

Yamashita, Ann MMHA:EX

From: Cairns, Leann HLTH:EX
Sent: August 31, 2018 12:37 PM
To: Davison, Carolyn J MMHA:EX
Subject: RE: Request from Yukon Minister RE: BC's lawsuit against pharmaceutical companies to reclaim costs associated with the ongoing opioid crisis.

Thanks so much.

L

From: Davison, Carolyn J MMHA:EX
Sent: Friday, August 31, 2018 12:35 PM
To: Cairns, Leann HLTH:EX
Subject: RE: Request from Yukon Minister RE: BC's lawsuit against pharmaceutical companies to reclaim costs associated with the ongoing opioid crisis.

Please send to Ally Butler. She is the MMHA contact on the litigation.

Carolyn

From: Cairns, Leann HLTH:EX
Sent: August 31, 2018 12:31 PM
To: Davison, Carolyn J MMHA:EX
Cc: Casanova, Tamara MMHA:EX; Clifford, Kate MMHA:EX; MMHA Documents Coordinator HLTH:EX; Vandermolén, Chad HLTH:EX
Subject: Request from Yukon Minister RE: BC's lawsuit against pharmaceutical companies to reclaim costs associated with the ongoing opioid crisis.
Importance: High

I've been contacted by Yukon Health officials with an information request for their Minister (before 2:00pm). Minister Pauline Frost is wanting to know what other information BC can share regarding the recently announced lawsuit. Information such as what the lawsuit may cost the BC government and an approximate amount of the suit. I've reviewed recent media articles (<https://www.cbc.ca/news/canada/british-columbia/bc-opioid-lawsuit-1.4803030>) and noted the following:

- The suit would seek to recover only costs to the public health-care system such as addiction treatment, emergency response and hospital expenses caused by what has been termed as the companies' "negligence and corruption."
- It was not clear how much the suit would seek to recover.
- New legislation will be tabled in the fall to gather "population-based evidence" to prove the claim.

Please let me know if there is any additional info which could be shared to support this request.

Thanks very much.

Leann

Leann Cairns

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From: Taylor, Stephanie MMHA:EX
To: Davison, Carolyn J MMHA:EX; Walsh, Taryn PSSG:EX; Mayhew, Neilane TACS:EX; Almond, Richard HLTH:EX; Thomas, Gerald HLTH:EX; Henry, Bonnie HLTH:EX; Emerson, Brian P HLTH:EX; Grant, Nick MMHA:EX; Vandermolten, Chad HLTH:EX; Samra, Kevin HLTH:EX; Hammond, Kendall MMHA:EX; Hayward, Ross HLTH:EX; Wong, Michelle HLTH:EX; van der Leer, Gerrit HLTH:EX; West, Jeff MMHA:EX
Subject: PSUH Meeting Notes - January 10, 2019
Date: January 11, 2019 3:19:01 PM
Attachments: PSUH E-Binder EN.PDF

Hello all,

Yesterday I listened in on the monthly teleconference call for the FPT Problematic Substance Use and Harms Committee. Please find attached the materials provided for this call, as well as my notes below.

Intro

- Suzy McDonald, the previous federal co-chair of PSUH, has moved on to a new position. Michelle Boudreau, Director General of the Controlled Substances Directorate, is the acting federal co-chair.

BC's Opioid Litigation

- Peter Lawless with the BC Ministry of the Attorney General provided a status update on BC's ongoing litigation against opioid manufacturers and distributors.
- BC's class action lawsuit is structured so that all provincial, territorial and federal governments that have incurred healthcare costs as a result of deceptive marketing practices for opioids are included in the class. Jurisdictions may opt out if they wish to do so.
- BC passed legislation to accompany this lawsuit, which allows the Crown to present evidence for claims through statistics rather than through individual patient records.
- Defendants in the case are in the process of being served (there is a separate process for serving international companies). Once all defendants have been served, a case management judge will be appointed.
- As part of the information gathering and investigation stage, BC is trying to determine the healthcare costs associated with deceptive marketing practices for opioids within each province and territory. PTs are asked to send relevant resources to BC (the CCSA report in the attached eBinder is one example). Health Canada committed to reviewing studies that it consulted for previous work.
- BC would like to establish a national working group for the lawsuit, with legal and health representatives from each PT. This would allow for better coordination and a show of unity, which BC feels will benefit the case.
- BC is also interested in suggestions for experts to consult (e.g., experts that could speak to First Nations claims).
- Peter Lawless asked about the healthcare costs associated with legal versus illegal opioids, and whether costs associated with illegal opioids could be included in the case. ADM Taryn Walsh pointed out that when patients are cut off of their legal supply of opioids, they may turn to the illegal market. In this way, opioid manufacturers and distributors could potentially be liable for the healthcare costs associated with illegal opioids as well.

