pawliw, Vista Radio** – UHNBC Critical Care – **Deadline** ASAP
- NEW – COVID PHSA: **Rachel Sanders, CBC** – Rapid Antigen Test Interview – **Deadline** ASAP
- NEW – **Brishti Basu, Capital Daily** – unhoused COVID positive people trying to isolate **Deadline** ASAP

MD Interviews:

- COVID: **Richard Zussman, Global** – rapid tests (TODAY) – FYI: Setting this up with Dr. Henry
- COVID: **Hop Phan, Lac Viet Radio** – Facebook live stream interview with questions from callers re: recognition of mixed vaccines in US and overseas (Oct 2, between 9-10am, 30 mins)
- COVID: **Kala Wood, CFX 1070** – phone interview with Al Ferraby re: COVID-19 reporting system for schools (4-7 mins)
- COVID: **Jeremy Allingham, CBC** – CBC Morning Circuit interviews x5 re: COVID-19 (this week)
- COVID: **Jason Manaois, CKNW** – interview with Simi Sara re: COVID-19 update (this week)
- COVID: **Fabienne Hareua, CBC Radio Canada** – interview on Phare Quest (Sept 29, 7:15am (flexible timing))
- COVID: **Deborah Wilson, CBC** – interview re: Victoria unsheltered population outbreak (this week)
- COVID: **Vineeta Prasad, Global TV** – live Zoom interview (this week)

Aileen Machell (she/her)
Communications Director
Health Communications
250-361-5381

PHSA/BCEHS Media request: Overdose responses Prince George

Reporter

Brendan Pawliw
Vista Radio
bpawliw@vistaradio.ca

Deadline Sept 29

Request:

Asking how many overdose calls paramedics have responded to in Prince George in 2021, in addition to how the community compares to other communities in BC in terms of overdoses.

Recommendation – PHSA to provide overdose data for the top communities in BC, in addition to standard key overdose messages:

- BCEHS paramedics and medical emergency call takers have saved the lives of many overdose patients since the overdose crisis was declared more than five years ago.
- We're very proud of the professionalism and dedication to patient care our frontline staff have shown throughout this crisis.
- The BC Coroner's office reports the vast majority of overdose deaths happen when people use alone because there is no one to call 9-1-1.
 - This is why we stress the importance of not using alone, and to call 9-1-1 if you see someone who may be experiencing an overdose.
 - When BCEHS paramedics respond to a potential overdose patient, the patient has a 95 per cent chance of survival.
 - If someone does use alone, we encourage them to use the LifeGuard App.
- Prince George Overdose calls to date in 2021 (including September) = 864

2021: Communities with Highest Number of Overdose Response Calls

Top Communities	2021 Jan	2021 Feb	2021 Mar	2021 Apr	2021 May	2021 Jun	2021 Jul	2021 Aug	
Vancouver	632	601	718	750	803	789	1,071	1,123	
Surrey	245	203	265	308	315	313	423	362	
Victoria	136	136	143	173	159	177	208	175	
Kelowna	100	127	127	119	99	127	155	152	
Abbotsford	77	85	85	96	120	115	115	127	
Prince George	80	86	63	60	97	123	143	109	
Kamloops	50	61	45	80	97	115	117	100	
Nanaimo	53	61	75	77	86	88	93	90	
Maple Ridge	63	46	53	55	71	46	125	110	
Chilliwack	60	57	66	64	46	75	81	81	

HLTH Media Request: Hospitalized due to overdose

Reporter

Penny Daflos, Reporter

CTV News (BC)

penny.daflos@bellmedia.ca

604-787-1871

Deadline Tuesday, September 28, 2021 4:00 PM

Request

I'd like to know how many people are currently in BC hospitals due to overdoses broken down by:

1. Health authority
2. ICU vs regular hospitalization
3. Typical duration of stay
4. The comparable figures for Sept 2019

Please note, I'm looking for the raw number as well as the percentage of overall patients they represent. I understand it's unlikely you'll be able to compile this today but I'd like it by the end of business tomorrow.

Background

Full HSIAR spreadsheet:



GCPE Request
Overdose Cases in Err

Response – MoH to send:

It is a challenge to provide exact numbers on this. Relatively few OD patients are admitted to hospital – most are treated in ER, or by paramedics on scene and then discharged or decline further treatment without being formally admitted.

Using information from the National Ambulatory Care Reporting System (NACRS) – which represent 30 major Emergency Departments across BC – which account for 70% of ED visits – we are able to provide the following – which compares January to July 2019 and the same period in 2021.

