

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
POLICING AND SECURITY BRANCH
BRIEFING NOTE**

PURPOSE: For INFORMATION for the Honourable Mike Morris, Minister of Public Safety and Solicitor General

ISSUE: Meeting with Alberta MLA Mike Ellis regarding fentanyl and pill presses

SUMMARY:

- Fentanyl, a synthetic opioid drug approximately 50 – 100 times more powerful than morphine, is related to a surge in overdose fatalities and non-fatal overdoses in British Columbia over the past few years.
- The BC Coroners Service believes that the drug is linked to a number of the 308 accidental illicit drug overdose deaths that have occurred in the province between January and May 2016. Law enforcement reports that the drug is illegally imported into Canada and pressed into tablets that resemble oxycodone pills.
- The problem in BC mirrors the situation in Alberta. In response to concerns in that province, Alberta MLA Mike Ellis introduced a Private Member's Bill (Bill 205) to restrict access to pill presses in that province. The Bill passed third and final reading in the Alberta legislature on May 23, 2016.
- While BC has long supported the introduction of restrictions on the importation and possession of pill presses and tableting machines because of their direct use in the manufacture of illicit drugs in BC, controls should be at the federal level to prevent diversion across provincial boundaries.

BACKGROUND:

- Fentanyl is popular in the illicit street drug trade in BC and the RCMP believe that it is imported in powder form from China and then used as a cutting agent for other drugs, as a direct substitution for heroin, or manufactured as counterfeit Oxycodone pills. Pill presses and tableting machines assist in the preparation of this drug for distribution to the Canadian market.
- In the United States the purchase and possession of this equipment is tightly controlled to deter illegitimate use. The possession and importation of pill presses and tableting machines is not regulated in Canada.
- The *Precursor Control Regulations* (PCR) to the *Controlled Drugs and Substances Act* (CDSA) provide controls on the import, export, production and distribution of precursor chemicals. The intent of the regulations is to control and monitor precursors used in the production of more dangerous drugs, while at the same time avoiding undue restrictions on their legitimate trade.

- At present, a licensed dealer wanting to import or export a controlled substance or precursor must obtain a permit from the Office of Controlled Substances within Health Canada. Health Canada inspectors monitor these licensees and have the authority to suspend or remove licenses for contraventions of the regulations.
- If Health Canada were to specify certain equipment to be included in the PCR, like pill presses and tableting machines, there would be enforcement tools for federal inspectors and police to respond to the illicit production of dangerous drugs like fentanyl.
- On April 28, 2016, Public Safety Canada and Health Canada held a teleconference to discuss the potential of including provisions in the *PCR* to control the importation and possession of pill presses. Representatives from BC law enforcement agencies, and Policing and Security Branch staff participated in the call. The consensus of the group was that adding controls related to pill presses and tableting machines would be merited.
- Similarly, the Canadian Association of Chiefs of Police (CACP) Drug Abuse Committee is recommending that pill presses and tableting machines be regulated under the *PCR* as pill presses and tableting machines are routinely discovered by police in drug investigations. This would allow legitimate pharmaceutical companies to hold licensees to import, possess and use these machines but would allow the monitoring and control of access to non-legitimate users.
- The CACP Drug Abuse Committee is also recommending the regulation of chemicals that can be used to manufacture fentanyl and its analogs and the regulation of all W series compounds (e.g., W-18). The following chemicals have been suggested for inclusion in the Schedules to the CDSA: Propionyl chloride; and N-(1-phenethyl)-piperidin-4-one.
- Policing and Security Branch has had longstanding concerns with various areas of the CDSA and its regulations, as the framework poses challenges for police with respect to the enforcement of controlled substances offences in the province.
- Former BC Ministers of Public Safety have written to the Federal Ministers of Health and Public Safety on several occasions to request changes to the regime (see attachments).
- Dangerous street drugs like fentanyl and W-18 demonstrate the need for improvements related to the scheduling of substances and equipment that are direct inputs into illegal drug activity.
- Alberta has passed Bill 205, the Pharmacy and Drug (Pharmaceutical Equipment Control) Amendment to restrict access to pill presses and tableting machines used in the manufacture of illegal drugs.
- Due to the cross-jurisdictional nature of the drug trade in Canada, the federal government is in the best position to lead a coordinated national effort commencing with changes to the CSDA and PCR. Improvements to the scheduling of substances are needed as well as:
 - the introduction of controls on the sale and importation of certain equipment used in the production of illicit drugs, notably fentanyl, e.g., pill presses and tableting machines; and
 - the classification of two precursors used in the production of the fentanyl (Propionyl chloride and N-(1-phenethyl)-piperidin-4-one) as controlled substances.

