

Merrifield, Katy PREM:EX

From: O'Brien, Kellie HLTH:EX
Sent: Tuesday, November 15, 2016 4:45 PM
To: Merrifield, Katy PREM:EX
Cc: Gill, Manjit PSSG:EX; Chan-Kent, Marissa HLTH:EX
Subject: FW: FOR MTL UPDATED - speaking notes and PowerPoint Opioid summit
Attachments: SN_MTL_Federal Summit on Opioid Overdoses Nov 14 2016 405.docx; SN_MTL_Federal Summit on Opioid Overdoses Nov 14 2016 405.pdf; NationalOpioidSummit_BC_Presentation_16x9.pptx

Hi,

Keeping everyone in the loop – here are MTL's speaking notes and the PP he will be delivering at the Opioid Summit on Saturday.

Thanks,
Kellie

Kellie O'Brien
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SPEAKING POINTS FOR

Terry Lake
Health Minister

**Federal Opioid Conference
and Summit November 18 & 19**

111 Sussex Drive
Ottawa, Ontario

Friday, November 18, 2016
1:15 p.m. – 1:30 p.m.
1:15 p.m. (speech)

Event Profile:

The Honourable Jane Philpott, Federal Minister of Health and the Honourable Eric Hoskins, Ontario Minister of Health and Long-term Care, are hosting the Opioid Conference and Summit on November 18th and 19th, 2016 in Ottawa to discuss the current problem of opioid misuse in Canada and identify potential ways forward.

The conference will bring together stakeholders who have the authority to take action in combatting the opioid crisis, as well as Leslie McBain, Mikaela Mamer, and Judy Robertson, parents who have lost a child to overdose, and Dr. Evan Wood, interim director of the BC Centre on Substance Use.

In preparation for the summit, the Canadian Centre on Substance Abuse is developing a joint action plan that will be publically adopted at the Summit with a commitment to transparent reporting with measurable milestones in the next six to 12 months.

What does the audience want to hear?

What were the critical factors that led to B.C. declaring a public health emergency in April and B.C.'s way forward on addressing the opioid crisis.

Will anyone from the ministry be in attendance?

Dr. Keith Ahamad, Family and Addiction Medicine, BC-CfE

Dr. Jane Buxton, Professor; Epidemiologist and Harm Reduction Lead, BCCDC

Dr. Thomas Kerr, Co-Director, Addiction and Urban Health Research, BC-CfE

Dr. Evan Wood, Interim director of the BC Centre on Substance Use

Clayton Pecknold, Director of Police Services and Joint Task Force co-chair

Tonia Enger, Executive Director and Deputy Director, Policing and Security Branch, PSSG

Mike Serr, Deputy Chief, Abbotsford Police Department

Event Contact:

The Canadian Centre for Substance Abuse is handling logistics.

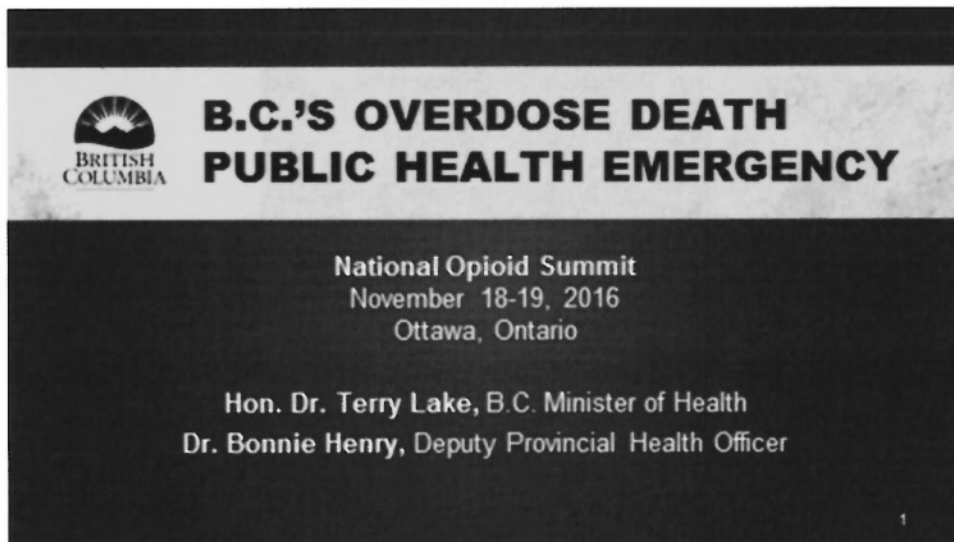
Robert Eves, Director, Strategic Partnerships and Knowledge Mobilization, Canadian Centre for Substance Abuse