"Gone too Soon"

- Ken Tupper and Leslie McBain with the BC Centre on Substance Use (BCCSU) gave a presentation on their organization's resource for family members of overdose victims. Leslie McBain's son died of an overdose in 2014.

The BCCSU established a Family Committee and worked with the BC Bereavement Helpline to develop a booklet that is intended to support and serve as a navigation tool for family members in the immediate aftermath of an overdose death (e.g., what to expect when working with the coroner).

- The original booklet was created for a BC audience, but BCCSU has since partnered with Health Canada to develop a Canadian version. Health Canada has offered to assist with printing and distributing this version to stakeholders.
- BCCSU is interested in PT suggestions regarding distribution channels and stakeholders who should receive the booklet (e.g., coroners, health authorities). It was suggested that BC's Chief Coroner reach out to her counterparts across the country to make them aware of this resource.
- The PSUH Secretariat will send out the URL to the electronic version of the booklet once it is available.

Standing Items

- Indigenous Services Canada (ISC) provided an update on the \$200M promised in the 2018 federal budget for culturally appropriate addiction services in Indigenous communities. ISC's regional offices will reach out to PTs to determine next steps in the roll-out of the funding and identify opportunities for collaboration in responding to regional opioid issues in Indigenous communities.
- Health Canada provided an update on the Emergency Treatment Fund. To date, the federal government has concluded negotiations with 10 PTs (eight agreements have been posted online). The remaining three bilateral agreements (PEI, Nova Scotia and Alberta) are expected to be completed by the end of the fiscal year.
- The next PSUH call will take place on March 7th. Agenda topics include CRISM, the Winnipeg Methamphetamines Task Group, and the Canadian Drugs Observatory.
- The PSUH Secretariat is planning to shift the format for the calls in April and May/June to address particular themes (e.g., safe supply and stigma reduction). This format change will hopefully allow for more collaboration and discussion amongst participants.

If you have any questions or concerns, please do not hesitate to contact me.

Stephanie Taylor

A/Senior Policy Analyst

Ministry of Mental Health and Addictions

250-952-2312

F/P/T Committee on Problematic Substance Use and Harms (PSUH)

Agenda

January 10, 2019

1:00 PM – 2:00 PM EST

1:00-1:05 (5 min)	1. Welcome <ul style="list-style-type: none"> Approval of Agenda and Record of Decision from December 6, 2018 joint PSUH and SAC Teleconference 	T. Walsh (BC Co-Chair)
1:05 – 1:25 (20 min)	2. British Columbia's Opioid Litigation <ul style="list-style-type: none"> <i>What types of costs do you see as attributable to opioids?</i> <i>Do you know of reports or studies that distinguish between costs arising from prescription opioids compared to illegally obtained opioids?</i> <i>Do you know of reports or studies that relate to the costs of prescription opioid "damages" in a Canadian setting?</i> 	P. Lawless (BC)
1:25 – 1:45 (20 min)	3. "Gone too Soon" <ul style="list-style-type: none"> <i>Are there any ways your organization can help support the distribution of this handbook?</i> 	K. Tupper and L. McBain (BCCSU)
1:45 – 2:00 (15 min)	4. Closing Remarks and Next Teleconference <ul style="list-style-type: none"> Please note that the February 7, 2019 PSUH teleconference is cancelled. The next PSUH teleconference is scheduled for March 7, 2019. If you have an agenda item or agenda suggestion/recommendation, please email the secretariat at the generic PSUH email account hc.psu-hcpsm.sc@canada.ca 	T. Walsh (BC, Co-Chair)

Standing Item Updates:


- 1) PT Emergency Treatment Fund – B2018 Investment – **G. Morissette**
- 2) Special Advisory Committee on the Epidemic of Opioid Overdoses – **H. Morrison**
- 3) Indigenous Health Services – **T. Wong**
- 4) FPT Senior Officials Working Group on Cannabis Legalization and Regulations – **K. Apse**

F/P/T Committee on Problematic Substance Use and Harms (PSUH) and Special Advisory Committee on the Epidemic of Opioid Overdoses (SAC)