However, there are a few limitations to this data that need to be highlighted.

This does not represent all Emergency Departments or all overdoses in BC, or all overdoses that went to emergency departments – but does give a snapshot of the increased pressures hospitals are seeing in general from toxic drugs.

Definitions:

Continued care at hospital means the patient was admitted as an inpatient: either at the same hospital or transferred to a different hospital.

Other includes Deaths, discharge to a group living arrangement, or patients who left the ED without being seen. These were rolled together into an 'other' category to reduce the amount of cell suppression.

Average length of stay and ICU vs Acute bed usage by patients would take a longer period of time to get information from, and it would be from a different database – so numbers would not necessarily match up exactly if we were to get that data.

Overdose-related Emergency Department Visits (NACRS sites)			
Health Authority and Discharge	January to July		Percent difference
	2019	2021	
02 FHA			
Continued care at Hospital	134	174	29.9%
Home	979	1,430	46.1%
Other	22	50	127.3%
02 FHA Total	1,135	1,654	45.7%
03 VCHA			
Continued care at Hospital	47	94	100.0%
Home	1,102	1,423	29.1%
Other	100	133	33.0%
03 VCHA Total	1,249	1,650	32.1%
04 VIHA			
Continued care at Hospital	9	39	333.3%
Home	105	225	114.3%
Other	<5	11	>120%
04 VIHA Total	<119	275	>130%
05 NHA			
Continued care at Hospital	8	15	87.5%
Home	81	112	38.3%
Other	8	14	75.0%
05 NHA Total	97	141	45.4%
06 PHSA			
Home	6	6	0.0%
06 PHSA Total	6	6	0.0%
BC Total	<2,606	3,570	>37.0%

We recognize the significant increase in emergency department visits and hospital admissions due to toxic drug overdoses over the past two years – and it is a focus of the work being done by government.

The Ministry of Mental Health and Addictions continues to provide significant work to mitigate the challenges of an increasingly toxic drug supply during concurrent health emergencies – though we know more work needs to be done and will continue to be done. This includes:

Preventing drug poisoning

Decriminalization

B.C. is working with partners on an application to the federal government for a Section 56 exemption to the Controlled Drugs and Substances Act. The Solicitor General sent a letter to police chiefs asking police to focus on more serious crimes and align with more harm-reduction principles.

Access to prescribed safer supply, a Canadian first

In July 2021, the Province announced a policy to increase access to pharmaceutical alternatives to the illicit drug supply to reduce drug poisoning events and deaths. B.C.'s Prescribed Safer Supply will enable regional health authorities to begin offering a wider range of medications, including fentanyl products and stimulants, as safer alternatives to toxic street drugs. As this is a novel and innovative prescribing practice, implementation will begin with enhancing existing health authority programs that prescribe alternatives to illicit drugs (i.e., OAT, iOAT, and TiOAT clinics) to offer additional medications, initially focusing on a priority list of opioids.

Government is investing \$22.6 million over the next three years to support health authorities in implementing this policy. Funding will support expansion of existing and creation of new programs, increasing staffing capacity through hiring new FTEs, and robust monitoring and evaluation of this never-been-done-before policy.

Risk mitigation prescriber guidance

In March 2020, the Province announced new clinical guidance for health-care providers to stem the spread of COVID-19 and respond to the ongoing drug poisoning emergency. Since March 2021, when the Province first announced the new clinical guidance, there has been a 475% increase (from 677 to 3,899 people) in the number of people dispensed hydromorphone in May 2021, compared to March 2020.

Overdose prevention and supervised consumption services

B.C. is expanding access to overdose prevention services and overdose prevention sites that offer inhalation services in communities hardest hit by the drug poisoning crisis. During COVID-19, all of these sites have been declared essential services. Government has supported the sites to stay open with new COVID-19 safety measures to help give people the confidence that they can continue to use these services safely during the pandemic. Since they were opened, these locations have played a critical role in connecting people to service options. They have had more than two million visits, more than 11,000 overdoses responded to and survived, and zero deaths.

Lifeguard App

The free app helps to save lives by automatically connecting people who use drugs to first responders if they become unresponsive. Since its launch in late May 2020, the app has been used more than 63,000 times by more than 6,300 app users. To date, no drug poisoning deaths have been reported through the app. Lifeguard also now provides drug alerts.

Take home naloxone kits

Since the program started, more than one million kits have been shipped and more than 100,000 have been reported as being used to reverse a drug poisoning since the program started. The kits are available at more than 1,890 locations, including 765 community pharmacies in B.C.