OTHER MINISTRIES IMPACTED/CONSULTED:

- To date, the response to the issue of fentanyl overdoses and deaths has been led by the BC Provincial Health Officer and the BC Coroners Service who have actively engaged law enforcement in their response to increase public awareness over the dangers of the drug.
- The BC Drug Overdose and Alert Partnership (DOAP) was established to monitor trends and incidents to allow for early warning alerts related to illicit drugs including fentanyl. The DOAP is led by the BC Centre for Disease Control and has partnership representation from law enforcement (Vancouver Police Department, Victoria Police Department and 'E' Division RCMP), BC Coroners Service, health authorities and public health officials.

Prepared by:

Kjerstine Holmes
Director, Public Safety Initiatives
Policing and Security Branch
250-356-6676



Approved June 13, 2016 via email by:

Tonia Enger
Executive Director of Policing,
Law Enforcement and Deputy Director
of Police Services
Policing and Security Branch
604-660-6031

Approved by:

Clayton Pecknold
Assistant Deputy Minister
and Director of Police Services
Policing and Security Branch
250-387-1292



Attachment:

1. December 5, 2008, letter from John van Dongen, Solicitor General, to Federal Ministers of Health, Public Safety and Justice and Attorney General of Canada
2. April 16, 2009, letter from Leona Aglukkaq, Minister of Health, Ottawa, to John van Dongen, Solicitor General
3. February 2010 letter from Kash Heed, Solicitor General, to John Weston, M.P., West Vancouver-Sunshine Coast-Sea to Sky Country
4. Letter for signature by Minister Mike Morris to the Honourable Jane Philpott, Minister of Health

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Withheld pursuant to/removed as

s.12

Action that has been taken with the Federal government on the Importing of Fentanyl from Asia

s.13;s.16

- The RCMP in B.C. created Project EPLAN, a provincial strategy targeting packages coming into the mail and cargo centres at the Vancouver airport.
- A key part of the RCMP's national opioid strategy is the new Organized Crime Joint Operations Centre (OC-JOC). The centre allows the RCMP to work closely with Canada Post and the Canadian Border Services Agency to keep fentanyl out of Canada
- Bill C-37 amended the Controlled Drugs and Substances Act (CDSA), the Customs Act and other related acts, to better equip both health and law enforcement officials to reduce the harms associated with drug and substance use in Canada. The legislation:
 - restricts possession sale, importation or trafficking of anything that it is intended to be used to produce a controlled substance;
 - creates a regulatory scheme for the importation of pill presses and encapsulators into Canada. The combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses;
 - removes the minimum weight of 30 grams from the Customs Act so Canadian Border Services Agency can open international mail suspected of containing controlled substances; and
 - adds new provisions that permit the Minister of Health Canada to quickly schedule and controlled dangerous new substances on a temporary basis.

The Province has provided the Ministry the following funding over three years:

- s.17 for the Combined Forces Special Enforcement Unit BC (CFSEU- BC) to undertake Provincial Tactical Enforcement Priority (PTEP) projects targeting high level drug traffickers.
- s.17 for a new Operational Task Force of dedicated police agencies to target mid-level drug traffickers. Under the 70/30 Provincial and Federal cost share agreement this equates to s.17
- s.17 towards drug equipment and training for key departments including the federal Clandestine Laboratory and Enforcement Response Team (CLEAR);
- s.17 to support the development of legislation to regulate pill presses.

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Monday, June 5, 2017 4:24 PM
To: Davison, Carolyn J HLTH:EX; Hammond, Kendall HLTH:EX; Amyot, Sarah HLTH:EX
Subject: 20170605 Draft - TITLE TBD - Opioid Plan Going Forward 2017-06-05 - PM PSSG comments
Attachments: 20170605 Draft - TITLE TBD - Opioid Plan Going Forward 2017-06-05 - PM PSSG comments.docx

Hi Folks – Thanks for the opportunity to review. I am really impressed by the big step forward on this draft. Kudos. There are a few edits in track changes. I assume there will be one last chance for super picky edits.