December 6, 2018
1:00 - 2:30 pm ET

N. American Dial-in: ^{s.16} Int'l/Local dial-in: ^{s.16}
Conference code: ^{s.16}

1. Welcome and Opening Remarks

 *Welcome and roll call*

	SAC Members	PSUH Members
BC	Bonnie Henry	Taryn Walsh (Co-chair)
AB	Sherri Wilson, Karen Grimsrud	John Cabral, Graham Statt
SK	Saqib Shahab (Co-chair)	Kimberly Kratzig
MB	Avis Gray , Michael Isaac	Marcia Thomson, Avis Gray
ON	David Williams	Patrick Dicerni
QC	Horacio Arruda	Carole Marcotte, Karina Côté
NB	Jennifer Russell	Jennifer Russell , Gisèle Maillet
NS	Robert Strang	Robert Strang , Kimberlee Barro
PEI	Heather Morrison	Heather Morrison
NL	Claudia Sarbu	Debbie Curtis, Patricia Clark
YK	Brendan Hanley	Brendan Hanley , Mary Vanstone
NT	Kami Kandola	Kami Kandola , Jo-Anne Hubert
NU	Mike Patterson	Donna Mulvey, Opal Mcinnis
FNIHB, ISC	Tom Wong	Valerie Gideon
BC FNHA	Evan Adams, Shannon McDonald	
DM Liaison	Max Hendricks	
HC	Supriya Sharma	Suzy McDonald (Co-chair)
PHAC	Theresa Tam (Co-chair)	Sally Thornton
SC Co-Chairs (ex-officio)	Horacio Arruda, Howard Njoo (CID-SC) Russell Stuart, Roger Ermuth (PHI-SC) Matt Herman, Sally Thornton (HPC-SC)	
OGDs (ex-officio)	Pierre Morissette (DND) Elaine Barrett-Cramer (IRCC) James Worthington (CSC)	

2. Update on Cannabis Legalization

✦ *For discussion*

- Opportunity to share early federal and provincial/territorial perspectives regarding the implementation/roll-out of the legalization process.

George Kitchen, Manager of Intergovernmental Affairs, Cannabis Legalization and Regulation Branch at Health Canada, shared early federal perspectives regarding the implementation/roll-out of the legalization process.

Key points raised:

- Within the last three months, there has been a smooth and orderly transition to the new legal framework as a direct function of the level of collaboration and support built with the provincial and territorial counterparts over the last two and a half years.
- There are some issues with supply in particular CBD products that do not contain THC.
- Priority areas for the FPT cannabis network include collaboration on public education and awareness, monitoring and ensuring that baseline data is available and tracked to ensure that the public health objectives are met and ensuring that there is an appropriate opportunity for indigenous communities to participate in the new cannabis legal framework.
- There are questions around compliance and enforcement particularly related to promotion and advertising. Health Canada (HC) is having conversations with regulated parties to improve understanding of the rules and having users come in compliance voluntarily.
- Looking ahead, there is a commitment that additional cannabis products will be available for sale including edibles and concentrate products within approximately one year.
- Nova Scotia expressed three ongoing issues that they are currently facing: improve the supply for legal cannabis in order to remove users from the illegal market, confusion around rules and regulation around public consumption and receiving clarity around the approach to edibles.

Decisions/Actions:

- Health Canada is expected to launch public consultations on the edible regulations (**date TBC**). The department will be looking to organize bilateral discussions PTs.
- G. Kitchen to provide any public information available related to regulations regarding contaminants in products.

3. Methamphetamines Presence, Use and Impact in in Canada - situational awareness

✦ *For discussion*

- Provide members with a summary of available public information to date related to the epidemiology of methamphetamines and an opportunity to share experiences to date across jurisdictions

Jessica Halverson, Director in the Centre for Surveillance and Applied Research at PHAC and Sonia Johnson, Director in the Controlled Substances Directorate at Health Canada, provided members with an update on the current data and epidemiology of methamphetamines.

Key points raised:

- Although the presence of methamphetamines use and harm is low, there is still a large presence in certain sub populations (i.e. high prevalence in Vancouver's youth, and a rise in Saskatchewan in reported use when accessing treatment services, and a rise in methamphetamines related deaths in Manitoba.)
- Data is unknown regarding poly-sub use and unintentional use (are people knowingly using or are they accessing contaminated drug supplies)
- Members underlined that there are regional differences in what substance is most prevalent (West coast: methamphetamines/ Quebec: cocaine) therefore there is a need for targeted initiatives to understand the type of drugs being used and the type of treatment required.
- Data on indigenous populations is not extensive but ISC and PHAC and HC have reported methamphetamines use as a growing concern and more prevalent than opioids in some circumstances.
- Members emphasized importance to understand multidrug use and not just focusing on one substance.
- Members expressed importance of capturing the first person perspective of when presenting data (i.e. data from first responders, needle exchange programs) in order to collect data and keep track of what is on the street and changing trends.
- Member suggested use of webinar in 2019 to collaborate with different communities/ parties and raise awareness of methamphetamine issues and challenges.
- Members underlined potential value in data from policing services to further understand drug supply sources and route in addition to seizure data.