REves@ccsa.ca

Key Messages:

- Drug-related overdoses are a serious concern across the continent – all levels of governments must work together to put a stop to these tragic and preventable deaths.
- Here in B.C., experts from across the province are taking wide-ranging action to address this crisis and prevent as many future tragedies as we can – and the federal government is a key partner in our strategy.
- The most recent BC Coroners Service numbers show our number are still unacceptably high but without the actions we have in place we expect the number would have been much higher.
- But we still have a lot of work ahead of us.
- We're working to prevent these deaths through improved access to naloxone, supervised consumption services, safer prescribing, opioid substitution treatments or a treatment program – because each person who died reminds us that a comprehensive response is required.
- My heart goes out to anyone grieving the loss of a loved one as a result of this crisis. I can assure you, we are doing everything we can to prevent future tragedies and reverse the rise in overdoses.

INTRODUCTION



[Minister Lake opens presentation and provides introduction]

- Thank you.
- We are facing one of the most severe public health emergencies of our time – and strong partnerships between all levels of government are essential to ending it.
- So I'd like to start by thanking the federal government for calling this conference.

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[Minister Lake speaks – may wish to include personal thoughts]

- Since January, we have lost 622 people to overdoses in British Columbia alone.
- 622 is an astounding figure but it doesn't even begin to paint the whole picture - because the number of people affected by those deaths is impossible to count.
- Multiple groups are at risk.

Opioid overdoses do not discriminate

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[Minister Lake speaks]

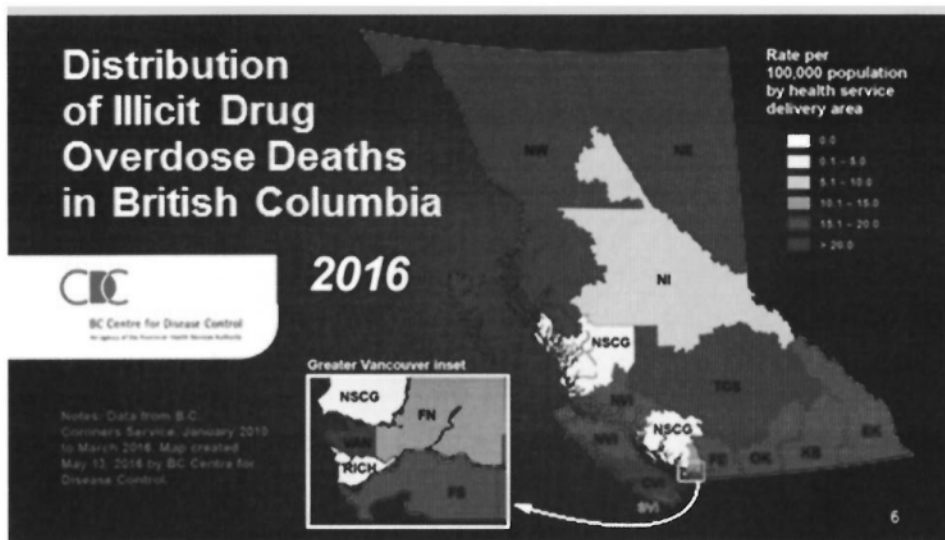
- This young couple were experimenting with drugs – as many perfectly capable, high functioning adults do.
- They ingested drugs that contained a toxic amount of fentanyl which caused their death, leaving their two year old son without parents.

[Minister Lake speaks]

- Carl and Leslie McBain lost their son to an opioid overdose shortly after he completed a detox program for opioid dependence.
- Leslie has since started Moms Stop the Harm and is an advocate for drug policy reform.
- She's travelled from BC with Premier Christy Clark and other mothers who have lost children.

[Minister Lake speaks]

- The stats are clear.
- Opioid overdoses and deaths from opioid overdoses do not discriminate, and they are not limited to street-entrenched chronic opioid users.
- A range of people are at risk for opioid overdose and death including, people who use illicit opioids regularly...
- People discharged from corrections and from abstinence-based opioid addiction treatment...
- People who are experimenting with drugs or use occasionally, and people with chronic pain.