Facility Overdose Response Box (FORB) program provides community organizations with naloxone, supplies and training so staff can recognize and respond to drug poisonings. There are 675 registered sites in the province and 2,204 drug poisoning reversals reported from FORB sites (as of Sept. 2021).

Federal Funding for Safer Supply Projects

More than \$15 million in new funding over four years will support three projects in Vancouver and one on Vancouver Island:

- Vancouver Coastal Health Authority Safer Alternative for Emergency Response (SAFER) Initiative (\$5 million over four years)
- Providence Health Care Research Institute and BC Centre for Excellence in HIV/AIDS (\$3.6 million over three years)
- Kilala Lelum Health Centre/Urban Indigenous Health and Healing Cooperative (\$2.8 million over three years)
- AVI Health and Community Services Society Victoria Safer Alternatives for Emergency Response project (\$4 million over three years)

These innovative projects will provide pharmaceutical-grade medication as an alternative to the toxic illicit drug supply for people who have not responded to other forms of treatment for opioid use disorder.

Community response

Community Crisis Innovation Fund

Supports community-driven, innovative strategies and actions that draw on the expertise of local service providers and people with lived experience.

Grants totalling more than \$1.5 million has been committed to escalate the drug poisoning response in rural, remote and Indigenous communities. The grants will also provide supports, including groups for grief and loss, family services and networks for people and families impacted by the drug poisoning crisis.

Community Action Teams (CAT)

\$2.75 million will maintain these teams in B.C. communities. The 36 CATs in high-priority communities throughout the province help communities form partnerships and strategies to address the drug poisoning emergency at a local level.

People with lived/living experience

Continued investments will ensure people with lived and living experience are involved in building a provincial network of people who use drugs to share that experience and expertise, as well as funding for peer and family support networks. Moms Stop the Harm – B.C. is leading Stronger Together, a provincial family support and development project.

Indigenous-led solutions

\$20 million provided by B.C. to support the First Nations Health Authority with the renovation and replacement of First Nation-run treatment centres throughout B.C.

\$30 million was provided by the B.C. government to the First Nations Health Authority (FNHA) to support the design and expansion of land-based and culturally safe treatment services. As part of this initiative, the FNHA has provided funding to First Nations to increase the number of treatment options available to First Nations clients with a focus on land-based, family-based or group-based treatment services.

The Province of B.C. and the FNHA committed \$10 million each to support the implementation of a new partnership for mental health and wellness.

Provincial drug poisoning emergency response for First Nations communities

\$24 million over three years will support the FNHA with the drug poisoning emergency response, with an increased focus on addressing the impact of the emergency on First Nations people.

Métis-led mental health and wellness initiatives

\$1.13 million has been provided to the Métis Nation BC to support Métis-led mental health and wellness initiatives, including the development of a cultural safety and wellness curriculum and a harm-reduction and anti-stigma campaign.

Improving the substance use system of care

New teams to keep people connected to services and treatment

Seven new and nine expanded substance use teams throughout the province have been added to help people stay connected to health-care services, treatment, and recovery.

New and expanded outreach teams

New full-time registered nurses, psychiatric nurses, social workers and peer support workers are being added to new and existing interdisciplinary outreach teams throughout the province. This expands access to substance-use services to prevent drug poisoning deaths, save lives and connect more people to treatment and recovery.

24/7 helpline for prescribers and pharmacists provides live, in-the-moment support to doctors, pharmacists, and nurse practitioners while they treat patients with opioid use disorder and consider safe prescription alternatives to the toxic drug supply.

HLTH Media Request: Cost of eye exam

Reporter

Jack Hauen, Reporter
Queen's Park Briefing - Torstar
jhauen@qpbriefing.com
604-283-2023 c: 778-984-4812

Deadline Thursday, September 30, 2021 3:30 PM

Request

For a story about optometrists in Ontario, I was wondering if you might be able to let me know the cost of an eye exam in BC, and whether it's covered by provincial health care.

Recommendation – MoH to send:

- Routine eye exams are covered for individuals 18 years of age and under, and 65 years of age and older.
- For patients between the ages of 19 and 64, eye examinations are an insured benefit only if medically required, e.g., due to ocular disease, trauma or injury.
- In 2020/21 (MSP paid date August 31, 2021), over 1.3 million optometry services were covered through B.C.'s Medical Services Plan.
- In addition to MSP coverage, adult recipients of income and disability assistance may be eligible to receive coverage for routine eye exams once every two years.
- The average cost of optometric eye examinations is unknown as optometrists are private businesspeople who set their own prices according to competitive market conditions.