Decisions/Actions:

- Health Canada will distribute deck with third voice information.
- More information regarding Community Webinar to follow in 2019.

4. Restricting the Marketing and Advertising of Opioids

For discussion

- Provide members with an update on federal actions to date and seek members views on potential restrictions on marketing of opioids

Ed Morgan, Director General in the Health Products and Food Branch at Health Canada, to provide members with an update on federal actions to date regarding restricting the marketing and advertising of opioids.

Key points raised:

- Federal actions aim to ensure purposeful advertising, without false or misleading claims, yet maintain access to opioids for people who need them.

- Moving to a proactive approach to advertising complaints to address misleading ads and address inappropriate / misleading information.
- Public consultations held in June and July of 2018 suggested better transparency and better restrictions on all drugs not just opioids.
- Member acknowledged that although there is a need for greater drug restrictions, there is also a perception that federal restrictions may be coming back to hard on companies.

Decisions/Actions:

- Deceptive marketing practices reported in BC will be presented at next PSUH in January.

5. Gabapentin and Opioids

✦ For discussion

- Opportunity to share concerns about gabapentin in SK and to explore interest to share resources and coordinate responses across jurisdictions.

Kathy Willerth discussed concerns about gabapentin in SK and explored interest to share resources and coordinate responses across jurisdictions.

Key points raised:

- Saskatchewan has reported facing several issues and challenges around the scheduling and marketing of Gabapentin and would like to see if other PTs and jurisdictions are experiencing similar trends. Saskatchewan has indicated that Gabapentin is one of the most frequently detected drugs under the Saskatchewan drug screening programs. There has been a significant amount of opioid-related deaths where Gabapentin has been found in their system at the time of death.
- Law enforcement has reported seizing large quantities of Gabapentin but are unable to lay charges against traffickers since it's not a controlled substance.
- Gabapentin was previously raised at an August 2018 Opioid Overdoses Surveillance Task meeting where Manitoba and Ontario members reported that they were seeing similar trends in their respective jurisdiction.

Decisions/Actions:

- Members generally felt that more could be done about appropriate prescribing and that scheduling was not appropriate at this time.

6. Safe Drug Supply

✦ For information

- Update on directions and next steps

Ian Hodges, Manager, Policy Development at Health Canada provided an update on the current direction and expected next steps on safe supply.

Key points raised:

- The Minister of Health has committed to exploring options for expanding access to safer alternatives to the contaminated street drug supply. HC will continue existing conversations with interested jurisdictions around expanding knowledge and uptake of existing pathways, either through the Special Access Program or the list of drugs for an urgent public health need. Through the HC Substance Use and Grant Program, funding is an opportunity to assist communities who are ready to pilot and kick start projects related to Safe Drug Supply.
- In the next couple of months, Health Canada will be looking to set-up an Implementation Task Team that will consist of an expert advisory group and a consultant that will look at developing protocols, help sites address some of the practical considerations around the means of Safe Supply including how to acquire and store drugs, what level of involvement is best placed in terms of the medical community and what types of different settings/models can be used and their respective operational protocols.

Decisions/Actions:

- An email was sent out to PSUH members requesting input on a number of interrelated issues regarding the availability of drugs used to respond to the opioid crisis by **December 14, 2018**.

7. Emerging Issues

For discussion

- Planning for the 2019 UN Commission on Narcotic Drugs meeting
- Supervised Consumption Site policy changes

Bobby Chauhan from the Controlled Substances Directorate at Health Canada discussed planning for the 2019 UN Commission on Narcotic Drugs meeting followed by Paul Loo, Director in the Office of Controlled Substances at Health Canada, who spoke to recent policy changes with respect to supervised consumption site applications. Members were then invited to raise any emerging issues or key updates.