[Minister Lake speaks]

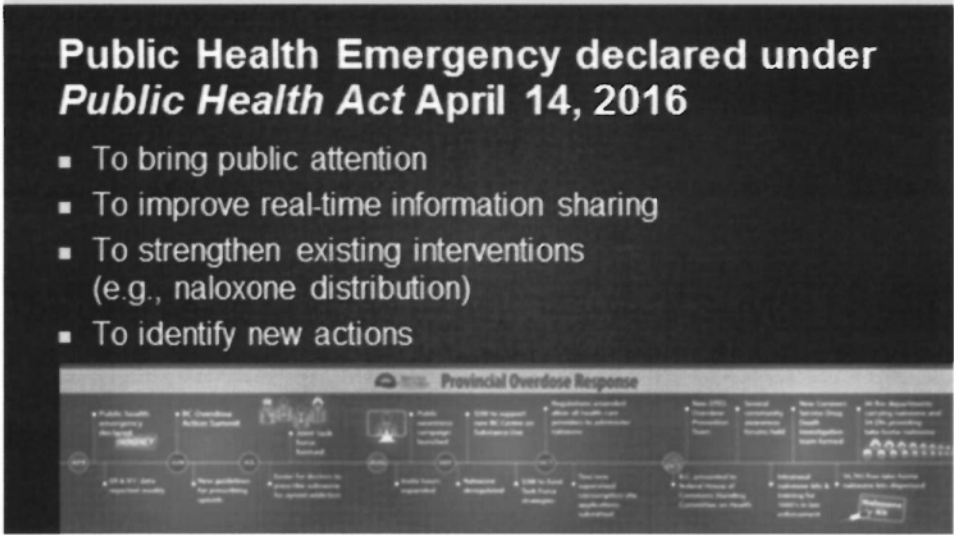
[This slide will start with the map all white. Click once to start auto cycle. It will start with 2010 then auto cycle through each year finishing with the above 2016 map.]

- The increase in illicit overdose deaths over the past five years is quite dramatic.
- These slides illustrate the increase in rates of overdose deaths in BC over the last five years.
- As I mentioned earlier we've had 622 illicit drug overdose deaths this year – and it's expected by the end of the year we will have approximately 750 deaths.

- We've also seen an increase in fentanyl-detected deaths.
- Fentanyl has been detected in 60% of overdose deaths in 2016, as compared to 30% in all of 2015 and 5% in 2012.
- By early 2016, overdose death rates reached 20 per 100,000 people in most areas of the province.

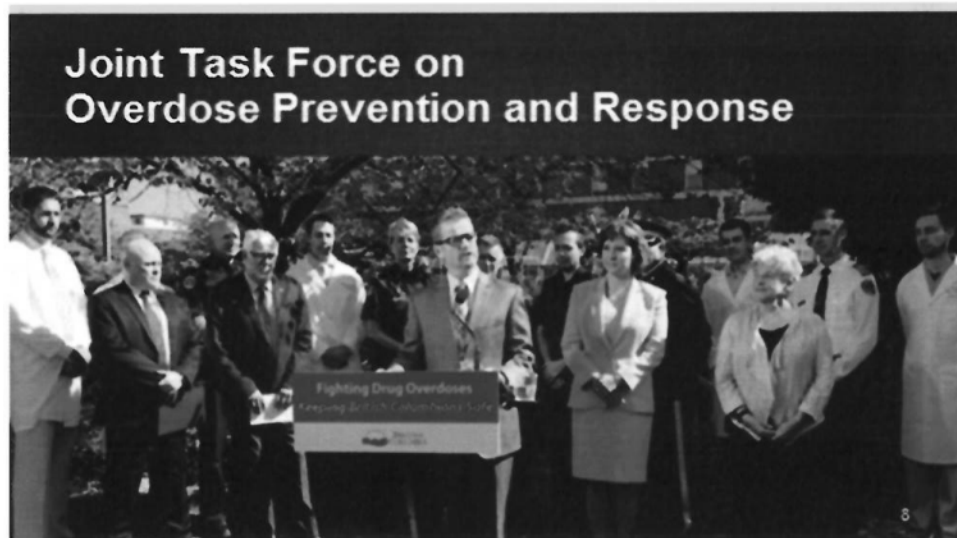
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- ## Public Health Emergency declared under Public Health Act April 14, 2016
- To bring public attention
 - To improve real-time information sharing
 - To strengthen existing interventions (e.g., naloxone distribution)
 - To identify new actions



[Minister Lake speaks]

- The data being reported by our Coroner's Service helped us to identify the crisis, and led our provincial health officer Dr. Perry Kendall to declare a public health emergency in April, making BC the first province to take this kind of action.
- This has allowed medical health officers to collect even better real-time information which is crucial to identify high-risk areas and target our actions.
- With this information, we can warn people when lethal batches are circulating, target our awareness campaigns where they are needed the most, and connect people into care.