Cheers

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Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, June 8, 2017 7:35 AM
To: Roberta and Corrie Campbell
Subject: Fw: Updated Go Forward Document
Attachments: Draft - TITLE TBD - Opioid Plan Going Forward 2017-06-07.docx

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Davison, Carolyn J HLTH:EX
Sent: Wednesday, June 7, 2017 10:08 AM
To: Campbell, Corrie L PSSG:EX
Subject: FW: Updated Go Forward Document

As promised, the latest draft.

Thanks

Carolyn

From: Hammond, Kendall HLTH:EX
Sent: Wednesday, June 7, 2017 9:42 AM
To: Davison, Carolyn J HLTH:EX
Subject: Updated Go Forward Document

Hi Carolyn,

As discussed, attached is the most recent version of the go forward document. The appendices need one last review. Otherwise, I think that it is pretty good.

Thanks,

Kendall

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, June 9, 2017 5:23 PM
To: Enger, Tonia PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: FYI - recent version of Opioid Plan Going Forward 2017-06-07 PSSG
Attachments: 20170608 Draft - TITLE TBD - Opioid Plan Going Forward 2017-06-07 PSSG.docx

Please let me know if you have any edits at this point. I understand Health continues to polish this with respect to Prescription monitoring, treatment and FN health issues.

Our content has been blended throughout the document and MOH took over as holding the pen. Clayton agreed to that plan, but has not seen a version since.

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, June 8, 2017 10:49 AM
To: Davison, Carolyn J HLTH:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: 20170608 Draft - TITLE TBD - Opioid Plan Going Forward 2017-06-07 PSSG

Hi Carolyn – a few edits and comments for your consideration. I have not had Clayton review, expect to provide him with the final draft.

Thanks for the opportunity to review.

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s.16

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
Policing and Security Branch
BRIEFING NOTE

PURPOSE: For INFORMATION for the Honourable Mike Morris, Minister of Public Safety and Solicitor General

ISSUE: Responses to Fentanyl

SUMMARY:

- Fentanyl, a synthetic opioid drug approximately 50 – 100 times more powerful than morphine, is related to a surge in overdose fatalities and non-fatal overdoses in British Columbia over the past few years.
- The BC Coroners Service believes that the drug is responsible for a proportion of the 308 accidental illicit drug overdose deaths that occurred in the province between January and May 2016.
- Law enforcement reports that the drug is illegally imported into Canada and pressed into tablets that resemble oxycodone pills. It is believed that this route of administration is responsible for a large proportion of overdose deaths in BC.
- The problem in BC mirrors the situation in Alberta. In response to concerns in that province, Alberta MLA Mike Ellis introduced a Private Member's Bill (Bill 205) to restrict access to pill presses in that province. The Bill passed third and final reading the Alberta legislature on May 23, 2016.
- While BC has long supported the introduction of restrictions on the importation and possession of pill presses and tableting machines because of their direct use in the manufacture of illicit drugs in BC, we feel that the controls should be at the federal level to prevent diversion across provincial boundaries.

BACKGROUND:

- Fentanyl is a popular in the illicit street drug trade.
- The RCMP believe that the majority of fentanyl distributed in Canada is sourced from China. The drug is imported and is used as a cutting agent or direct substitution for heroin, or manufactured as counterfeit Oxycodone pills.
- Need a transition sentence regarding how and why pill presses are a contributing factor....
- The possession and importation of pill presses and tableting machines is not regulated in Canada.