Key points raised:

2019 United Nations Commission on Narcotic Drugs Meeting:

- Health Canada will extend an invitation to PSUH members to attend the 62nd Session of the United Nations Commission on Narcotic Drugs (CND) in Vienna, Austria as part of the Canadian Delegation. CND will take place from March 18-22, 2019 and will also include a high level Ministerial segment on March 14-15, 2019.
- The high level Ministerial segment will discuss the way forward beyond 2019, looking at a 10 year review of the targets outlined in the 2009 Political Declaration and Plan of Action (PDPA) and how to move forward under an approach that combines components of the 2009 PDPA and 2016 UNGASS. Therefore, it is likely that the Ministerial segment

will not lead to the development of a new document as previously seen at the 2016 UNGASS meeting.

Supervised Consumption Site Policy Changes:

- P. Loo provided an information update with respect to some of the policy changes that Health Canada has adopted around Supervised Consumption Sites (SCS), specifically how they might also impact overdose consumption sites moving forward. These changes included: removal of the formal requirement of a PT Minister Letter of Support for the SCS application, Health Canada's acceptance of different funding models including private or public as long as a funding commitment is in place and willingness to consider other forms of class exemption applications for sites responding to urgent public health needs.

Decisions/Actions:

- For PSUH members wishing to join the CND delegation, please contact Bobby Chauhan at 343-542-5381 or bobby.chauhan@canaca by January 4, 2019.
- Both SAC and PSUH secretariats will receive an official email noting the new SCS policy changes.

Canadian Substance Use Costs and Harms

2007–2014



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.



University
of Victoria

Canadian Institute for
Substance Use Research



CSUCH Canadian Substance Use Costs and Harms

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This document can also be downloaded as a PDF at www.ccsa.ca

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Gone Too Soon: Navigating grief and loss as a result of substance use

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Subject: PSUH - January 10, 2019 - Record of Decision // CPSM - 10 janvier 2019 - Compte rendu des décisions
Date: February 18, 2019 8:36:01 AM
Attachments: [PSUH Record of Decision Jan. 10 2019.docx](#)
[CPSM - Compte Rendu- 10 janvier 2019.docx](#)

Le Français suit

Hello PSUH members,

Please find attached the Record of Decision from the last PSUH teleconference that took place on January 10, 2019.

A friendly reminder that the next PSUH teleconference is scheduled for March 7, 2019 (agenda and documentation to follow shortly).

Thank you.

Regards,

PSUH Secretariat

Bonjour aux membres du CPSM,

Vous trouverez ci-joint le compte rendu des décisions de la dernière téléconférence du CPSM qui a eu lieu le 10 janvier 2019.

Nous vous rappelons amicalement que la prochaine téléconférence du CPSM est prévue pour le 7 mars 2019 (l'ordre du jour et la documentation suivront sous peu).

Merci.

Salutations,

Secrétariat du CPSM

Compte rendu des décisions
Comité FPT sur la consommation problématique de substances et ses méfaits (CPSM)
10 janvier 2019
De 13 h à 14 h (HNE)

Coprésidents du CPSM :	Taryn Walsh (C.-B.) et Michelle Boudreau (SC)		
Membres du CPSM :	Kirk Wright (Alb.), Jackie Bryan (SAC), Colleen Dudar (Man.), Kathy Willerth et Shaqib Shahab (Sask.), Sebastien Dore (Qc), Ada Elysia Elliott et Barb Day (N.-B.), Debbie Curtis (T.-N.-L.) et Karine Coté (Qc)		
Invités :	Peter Lawless (C.-B.), Kenneth Tupper et Leslie McBain (BCCSU)		
Secrétaires :	Michele Musgrove et Jeffrey McCarthy (SC)		
	Point à l'ordre du jour	MESURE	RESPONSABLE
1	Mot de bienvenue	Aucune	T. Walsh (coprésidente, C.-B.)
	<ul style="list-style-type: none"> • Approbation de l'ordre du jour. • On mentionne que le compte rendu des décisions du CPSM et du CCS du 6 décembre 2018 n'est pas à approuver et que la version finale sera distribuée à une date ultérieure. • M. Boudreau annonce aux membres du CPSM qu'elle est la SMA par intérim de la Direction de l'intervention en matière d'opioïdes de Santé Canada et la coprésidente intérimaire du CPSM jusqu'à la nomination du nouveau SMA – provisoirement prévue le 28 janvier 2019. 		
	Mesure de suivi : Aucune		
2	Litige des opioïdes en Colombie-Britannique	Présentation	P. Lawless (C.-B.)
	<ul style="list-style-type: none"> • Peter Lawless, conseiller juridique au sein du bureau du ministre du Procureur général de la Colombie-Britannique, a fourni des renseignements sur la poursuite intentée par la Colombie-Britannique contre 48 entreprises, l'état actuel de la poursuite intentée par la Colombie-Britannique, le groupe de travail national, les enjeux auxquels d'autres administrations pourraient être confrontées, et souhaite discuter des prochaines étapes. • Le 29 août 2018, 48 entreprises différentes ont été poursuivies. Une fois la poursuite intentée, les entreprises doivent en être notifiées. Une fois que toutes les entreprises auront été notifiées, un juge responsable de la gestion de l'instance sera désigné. • La Colombie-Britannique a fait remarquer qu'elle a examiné le litige sur le tabac et la façon dont elle peut prendre des mesures 		