[Minister Lake speaks]

- Recognizing that a coordinated public health and public safety response was required to make effective progress, Premier Christy Clark announced the Joint Task Force on Overdose Response in July.
- Headed by Provincial Health Officer Dr. Perry Kendall and director of police services Clayton Pecknold, the Task Force is providing expert leadership and advice to tackle the crisis from both a policing and health perspective.
- And recently, we committed \$5 million to support actions they've identified.
- I want to emphasize the ground-breaking integration of the public health and public safety sectors in tackling this public health emergency.

- The task force has accelerated our provincial response and is addressing barriers to progress.

B.C.'s Plan: Seven Key Areas of Focus

1. Immediate response to an overdose
2. Preventing overdoses before they happen
3. Public education and awareness about overdose prevention and response
4. Monitoring, surveillance, and applied research
5. Improvements to federal legislation, notably the federal *Controlled Drugs and Substances Act* and *Precursor Control Regulations*
6. Improving federal enforcement and interdiction strategies
7. Enhancing the capacity of police to support harm reduction efforts related to street drugs

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[Minister Lake turns it over to Dr. Bonnie Henry to speak -

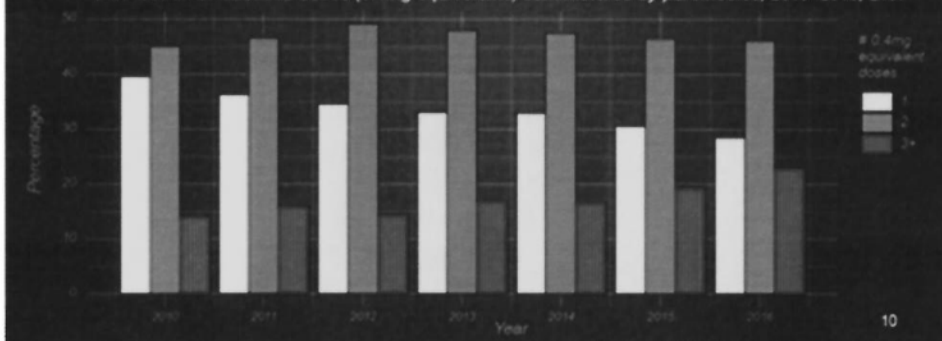
Dr. Bonnie Henry speaks]

- We're focused on seven key areas across the health and public safety sectors.
- And we've made progress.

1. Immediate Response to Overdoses

■ Expanding Naloxone availability

Distribution of naloxone doses (0.4mg equivalents) administered by paramedics, 2010–2016, B.C.



[Dr. Bonnie Henry speaks]

- Since the Task Force was established, we've significantly expanded the availability of naloxone.
- Naloxone is a drug that can reverse an overdose and can keep a person alive until an ambulance arrives.
- We were the first province in Canada to establish a provincewide program that provides free naloxone kits to people at risk of an overdose.
- To date, more than 2,400 kits have been used to reverse opioid overdoses; more than 15,000 free naloxone kits have been dispensed, and more than 14,000 people have been trained.
- Kits are now available in almost 350 sites across BC – including 56 emergency departments, and four correctional facilities.

- We made several regulatory changes that allow health-care professionals, first responders, social workers and citizens to administer naloxone outside of a hospital setting.
- When Health Canada allowed for naloxone to be available without a prescription earlier this year, BC was the first province to make non-prescription naloxone available through pharmacies.
- As well, in September, the Ministry of Health approved the College of Pharmacists of BC's decision to allow for the sale of this life-saving drug at locations beyond pharmacies.
- This change means health care sites; treatment centres and community agencies can carry and sell naloxone.

1. Immediate Response to Overdoses

- Expanding supervised consumption services



[Dr. Bonnie Henry speaks]

- Additional supervised consumption services are another major item we're also working on because the evidence on them is very clear.
- In nearly 15 years of operation, more than 3 million injections have taken place at Insite in Vancouver.
- And, not one person has died of an overdose fatality at Insite or at the Dr. Peter Centre, BC's two supervised consumption sites.
- These sites reduce the risk of transmitting infectious diseases such as HIV and Hepatitis C, help prevent overdose deaths, and engage marginalized people in the health system.
- On October 31, 2016, Vancouver Coastal Health submitted two applications to Health Canada to begin operation of two additional integrated supervised consumption services.

- All of our health authorities are working on new supervised consumption services — with most health authorities expecting to submit at least one new site application to Health Canada before the end of the year.