HLTH Media Request: Cross-town Clinic - heroin**Reporter**

Sarah Grochowski, Reporter

Vancouver Sun

SGrochowski@postmedia.com

604-328-0667 c: 236-818-7302

Deadline Wednesday, September 29, 2021 2:00 PM

Request

Looking for a ministry response answering why people who had been receiving take-home doses of heroin from Vancouver's Crosstown Clinic have had the permission abruptly revoked.

Additionally, what the ministry plans to do about it, if anything.

Recommendation – MoH to send:

- Crosstown patients are able to continue receiving their doses at the clinic; however, we recognize the value for patients of being able to bring their doses home, as deemed clinically appropriate by a prescriber.
- The Ministry of Health is working with the Ministry of Mental Health and Addictions, Providence Health Care and the College of Pharmacists of BC to address and resolve these concerns as quickly as possible.

HLTH Media Request: BC Coroner illicit drug toxicity report

Reporter

Dominique Levesque, Producer

CBC Radio Canada

dominique.levesque@radio-canada.ca

604-340-3914

Deadline ASAP

Request

The BC Coroners Service will publish at 8am Wednesday its latest drug toxicity deaths report.

I would like to get an official reaction on Wednesday from the Health ministry on the latest numbers and trends

As usual, the earlier the better, as I'll be filing on this every hour starting at 8am.

I would also like to do an interview. (phone or webcam)

Considerations:

We have some media asking for a statement from Minister Dix on the July overdose numbers, in

addition to a statement from Minister Malcolmson. MMHA has approved the proposed statement.

When we mentioned to CBC that we would loop in with MMHA, they said "Does that mean Minister Dix will not provide a statement".

Response – MoH to send statement obo Minister Dix:

I share my deepest condolences with all those who have lost someone to the toxic drug supply. I know many of us are feeling the grief and sorrow of the loss of so many lives to poisonous drugs. There's no question the drug supply is becoming more toxic. Our government is working hard to separate people from the poisoned drug supply and create more treatment and recovery options. We are creating new drug policies that will support access to prescribed safe supply and decriminalize the use of drugs. We are doing everything we can to remedy the drug poisoning crisis.

COVID MEDIA REQUEST – rapid testing

Reporter

Marcella Bernardo, Reporter

News 1130

marcella.bernardo@vancouVERRADIO.rogers.com

604-877-4400 c: 604-802-1730

Deadline ASAP

Request

Would you have an update on how many rapid tests have been used so far in BC at care homes and other health facilities employing staff refusing to get vaccinated?

-rapid tests used / how much supply we have?

-are they being used to assist outbreaks in homeless communities?

Recommendation

- Rapid point of care (POC) testing has been underway in BC since December 2020, including in long-term care, provincial corrections centres, urban underserved populations, rural and remote and Indigenous communities, to support outbreak investigations, and at the discretion of the Medical Health Officer.
- By order of the Provincial Health Officer, as of Thursday, September 16, unvaccinated staff working in long term care and assisted living are facilities are required to be tested for COVID-19 by means of a rapid test at every shift.
- Provincial reporting of rapid POC test kit usage does not differentiate between rapid testing of unvaccinated staff in long term care/assisted living facilities and other rapid POC testing taking place in these facilities, such as to support outbreak investigations or at the discretion of the Medical Health Officer.
- 42,200 total tests have been used in Long-Term Care, Assisted Living and Independent Living facilities as of September 18. There have been 32 positives overall.
- There are four types of tests in the provincial inventory. As of September 27 provincial warehouses held a total of 1.9 million tests.

Background: Response provided by CHREM/HSIAR

From CHREM/HSIAR - Rapid POC test kit usage is reported on a weekly basis, with the reporting period running from Sunday to Saturday. As a result, it is not possible to quantify the number of rapid POC tests used specifically to test unvaccinated staff in long term care and assisted living facilities as a result of the PHO order.

For the reporting period of September 12-18, 2021, long term care and assisted living facilities reported 7,235 total POC tests used, 11 of which returned a positive result. Information on test kit usage for the reporting period of September 19-25 will be available on October 1, 2021.