	<p>semblables, mais en moins de temps. La Colombie-Britannique a intenté un recours collectif, et le groupe est décrit comme étant l'ensemble des gouvernements provinciaux, fédéral et territoriaux qui ont engagé des coûts de soins de santé au pays. Cela permet la création d'une approche nationale pour tous les coûts nationaux, mais donne aux provinces et aux territoires la possibilité de participer ou non.</p> <ul style="list-style-type: none">• La Colombie-Britannique a adopté la loi sur les dommages causés par les opioïdes dans la <i>Healthcare Costs Recovery Act</i>, pour changer les règles de la preuve afin d'autoriser la preuve des demandes de remboursement de frais médicaux par référence aux statistiques. Autrement dit, s'il existe une preuve d'expert selon laquelle un certain pourcentage d'opioïdes sont prescrits ou utilisés à tort, un certain pourcentage du budget du gouvernement pour l'achat d'opioïdes peut être recouvré par ce litige.• La Colombie-Britannique cherche du soutien pour trouver des façons d'attribuer les coûts associés aux opioïdes et aux pratiques de commercialisation des fabricants.		
	<p>Mesure de suivi :</p> <ul style="list-style-type: none">• La C.-B. a demandé aux administrations de communiquer par courriel avec T. Walsh (Taryn.Walsh@gov.bc.ca), coprésident de la C.-B., si elles connaissent des rapports ou des études qui ont trait aux coûts des « dommages » causés par les opioïdes d'ordonnance dans un contexte canadien.• La C.-B. est en train de former un groupe de travail national et enverra une lettre d'appel de candidatures pour obtenir des représentants, notamment un avocat principal et un expert en soins de santé et opioïdes par administration.• La Colombie-Britannique fournira des questions précises aux administrations (p. ex. revendications des Premières Nations – comment les coûts sont transférés et s'ils sont à l'échelon provincial ou fédéral). Le secrétariat du CPSM coordonnera les réponses reçues des administrations.		
3	<p>Livret <i>Gone Too Soon</i></p>	<p>Présentation</p>	<p>K. Tupper et L. McBain (BCCSU)</p>
	<ul style="list-style-type: none">• K. Tupper explique que le British Columbia Centre on Substance Use (BCCSU) a pour mandat de fournir des conseils en matière de soins cliniques, d'offrir de la formation aux professionnels de la santé et de mener des travaux scientifiques sur la consommation de substances et les dépendances en Colombie-Britannique. Le BCCSU peut compter sur l'engagement solide d'intervenants qui travaillent auprès de patients aux prises avec une dépendance, ainsi que de personnes en rétablissement, de familles de personnes aux prises avec une dépendance et de familles qui ont perdu des êtres chers en raison des effets nocifs de la drogue (principalement des surdoses). L. McBain, cofondateur de Moms Stop the Harm, est responsable de la mobilisation des familles au BCCSU.• Le comité de la famille du BCCSU, en partenariat avec le service des coroners de la Colombie-Britannique et la BC Bereavement Helpline, a récemment créé le livret <i>Gone Too Soon</i>, qui s'adresse aux personnes dont des membres de la famille et des amis sont décédés des suites de la consommation de substances. L. McBain explique que le livret représente un outil de soutien et de navigation pour les personnes qui ont perdu un être cher.• Santé Canada offre un soutien financier pour la traduction de la version pancanadienne anglaise vers le français et pour l'impression d'environ 1 000 exemplaires du livret – 800 exemplaires en anglais et 200 en français.		
	<p>Mesure de suivi :</p>		