2. Preventing Overdoses Before They Happen

- Establishment of the BC Centre on Substance Use
- Building bridges between the treatment sector and recovery community, including abstinence-based programs
- Fentanyl detection pilot project at Insite



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[Dr. Bonnie Henry speaks]

- We also need to better understand the root causes of problematic substance use and how to better treat people's addiction so they can recover.
- That's why we are also supporting research and education on best practices for substance use treatment.
- In September, Premier Clark announced \$5 million in funding to support the establishment of the BC Centre on Substance Use, which will be located at St. Paul's Hospital in Vancouver.
- The centre will position BC as a leader in evidenced-based addiction treatment.
- Under the interim leadership of Dr. Evan Wood, who I know is here today.

- He is one of the foremost Canadian clinician researchers in addictions medicine – the Centre will help address the overdose crisis in the longer term by focusing on addiction research, health provider education, and clinical care guidance.
- Among its first tasks is a provincial guideline for the treatment of opioid addiction.
- It will develop strategies to provide better and more effective services for people with problematic substance use.
- This includes ways to increase access to evidence-based treatments, such as Suboxone, a drug used to treat opioid addictions.
- The Ministry of Health and the College of Physicians and Surgeons of BC have worked to make it easier to access this important treatment – making it a regularly covered benefit and no longer requiring a special license for doctors to prescribe.
- Almost 19,000 British Columbians receive coverage for methadone and Suboxone.
- We're also working with the College of Physicians and Surgeons on safer prescribing practices.
- As a result, they recently adopted new professional standards to help doctors prescribe opioids safely.
- Helping people understand what's in their illicit drugs before they take them is also part of our strategy.

- At a pilot project at Insite, people were able to test their drugs for the presence of fentanyl.
- We're also working to secure drug checking equipment for provincial toxicology labs.
- While harm reduction, opioid substitution treatment, and safer prescribing are important aspects of our strategy...
- We also know this is a multi-faceted issue and we need to do more to support people with mental health and substance use issues if we are to make a difference in the longer-term.
- We are working on a cross-government strategy for mental health and substance use issues, which will work to address gaps.
- We expect that to be finalized in the next few months.
- We have also committed to opening 500 additional new substance use beds and will reach that goal in 2017.
- Over 220 beds have already been opened throughout the province in the past two years, and health authorities will continue to open more of these beds in the coming months.



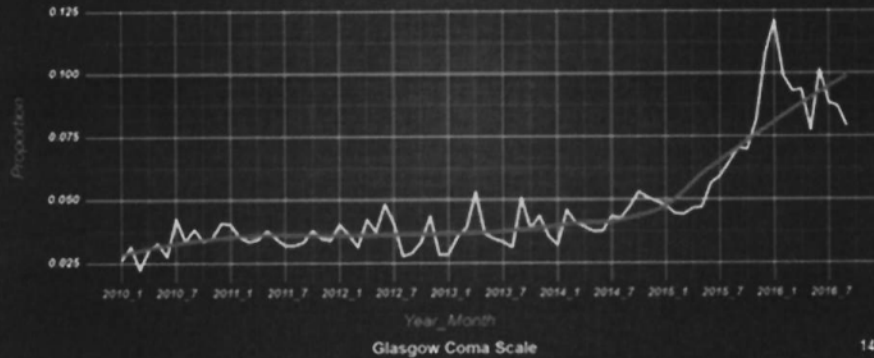
[Dr. Bonnie Henry speaks]

- Of course, public awareness is also key to fighting this crisis too.
- Because, although some people may think it doesn't affect them, it can affect anyone from any walk of life.
- We have launched a broad public awareness campaign to make people alert to the dangers, and to help people understand how to prevent, identify, and respond to overdoses.
- As part of this, Leslie McBain partnered with us to share her story in a video, and you will also start to see the video on TV and hear public service announcements on the radio.
- As well, we launched a poster campaign in restaurants and bars across B.C. to help increase awareness.

- The task force is also working with partners on teaching modules, resources for parents, and a tool kit for communities that want to hold forums.

4. Surveillance, Prescription Monitoring and Applied Research

Proportion of ambulance attended patients with most severe condition (GCS) score, Jan 2010–Sep 2016, B.C.