- The Precursor Control Regulations to the Controlled Drugs and Substances Act (CDSA) provide controls on the import, export, production and distribution of precursor chemicals. The intent of the regulations is to control and monitor precursors used in the production of more dangerous drugs, while at the same time avoiding undue restrictions on their legitimate trade.
- A licensed dealer wanting to import or export a controlled substance or precursor must obtain a permit from the Office of Controlled Substances within Health Canada. Health Canada inspectors monitor these licensees and have the authority to suspend or remove licenses for contraventions of the regulations.
- *Dealers licensed under the PCR are required to record all suspicious sales and to maintain that record for two years. However, they are not required to submit records of suspicious sales to either police or Health Canada. Moreover, neither dealers nor Health Canada inspectors are legally obligated to alert police to suspicious transactions. In addition, Health Canada inspectors have no authority to process charges under the CDSA. There are currently two Health Canada inspectors in British Columbia.*
- On April 28, 2016, Public Safety Canada and Health Canada held a teleconference to discuss the potential of including provisions in the Precursor Control Regulations to the Controlled Drugs and Substances Act to control the importation and possession of pill presses. Representatives from BC law enforcement agencies, Policing and Security Branch staff participated in the call. The consensus of the group was that
- The Canadian Association of Chiefs of Police Drug Abuse Committee is recommending that pill presses and tableting machines be regulated under the Precursor Control Regulation of the CDSA. This would allow legitimate pharmaceutical companies to hold licensees to import, possess and use these machines but would allow the monitoring and control of access to non-legitimate users.
- The CACP Drug Abuse Committee is also recommending the regulation of chemicals that can be used to manufacture fentanyl and its analogs and the regulation of all W series compounds (e.g., W-18).
- Dr. Perry Kendall, BC's Provincial Health Officer has invoked provisions under the *Public Health Act* to respond to the public health emergency related to the overdoses and deaths associated with fentanyl use in the province.
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OTHER MINISTRIES IMPACTED/CONSULTED:

- To date, the response to fentanyl overdoses and deaths has been led by the BC Provincial Health Officer and the BC Coroners Service who have actively engaged law enforcement in their response.
- The BC Drug Overdose and Alert Partnership (DOAP) was established to monitor trends and incidents to allow for early warning alerts related to illicit drugs including fentanyl. The DOAP is led by the BC Centre for Disease Control and has partnership representation from law enforcement (Vancouver Police Department, Victoria Police Department and 'E' Division RCMP), BC Coroners Service, health authorities and public health officials.

Prepared by:

Kjerstine Holmes
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Enforcement and Deputy Director of
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Policing and Security Branch
604 660 6031

Approved by:

Clayton Pecknold
Assistant Deputy Minister
and Director of Police Services
Policing and Security Branch
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**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
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- the introduction of controls on the sale and importation of certain equipment used in the production of illicit drugs, notably fentanyl, e.g., pill presses and tableting machines; and
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Executive Director of Policing,
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Assistant Deputy Minister
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3. February 2010 letter from Kash Heed, Solicitor General, to John Weston, M.P., West Vancouver-Sunshine Coast-Sea to Sky Country
4. Letter for signature by Minister Mike Morris to the Honourable Jane Philpott, Minister of Health

December 5, 2008

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health
House of Commons
Ottawa ON K1A 0A6

The Honourable Peter Van Loan, P.C., M.P.
Minister of Public Safety
House of Commons
Ottawa ON K1A 0A6

The Honourable Robert Nicholson, P.C., Q.C., M.P.
Minister of Justice
and Attorney General of Canada
House of Commons
Ottawa ON K1A 0A6

Dear Ministers:

I would like to take this opportunity to thank your government for its efforts to address the deleterious effects of drug abuse and criminality associated with the production of drugs under the National Anti-Drug Strategy.

I also note that the reclassification of methamphetamine to a Schedule 1 substance under the *Controlled Drugs and Substances Act* (CSDA) and recent additions to the *Precursor Control Regulation* (PCR) has strengthened the response to synthetic drug production. Bill C-26 contained provisions, such as re-scheduling amphetamines under Schedule 1, which recognized the seriousness of the synthetic drug problem in Canada.

In addition, the federal government's recent agreement with British Columbia to fund 152 new police positions through the Police Officer Recruitment Fund will significantly bolster our effort to combat organized crime, which controls the synthetic drug trade.

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The Honourable Leona Aglukkaq, P.C., M.P.
The Honourable Peter Van Loan, P.C., M.P.
The Honourable Robert Nicholson, P.C., Q.C., M.P.
Page 2

While significant advances have been made, British Columbia is concerned with the extent to which illegal synthetic drug production has gained a foothold in our province. Organized crime groups are heavily invested in criminal enterprises directly and indirectly related to synthetic drug production in British Columbia. These groups have sophisticated distribution channels which allow their manufactured drugs to easily enter into the international markets, establishing Canada as a primary source country for illicit synthetic drugs.