	<ul style="list-style-type: none"> • T. Walsh demandera au coroner de la Colombie-Britannique de désigner les personnes-ressources dans d'autres administrations qui devraient recevoir des exemplaires du livret. • On a demandé aux administrations de déterminer s'il y avait d'autres organismes dans leur secteur de compétence qui devraient recevoir des copies du livret <i>Gone Too Soon</i> (régies régionales de la santé). • Le secrétariat du CPSM enverra l'exemplaire électronique ou le lien URL aux administrations lorsqu'il sera disponible. 		
4	Tour de table	Mises à jour	
	<p>Services de santé aux Autochtones (J. Bryan au nom de T. Wong)</p> <ul style="list-style-type: none"> • La prochaine étape, dans le cadre de l'investissement prévu dans le budget de 2018, consistera à faire en sorte que les bureaux régionaux collaborent avec les collectivités et les partenaires pour finaliser les décisions de financement en ce qui concerne les points de déploiement des investissements. Il s'agit d'un investissement de 200 millions de dollars sur 5 ans, et de 40 millions de dollars par la suite, pour la prévention et le traitement de la consommation de substances (qui ne sont pas propres aux opioïdes, mais qui peuvent comprendre la réponse à la crise des opioïdes). Étant donné que les bureaux régionaux doivent travailler avec les partenaires dans le cadre du financement, ils cherchent la possibilité de créer des synergies pour répondre aux enjeux régionaux et sous-régionaux uniques liés aux opioïdes, propres aux ententes (domaines prioritaires) signées dans le cadre du Fonds de traitement d'urgence. <p>Fonds de traitement d'urgence (G. Morissette)</p> <ul style="list-style-type: none"> • Le Fonds de traitement d'urgence est un investissement de 150 millions de dollars du gouvernement fédéral dans le cadre du budget de 2018. Il est conçu pour les provinces et les territoires afin d'améliorer l'accès aux services de traitement fondés sur des données probantes dans le cadre de la crise des opioïdes. À ce jour, le gouvernement fédéral a engagé toutes les provinces et tous les territoires dans des négociations qui ont été conclues. Les ententes ont été signées et sont disponibles en ligne. Les ententes bilatérales et les plans d'action ont été affichés en ligne, et deux autres ententes sont en attente de signature et d'annonce. À l'heure actuelle, le gouvernement fédéral est sur le point de conclure et de signer les 13 ententes avant la fin de l'exercice 2018-2019. 		
5	Mot de clôture et prochaine téléconférence	Pour information	T. Walsh (coprésidente, C.-B.)
	<ul style="list-style-type: none"> • La téléconférence du CPSM du 7 février 2019 a été annulée. La prochaine téléconférence du CPSM est prévue le 7 mars 2019. • À compter du 4 avril 2019, le CPSM adoptera une approche plus thématique dans ses ordres du jour. La téléconférence du 4 avril 2019 du CPSM sera thématique : WebEx sur l'approvisionnement sûr en drogues. 		

Record of Decision
FPT Committee on Problematic Substance Use and Harms (PSUH)
January 10, 2019
1:00 PM – 2:00 PM EST

PSUH Co-Chairs:	Taryn Walsh (BC) and Michelle Boudreau (HC)		
PSUH Members:	Kirk Wright (AB), Jackie Bryan (ISC), Colleen Dudar (MB), Kathy Willerth and Shaqib Shahab (SK), Sebastien Dore (QC), Ada Elysia Elliott and Barb Day (NB), Debbie Curtis (NL), and Karine Côté (QC)		
Guests	Peter Lawless (BC), Kenneth Tupper and Leslie McBain (BCCSU)		
Secretariats:	Michele Musgrove and Jeffrey McCarthy (HC)		
	Agenda Item	ACTION	LEAD
1	Welcome	NIL	T. Walsh (BC Co-Chair)
	<ul style="list-style-type: none"> Approval of agenda. It was noted that the December 6, 2018 joint PSUH and SAC RoD was not for approval and that the final version would be circulated at a later date. M. Boudreau announced to the PSUH members that she is the acting ADM, of Health Canada's Opioid Response Branch and interim PSUH co-chair until the new ADM is appointed – tentatively January 28, 2019. 		
	Action Item: Nil		
2	British Columbia's Opioid Litigation	Presentation	P. Lawless (BC)
	<ul style="list-style-type: none"> Peter Lawless, Legal Counsel within the BC Ministry of the Attorney General's Office provided information on BC's lawsuit against 48 companies, current status on the BC lawsuit, the national working group, issues that other jurisdictions might be facing, and to discuss next steps. On August 29, 2018, 48 different companies were sued. Once sued, companies must be served and after all of the companies have been served a case management judge will be assigned. BC noted that they looked at the tobacco litigation and how they can do something similar but in a way that will take less time. BC commenced a class action lawsuit and the classes are described as all of the provincial, federal and territorial Governments that incurred healthcare costs in the country. This allows for the creation of a national approach with all of the national costs but provides PTs with the opportunity to participate or not. BC has passed the legislation in opioid damages in the Healthcare Costs Recovery Act, to change the rules of evidence to allow 		