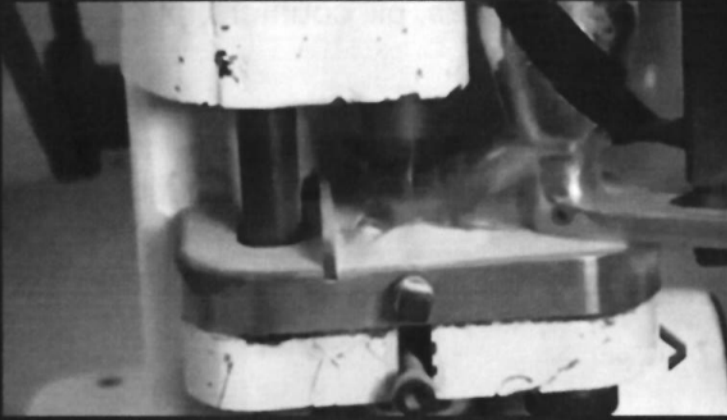


[Dr. Bonnie Henry speaks]

- We're also working to improve data collection because good data is essential for a truly targeted and effective response.
- Our health system now generates regular enhanced surveillance reports, which include information such as the Glasgow coma scale shown here.
- The Glasgow coma scale is a system that scores the state people are in when first responders attend an overdose event.
- This graph shows the coma scale over time from January 2010, to September 2016.
- As you can see, the increase in severe scores happens at the same time as the rise in fentanyl-detected deaths in the province.
- In addition, three applied research projects are underway:

- The TASA “Cheque Day” Study is looking at whether or not changing when and how often social assistance funds are issued reduces drug-related harm.
- OPTIMA is a study that compares models of care for prescription opioid misuse and is comparing and evaluating methadone and suboxone, two treatments for opioid dependence.
- And the emergency department Opioid Overdose Treatment Study is comparing different naloxone dosing regimens in people who have experienced opioid overdoses.

5. Improvements to federal legislation



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[Dr. Bonnie Henry speaks]

- There's a significant amount of work going on provincially to stop the overdose crisis, but there are some items we cannot move forward on without the federal government.
- And we are pleased to hear that Health Canada is proposing to restrict six chemicals used in the production of fentanyl.

- We continue to advocate that the federal government regulate and restrict equipment associated with the manufacture of illicit pills, including pill presses, tableting machines, pill counters, punches and dies.
- Because the drug trade doesn't respect jurisdictional boundaries, a patchwork of provincial laws can't be as effective as a national approach.
- A consistent, national approach is needed to effectively restrict access.

6. Improving federal enforcement and interdiction strategies



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[Dr. Bonnie Henry speaks]

- BC is also pushing for Canada Border Services Agency to have the right tools to keep illicit opioids from reaching BC streets.
- A kilo of fentanyl was intercepted by RCMP in October; this is the largest seizure of illicit drugs in the last few years by the RCMP on Vancouver Island.
- We have a commitment from the Canada Border Services Agency to assist further, and expand interdiction efforts at the borders.
- We 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.

- BC supports the federal government to assert diplomatic pressure on China and Mexico and enter into a bilateral agreement to stem the export of Fentanyl and its analogues.

7. Enhancing the capacity of police to support harm reduction efforts

- Funding to the Justice Institute of BC to provide safety information for first responders, including training materials, for safe fentanyl identification and handling
- Training workshops for frontline personnel
- Enhanced communication among law enforcement agencies

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[Dr. Bonnie Henry speaks and turns it over to Minister Lake to provide conclusion]

- Finally, it is imperative that law enforcement officials are able to support evidence-based harm reduction interventions and services.
- BC continues to work with RCMP and municipal police departments to ensure they have the information and training they need.

[Minister Lake provides conclusion]

CONCLUSION

- So as you can see, we are approaching the crisis from many different angles.
- The most recent BC Coroners Service numbers show our number are still quite high but without the actions we have in place we expect the number would have been much higher.
- But we still have a lot of work ahead of us.
- We're working to prevent these deaths through improved access to naloxone, supervised consumption services, safer prescribing, opioid substitution treatments or a treatment program – because each person who died reminds us that a comprehensive response is required.

- While the situation is clearly most acute in British Columbia, no jurisdiction is immune – and we are seeing the issue growing in other provinces as well.
- We are committed to doing what we can to support work at the national level, and to help other provinces to learn from our experience so that we can all do what we can to prevent these tragic deaths.
- Thank you.