In 2003, the RCMP dismantled a total of six clandestine synthetic drug labs in British Columbia – five producing methamphetamine and one producing MDMA (ecstasy). Four years later, 33 methamphetamine labs and 12 ecstasy labs were dismantled. Canada is now the number one exporter of ecstasy to the United States. Seizures of ecstasy en route to the United States from Canada have risen fivefold, with United States Customs and Border Protection reporting an increase from 1.1 million dosage units in 2004 to 5.2 million dosage units in 2006 (United States – Canada Border Drug Threat Assessment, 2007). Almost one half of those seizures occurred in British Columbia. Just over 80 per cent of all Canadian ecstasy laboratory seizures in 2006 were in British Columbia according to the United States Department of Justice 2008 National Drug Threat Assessment.

Most clandestine synthetic drug labs discovered in British Columbia are “super labs” producing vast amounts of finished product – as much as 40 kilograms per production cycle. Moreover, Health Canada advises that over 70 per cent of ecstasy produced in British Columbia clandestine labs contains other drugs such as methamphetamine, ketamine and GHB (a “date rape” drug).

The surging growth of ecstasy labs in British Columbia has fuelled a complementary increase in trafficking in precursors, chemicals and equipment used to produce ecstasy. From 2004 to 2006, the most frequently smuggled precursor chemicals from international sources into Canada for use in clandestine synthetic drug laboratories were ephedrine (for producing methamphetamine) and MDP2P (for producing ecstasy).

A recent gang-related fatal double shooting in front of a Vancouver restaurant illustrates the involvement of organized crime in synthetic drug production and precursor trafficking. The investigation into the double murder led police to a storage locker containing the following quantities of precursor chemicals:

- 875 kg Procaine (cutting agent for cocaine);
- 240 kg Sodium Borohydride (for production of MDMA or ecstasy);
- 4,600 kg Gamma-Butyrolactone (GBL) 20 per cent (base chemical for GHB not a precursor at 20 per cent);

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The Honourable Leona Aglukkaq, P.C., M.P.
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- 356 kg Methanol (solvent used in the production of any synthetic drug);
- 1,900 kg Methylamine HCL 99 per cent (used in the production of both Meth and MDMA); and
- 330 litres of 'Rim Brite Bio Metal Cleaner' (later found to be GBL).

It is important to note that none of these chemicals are controlled substances under the CDSA, yet all can be linked to drug production, especially at the quantities found.

Considering the extent of synthetic drug production in British Columbia, I would like to bring to your attention areas of concern in the federal regulatory and enforcement systems in responding primarily to the production and trafficking of synthetic drugs and trafficking in the precursors used in the production of these drugs, notably methamphetamine and ecstasy.

1. Enhancing the Regulatory Framework

The Controlled Drugs and Substances Act provides for the control, import, production, export, distribution and possession of psychoactive substances in Canada. However, the controls in place on these substances depend on the chemicals used in production, the strength of the precursors employed and the nature of the end product. When a new synthetic psychoactive substance emerges, the rigidity of the regulatory framework becomes evident and inconsistencies in the application of the law emerge. The scheduling of methamphetamine and ecstasy is illustrative of these differences.

Despite the dangers and criminality related to the production and trafficking of ecstasy, it is not yet a Schedule 1 controlled substance like methamphetamine, although Bill C-26 would have resulted in ecstasy being re-scheduled. In addition, producing ecstasy is a more complex process involving a wider array of chemicals. Some precursors, such as 3,4-methylenedioxyphenyl-2-propanone (commonly referred to as MDP2P) are currently classified. Other select chemicals, that are unclassified and have limited domestic or industrial use, are necessary to produce ecstasy:

- Sodium Borohydride and Sodium Cyanoborohydride are required to produce ecstasy and have almost no domestic use;
- Methylamine HCL (solid) and Monomethylamine (Gas) have limited domestic use but are widely used to produce synthetic drugs; and
- Iodine is now used by synthetic drug producers to produce hydriodic acid (which is a designated Class A substance). Relatively small amounts of iodine are used on farms and agricultural settings.