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Withheld pursuant to/removed as

s.13 ; s.14

Murray, Heather HLTH:EX

From: Hayward, Ross HLTH:EX
Sent: October 20, 2021 6:52 PM
To: Brown, Stephen R HLTH:EX
Cc: Moulton, Holly HLTH:EX; Flamand, Christine L HLTH:EX
Subject: FW: 2021-10-20 - BC Decriminalization Framework IBN for Minister
Attachments: 2021-10-20 - BC Decriminalization Framework IBN for Minister.docx; Appendix A - Decrim Core Planning Table Membership.docx

With appendix

From: Hayward, Ross HLTH:EX
Sent: October 20, 2021 6:50 PM
To: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>
Cc: Wiman, Holly A MMHA:EX <Holly.Wiman@gov.bc.ca>; Flamand, Christine L HLTH:EX <Christine.Flamand@gov.bc.ca>
Subject: 2021-10-20 - BC Decriminalization Framework IBN for Minister

Hi Steve. As discussed this morning please find attached a copy of the IN on the decriminalization framework for your discussion with the Minister Please let me know if you have any question.

Christine if you could please cliff this for us. Thanks.

MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff

PREPARED FOR: Honourable Adrian Dix, Minister of Health

TITLE: BC Decriminalization Framework

PURPOSE: To provide information to Minister Dix on BC's Decriminalization Framework to be submitted to Health Canada for federal exemption

BACKGROUND:

BC continues to experience tragically high numbers of deaths and injuries related to an ongoing toxic drug supply crisis, exacerbated in past 18 months by concurrent COVID-19 social impacts; in the first seven months of 2021, the BC Coroners Service reported 1,204 drug poisoning deaths in the province, including 182 in July¹. The criminalization of illicit drug use contributes to the ongoing stigma faced by people who use drugs (PWUD) and represents a barrier to accessing social services and healthcare, especially for Indigenous people and other marginalized groups who are disproportionately impacted. As such, a variety of organizations representing people with lived and living experience of substance use, and key stakeholders have advocated for decriminalization.²

In November 2020, the Premier provided Honourable Sheila Malcolmson, Minister of Mental Health and Addictions (MMHA), with her Mandate to work with the Ministry of Public Safety and Solicitor General (PSSG) and Attorney General to:

“fast track the move toward decriminalization by working with police chiefs to push Ottawa to decriminalize simple possession of small amounts of illicit drugs for personal use.”

In accordance with this mandate, MMHA established a Core Planning Table (CPT) consisting of peer organizations, Indigenous partners and police (see Appendix A for full membership list) to inform key elements of the Decriminalization Framework (the Framework). The Framework forms the basis of an application to Health Canada to seek a provincial exemption to the federal *Controlled Drugs and Substances Act* (through Section 56). The Core Planning Table met regularly from July to October 2021, to identify policy issues, options and solutions, provide expert advice and guidance, identify risks and mitigation strategies, engage with member organizations and broader communities, and develop recommendations for the province submission.

DISCUSSION:

The Framework describes the approach the province will take to decriminalize the personal possession of illicit substances in BC for adults 18 years and older.³ Personal possession thresholds are a contentious issue, but the Framework aims to establish

¹ BC's Coroner Report: Illicit Drug Toxicity Deaths <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

² e.g., Canadian Associations of Chiefs of Police; Health Officers Council of BC; BC's Provincial Health Officer; BC's Chief Coroner; several BC municipalities; Canada's Expert Task Force on Substance Use; and First Nations Health Authority

³s.13

harmonized binding threshold quantities that define possession limits. As such, people in possession of amounts below the set threshold would not be subject to prosecution, seizure, or arrest.⁴

To pursue decriminalization within parameters acceptable to international drug control bodies, the province is required to provide health system alternatives to criminalization pathways. As outlined in the draft S. 56 submission, police officers will provide individuals with information about health and harm reduction services within a geographic (Health Service Delivery Area) region. Additionally, voluntary treatment or other SU care referrals will be offered when requested.

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Should the federal government grant BC a Section 56 exemption for decriminalization, MMHA will lead the oversight, monitoring, and evaluation of its implementation.