B.C.'S OVERDOSE DEATH PUBLIC HEALTH EMERGENCY

National Opioid Summit
November 18-19, 2016
Ottawa, Ontario

Hon. Dr. Terry Lake, B.C. Minister of Health
Dr. Bonnie Henry, Deputy Provincial Health Officer

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Opioid overdoses do not discriminate

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Distribution of Illicit Drug Overdose Deaths in British Columbia

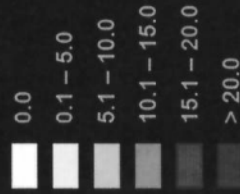
2016



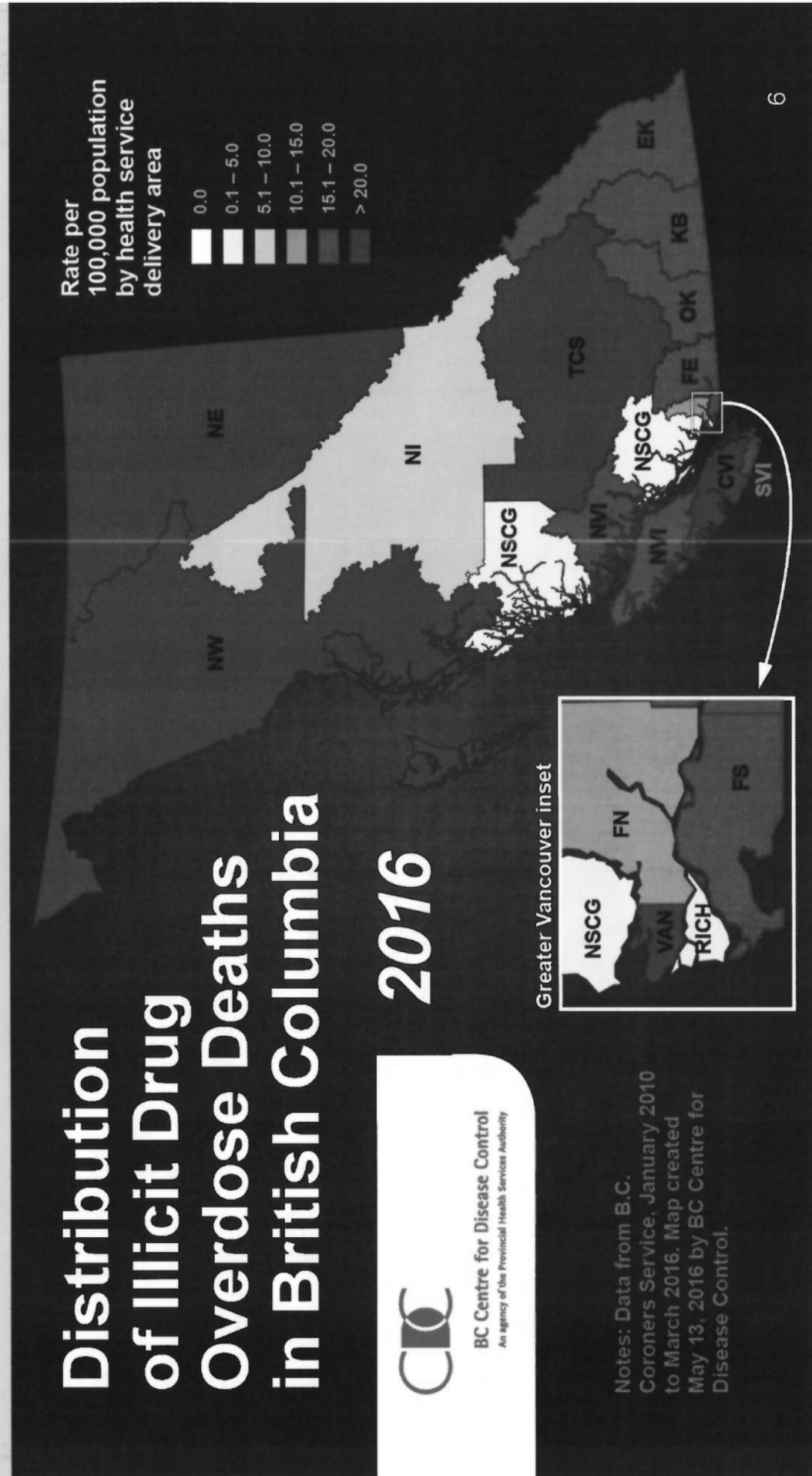
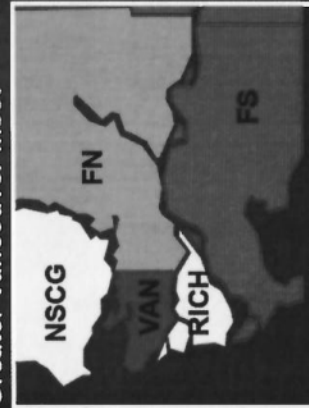
BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Notes: Data from B.C.
Coroners Service, January 2010
to March 2016. Map created
May 13, 2016 by BC Centre for
Disease Control.