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The Honourable Leona Aglukkaq, P.C., M.P.
The Honourable Peter Van Loan, P.C., M.P.
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Solvents such as toluene, methanol, acetone, hexane and dichloromethane have domestic and industrial uses but are probably not required in the bulk quantities often found in clandestine synthetic drug laboratories.

Schedule VI of the *Controlled Drugs and Substances Act* lists 24 Class A precursors. Items 20 to 23 of that list are exempt if they are considered a preparation or a mixture. The Act does not define a preparation or mixture. Drug producers are therefore able to avoid committing an offence, for example, by adding a small amount of iodine to a solution of hydriodic acid. This exempts the hydriodic acid from the reach of the statute, yet permits the production of methamphetamine to proceed unhindered since hydriodic acid is derived from iodine and this mixture actually enhances the ability to produce methamphetamine.

Bill C-428 would have amended the *Controlled Drugs and Substances Act* to prohibit the production, possession and sale of any substance or any equipment or other material that is intended for use in production of or trafficking in methamphetamine. This amendment was recommended in the Methamphetamine Report for the Federal-Provincial-Territorial Ministers Response for Justice (July 2007) and endorsed by the Ministers of Justice at the October 2006 FPT Ministers Responsible for Justice meeting.

While this Bill would aid police and prosecutors in cases involving methamphetamines, it does not address other types of synthetic drug production or trafficking, or trafficking in precursors. For example, pill presses and encapsulating machines are currently unregulated and so are legally imported by organized crime groups or their affiliates for use in ecstasy production.

Recommendations:

- Classify and or control the precursors required to produce ecstasy, as noted above, under the *CDSA*;
- Remove the exemption found in Part 1 of Schedule VI exempting certain precursors when it is a mixture or preparation;
- Place controls on the sale and importation of certain equipment used in the production of ecstasy, e.g., pill presses; and
- Classify ecstasy as a Schedule 1 controlled substance under the *CDSA*.

2. Preventing Diversion

As noted above, the *PCR* has substantially aided Canada in reducing the volume of precursors that are legally imported. Still, legally imported precursors continue to be diverted into synthetic drug production.

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The Honourable Leona Aglukkaq, P.C., M.P.
The Honourable Peter Van Loan, P.C., M.P.
The Honourable Robert Nicholson, P.C., Q.C., M.P.
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Dealers licensed under the *PCR* are required to record all suspicious sales and to maintain that record for two years. However, they are not required to submit records of suspicious sales to either police or Health Canada. Moreover, neither dealers nor Health Canada inspectors are legally obligated to alert police to suspicious transactions. A licensed dealer can legally sell Class A precursors to an unlicensed person if that person completes an "end user" statement claiming they will be the "end user" of the product. The precursor volume or number of purchases is unlimited and there is no record keeping requirement once the product leaves the licensee.

So, there is no mechanism for proactively alerting police when a licensee sells a large amount of a particular precursor to a buyer who is not in an industry which uses that precursor for legitimate purposes.

(The FPT report recommended establishing a suspicious-transaction database to monitor sales of precursors modeled after the FINTRAC system used in the banking industry for monitoring money laundering.)

There is no limit on the volume of precursors that licensees can import as long as they hold a licence and apply for an import permit.

Licensees are not subject to risk-based background checks to assess continued suitability and applicants are not investigated to determine ties to persons involved in criminal activity, including organized crime groups.

Health Canada inspectors have no authority to process charges under the *CDSA*.

There are currently two Health Canada inspectors in British Columbia, and Health Canada advises a third inspector is planned for British Columbia. However, this number still falls short of the inspection resources required in light of the volume of precursors used in illicit drug production and trafficking.

Recommendations:

- Mandatory reporting by licensees and Health Canada of all suspicious sales of precursors to police;
- Mandatory reporting of sales of precursors to "end users" reported to police or stopped entirely;
- Establish integrated teams of RCMP, Health Canada inspectors and federal prosecutors to investigate licensees suspected of diverting precursors;

.../6

The Honourable Leona Aglukkaq, P.C., M.P.
The Honourable Peter Van Loan, P.C., M.P.
The Honourable Robert Nicholson, P.C., Q.C., M.P.
Page 6

- Establish rigorous standards for licensees including background checks on all directors and officers and require applicants to undergo investigation to assess fitness; and
- Immediately add five Health Canada inspectors to British Columbia in recognition of the serious synthetic drug production and precursor trafficking problem.