	<p>for proving of medical claims by reference to statistics. In other words, if there is expert evidence to say that a certain percentage of opioids are wrongfully prescribed or used, a certain percentage of the Government's budget for the purchase of opioids can be recovered through this litigation.</p> <ul style="list-style-type: none"> BC is seeking support in finding ways to attribute costs associated with opioids and manufacture's marketing practices. 		
	<p>Action Items:</p> <ul style="list-style-type: none"> BC asked jurisdictions to email BC co-chair T. Walsh (Taryn.Walsh@gov.bc.ca) if they know of any reports or studies in their jurisdiction that relate to the costs of prescription opioid "damages" in a Canadian market. BC is creating a national working group and will be sending out a nomination call letter looking to have representation, specifically a lead lawyer and healthcare/opioid expert per jurisdiction. BC will be providing some precise questions to jurisdictions (e.g. First Nation's claims – how costs are passed along and if they are at the provincial or federal level). PSUH secretariat will coordinate responses received from jurisdictions. 		
3	"Gone too Soon"	Presentation	K. Tupper and L. McBain (BCCSU)
	<ul style="list-style-type: none"> K. Tupper explained that BCCSU has a mandate to provide clinical care guidance, health professional education and scientific research on substance use and addiction in BC. BCCSU has a strong stakeholder engagement working with patients struggling with addiction, as well as people in recovery and families affected by addiction and who have lost loved ones from drug related harms (mainly overdoses). L. McBain, co-founder of Moms Stop the Harm, is the BCCSU's Family Engagement Lead. The BCCSU family committee in partnership with the BC Coroners Service and the BC Bereavement Helpline—recently created the "Gone too Soon" booklet for people who have lost family members and friends to substance use. L. McBain explained that the booklet provides a support and navigation tool for those who have lost loved ones. Health Canada is providing financial support to translate a pan-Canadian English version into French and for printing approximately 1,000 copies of the booklet – 800 copies in English and 200 in French. 		
	<p>Action Items:</p> <ul style="list-style-type: none"> T. Walsh will engage the BC coroner to identify appropriate contacts in other jurisdictions to receive copies of the booklet. Jurisdictions were asked to identify whether there were other organizations in their jurisdiction that should receive copies of the "Gone too Soon" booklet (regional health authorities). The PSUH secretariat will send the e-copy/URL link to jurisdictions once it is available.. 		
4	Roundtable Updates	Updates	
	<p>Indigenous Health Services (J. Bryan on behalf of T. Wong)</p> <ul style="list-style-type: none"> The next phase as part of the budget 2018 investment will be to have regional offices engage with communities and partners to finalize funding decisions in terms of locations where investments will be rolling out. The investment contains 200M over five years with \$40M ongoing for substance use prevention and treatment (not specific to opioids but can include responding to the opioid crisis). Since the funding is with the regional offices to work with partners, they are looking for the opportunity to create synergies to respond to the unique regional and sub-regional opioid issues, specific to the agreements (priority areas) signed under the Emergency Treatment Fund. 		

	Emergency Treatment Fund (G. Morissette) <ul style="list-style-type: none"> The Emergency Treatment Fund is a 150M investment by the Federal Government through budget 2018 and is designed for PTs for improving access to evidence based treatment services as part of the opioid crisis. To date, the Federal Government had engaged all PTs in negotiations which have been concluded. The agreements have been signed and are available on line. The bi-lateral agreements and action plans have been posted on line, with two more agreements awaiting signature and announcement. Currently, the Federal Government is on pace to have all 13 agreements concluded and signed before the end of Fiscal Year 2018-19. 		
5	Closing Remarks and next teleconference	For Information	T. Walsh (BC Co-Chair)
	<ul style="list-style-type: none"> The February 7, 2019 PSUH teleconference has been cancelled. The next PSUH teleconference is scheduled for March 7, 2019. As of April 4, 2019, PSUH will be taking a more thematic approach with agendas. The April 4, 2019 PSUH teleconference will have a theme focus/WebEx on Safe Drug Supply. 		