NEXT STEPS:

- During the week of October 25, 2021, Minister Malcolmson will be briefing Premier Horgan and Minister Farnworth on the Framework, and Minister Dix is welcome to join this briefing (exact scheduling to be confirmed).
- On October 31, 2021, MMHA will submit their application for a Section 56 exemption to Health Canada.
- On November 3, 2021, the province is planning to issue a News Release informing the public of the Section 56 submission

Program ADM/Division: Ross Haward A/ADM, Health Services Division

Telephone: 250 952-1188

Program Contact (for content): Kenneth Tupper, Director, Substance Use Prevention & Harm Reduction

Drafter: Jessica Sahlstrom, Policy Analyst

Date: October 20, 2021

File Name with Path: BC Decriminalization Framework^{s.15}

s.15

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Appendix A:
Decriminalization in BC
Core Planning Table Membership List

Organization	Members / Contacts to Identify Members
<i>Approach: Darryl/Ally to email MHSU leads and/or executives to request a representative</i>	
Peer Organizations	
Vancouver Area Network of Drug Users	Aiyanas / Hugh (no surnames provided) VANDU@vandu.org Brittany Graham, Executive Director Brittanyigraham@gmail.com
Society of Living Illicit Drug Users (Victoria)	Board@solidvictoria.org ed@solidvictoria.org
Coalition of Substance Users of the North (Quesnel)	Charlene Burmeister Openingdoorstoharmreduction@gmail.com
s.19; s.22	
s.19; s.22	
s.19; s.22	
Indigenous Partners*	
First Nations Health Authority	Richard Jock, Chief Executive Officer Richard.Jock@fnha.ca
MNBC	Lydia Stefan, Executive Assistant to Daniel Fontaine, Chief Executive Officer lstefan@mnbc.ca Tanya Davoren, Senior Director, Mental Health and Addictions Tdavoren@mnbc.ca

BCAAFC	Leslie Varley, Executive Director lvarley@bcaafc.com
Police	
RCMP	Jennifer Strachan, Deputy Commissioner for BC ("E" Division) Jennifer.Strachan@rcmp-grc.gc.ca Parveen Dusangh, Assistant to Deputy Commissioner Strachan Parveen.Dusangh@rcmp-grc.gc.ca
BC Association of Chiefs of Police	Deputy Chief Constable Howard Chow, President (Vancouver Police Department) Howard.Chow@vpd.ca Sue Harper, BCACP Coordinator Sue.Harper@cfseu.bc.ca
Municipalities	
UBCM	Gary MacIsaac, Executive Director of UBCM gmacisaac@ubcm.ca
City of Vancouver	Sandra Singh, General Manager of Arts, Culture and Community Services Sandra.Singh@vancouver.ca Tobin Postma, Director of Intergovernmental Relations and Strategic Partnerships Tobin.Postma@vancouver.ca
City of Kamloops	David Trawin, Chief Administrative Officer dtrawin@kamloops.ca
Additional Partners	
BCCSU	Cheyenne Johnson, Executive Director Cheyenne.Johnson@bccsu.ubc.ca
BCCDC	Dr. Mark Gilbert, Medical Director of Clinical Prevention Services Mark.Gilbert@bccdc.ca
Pivot Legal Society	Caitlin Shane, Staff Lawyer, Drug Policy caitlin@pivotlegal.org

*The project team is also meeting with the First Nations Justice Council (FNJC) monthly. In addition, ongoing discussions are taking place with the First Nations Leadership Council (FNLC) and the First Nations Health Council (FNHC).

Note: Additional stakeholders and partners will be engaged through the sub-working groups. For example, the Research and Monitoring Working Group will likely include the BCCDC, CISR and other substance use research entities.

Government Members/Secretariat	
Ministry of Mental Health and Addictions	<p>Ally Butler, Executive Director of Substance Use and Strategic Initiatives (Chair)</p> <p>TBD, Senior Director (Chair)</p> <p>Carolyn Davison, Executive Director Overdose Emergency Response Centre</p> <p><i>Secretariat Support</i> Stephanie Taylor, Senior Policy Analyst, Substance Use and Strategic Initiatives</p>
Ministry of Health	Kenneth Tupper, Director of Substance Use Prevention and Harm Reduction
Office of the Provincial Health Officer	<p>Dr. Daniele Behn-Smith, Deputy Provincial Health Officer, Indigenous Health</p> <p>Dr. Brian Emerson, A/Deputy Provincial Health Officer</p>
Ministry of the Attorney General	<p>s.14 Legal Counsel, s.14</p> <p>s.14</p> <p>s.14 Legal Counsel, s.14</p> <p>s.14</p>
Ministry of the Solicitor General and Public Safety	<p>Brian Sims, Executive Director of Policing and Security</p> <p>Matt Brown, Director of Policing Operations</p>
Ministry of Children and Family Development	<p>Wendy Norris, Manager, Strategic Child Welfare and Reconciliation Policy</p> <p>Rose Anne Van Mierlo, Director, Youth Justice Program Support</p>