British Columbia is committed to addressing drug-related crime and disorder. Since 2005, British Columbia has lead Canada in responding to crystal methamphetamine with a \$7 million aggressive strategy supporting prevention, community awareness, school-based and treatment coordinated through a provincial secretariat. I believe the recommendations I have outlined above are consistent with this approach. To demonstrate our commitment to action, we will be bringing this issue forward through the National Coordinating Committee on Organized Crime and other federal/provincial/territorial forums.

I look forward to your government's positive response and your continued national commitment to reduce the synthetic drug footprint and shrink a major revenue source for organized crime.

Yours sincerely,

Original signed by:

John van Dongen
Solicitor General

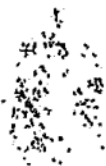
pc: The Honourable Wally Oppal
The Honourable Mary Polak
The Honourable George Abbott

PCSB/SJP

BEGG/TATCHELL/SMITH

C/368971

Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

APR 15 2009

The Honourable John van Dongen, M.L.A.
Solicitor General
Ministry of Public Safety
Province of British Columbia
P.O. Box 9053 Stn. Prov. Govt.
Victoria, British Columbia V8W 9E2

Dear Minister:

Thank you for your correspondence of December 5, 2008, co-addressed to the Honourable Peter Van Loan, Minister of Public Safety, and the Honourable Rob Nicholson, Minister of Justice and Attorney General of Canada, concerning possible amendments to the *Controlled Drugs and Substances Act* (CDSA) and the *Precursor Control Regulations*, as well as broader strategies for preventing the diversion of precursors for illegal use in synthetic drug production. I regret the delay in responding.

Please be assured that I share your concerns about trends relating to synthetic drug production. I would like to emphasize this department's commitment to ensuring that the Regulations are effective and are acting in the best interests of all Canadians. Stakeholder consultation will be a critical component of regulatory review. I look forward to further dialogue with representatives from your organization and others in the near future.

With respect to the list of chemicals subject to the controls imposed by the Regulations, Health Canada is obligated to carefully assess all new chemicals for scheduling purposes against a set of criteria that includes information about legitimate use, illicit use, and risks to the health and safety of Canadians. Therefore, this assessment process must balance the benefits of scheduling from a diversion reduction perspective against the impacts of increased controls on the legitimate chemical and pharmaceutical industries in Canada. The same consideration holds true for equipment in that the machinery and materials used in clandestine laboratories are not currently regulated in Canada. We will have to carefully consider what authorities are required in the CDSA or other legislation before such equipment can be regulated.

.../2

Canada

As you may be aware, Health Canada plans to achieve the expeditious rescheduling of ecstasy from Schedule III to Schedule I of the CDSA via Bill C-15, introduced in the House of Commons on February 27, 2009.

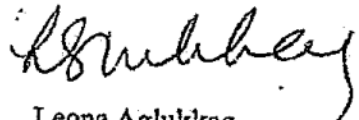
With respect to the possibility of requiring mandatory reporting of suspicious transactions of precursor chemicals by regulated parties and Health Canada to law enforcement agencies, this requires further consideration because we must be mindful of the protections established under the *Canadian Charter of Rights and Freedoms* and the *Privacy Act* as they relate to the sharing of information collected by Health Canada for administrative purposes. The same considerations apply to any changes to the current requirements surrounding the disclosure of client lists or other information associated with end-use declarations made by regulated parties.

While I understand your concern about the apparent disconnect between the ongoing increase in the number of clandestine laboratories found in your province and the allocation of regional Health Canada inspectors, it is important to note that the inspection program is focused on ensuring compliance among regulated parties and that inspectors are, therefore, allocated in accordance with the geographic distribution of current licensed dealers. The Department will continue to work with law enforcement agencies and border services personnel to eliminate the clandestine production of synthetic drugs. In this regard, I am committed to exploring the merits of requiring broader background checks on individuals applying for a precursor licence or registration.