Rate per
100,000 population
by health service
delivery area



Greater Vancouver inset



Public Health Emergency declared under *Public Health Act* April 14, 2016

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- To identify new actions



Joint Task Force on Overdose Prevention and Response



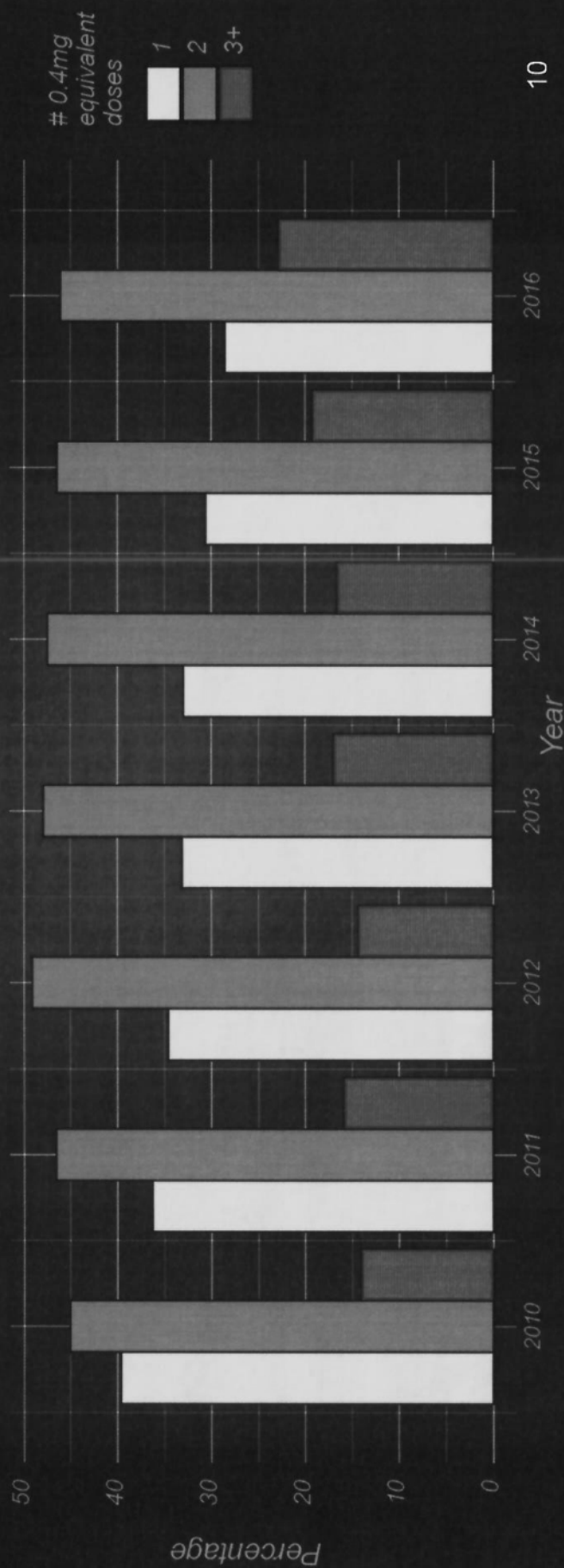
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2. Preventing Overdoses Before They Happen

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3. Public and Professional Awareness

**FIND OUT HOW YOU
CAN SAVE A LIFE**

(123) CARRY A NALOXONE KIT **CALL 911** **#** **#STOPOVERDOSE**



LESLIE MCBAIN

Lost a child to overdose
Harm reduction advocate

WATCH HER STORY >



(123) CARRY A NALOXONE KIT **CALL 911** **#** **#STOPOVERDOSE**



(123) CARRY A NALOXONE KIT **CALL 911** **#** **#STOPOVERDOSE**

4. Surveillance, Prescription Monitoring and Applied Research

Proportion of ambulance attended patients with most severe condition (GCS) score, Jan 2010–Sep 2016, B.C.



Glasgow Coma Scale

5. Improvements to federal legislation



6. Improving federal enforcement and interdiction strategies



7. Enhancing the capacity of police to support harm reduction efforts

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- Training workshops for frontline personnel
- Enhanced communication among law enforcement agencies

HM1

Slide 17

HM1

Did PSSG/JIBC take any photos of their workshop? Maybe we can ask and replace the text on this slide with a photo - hopefully of people in uniform looking at something cool as part of the workshop - then add the text to the notes.
Miller, Haley HLTH:EX, 2016-11-04

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