I have asked Health Canada officials to follow up with representatives from your department as amendments to the Regulations progress.

Thank you for writing.

Sincerely,



Leona Aglukkaq

c.c. The Honourable Peter Van Loan, P.C., M.P.
The Honourable Rob Nicholson, P.C., Q.C., M.P.

Mr. John Weston, M.P.
West Vancouver-Sunshine Coast-Sea to Sky Country
House of Commons
Ottawa ON K1A 0A6

Dear Mr. Weston:

I am writing further to our discussion concerning Bill C-475, an Act to amend the *Controlled Drugs and Substances Act* (CDSA). I would also like to thank you for your efforts to introduce this bill and state my support to further Canada's commitment to combat illegal synthetic drug production and trafficking.

In the last five years, police in British Columbia have responded to over 161 clandestine labs, chemical seizures and dumpsites related to illegal ecstasy and methamphetamine production. The clandestine labs have been discovered in houses, apartments, barns, commercial properties and in vehicles. As you are no doubt aware, synthetic drug labs in British Columbia are large-scale economic labs that are constructed to produce large quantities of synthetic drugs. These labs produce quantities greater than five kilograms per production cycle and, in some instances, 40 kilograms per cycle. At least six kilograms of waste is produced for every kilogram of finished product. These waste products are typically dumped causing serious environmental damage.

Synthetic drug production has spawned extensive trafficking in the precursors, chemicals and equipment used to produce these illegal drugs. In British Columbia, the RCMP's Drug Enforcement Branch reports that other (unregulated/unscheduled) chemicals (precursors and reagents) and materials are easy and inexpensive to acquire. Moreover, they have witnessed large amounts of these chemicals and materials being sold, transported and stored. There is evidence that chemical precursors are also being diverted from legitimately imported precursor shipments.

.../2

Mr. John Weston, M.P.
Page 2

The RCMP reports that clandestine lab operators utilize a wide array of equipment and supplies for the production of illegal drugs. These include specialized scientific equipment such as larger sized heating mantles and round bottom flasks, condensing columns, magnetic stirrers, and pill presses/encapsulating machines. While there are no controls preventing the importation or sale of these items, there is very limited use for them outside of specialized industrial applications.

The amendments to the CDSA contained within Bill C-475 would prove especially useful to police in cases where an active illegal synthetic drug production lab is taken down but no finished product is evident. In those cases, the equipment and chemicals present would be evidence which could be sufficient grounds for police to proceed with a report to Crown counsel on charges against an individual involved in the production. If passed, Bill C-475 would also be useful for targeting persons involved in the importation of certain precursor chemicals that are not currently scheduled, but are necessary ingredients for the production of ecstasy or methamphetamine.

While Bill C-475 will address some gaps in the current legislation, I would recommend that the Bill's scope be extended to cover all illegal synthetic drugs and their precursors to address British Columbia's broad concerns over all illegal synthetic drug production. Moreover, the effects of the Bill would be enhanced by changes to the CDSA and Precursor Control Regulations to close the gaps in Canada's system for regulating precursor chemicals used in synthetic drug production. I have expressed these concerns to the Honourable Vic Toews, Minister of Public Safety, and conveyed my views that the rigidity of the regulatory framework currently favours organized crime groups who are exploiting Canada's laws to trade and profit in precursor chemicals. The system of scheduling precursor chemicals is time-consuming and burdensome. Furthermore, diversion of chemicals from licensed dealers continues due to minimal reporting and inspection rules. Addressing these gaps will significantly aid police and augment the positive objective of Bill C-475.

I look forward to your government's positive response and your continued commitment to reduce the synthetic drug footprint in Canada. I would be pleased to meet with you and discuss other means to affect positive change with respect to the illegal drug industry in our province.

Yours truly,

Original signed by:

Kash Heed
Solicitor General

pc: The Honourable Vic Toews

PCSB/PSD

BEGG/TATCHELL/HOLMES/SMITH

C/383754

The Honourable Ralph Goodale, P.C., M.P.
Minister of Public Safety and Emergency Preparedness
House of Commons
Ottawa ON K1A 0A6

Dear Minister Goodale:

I am writing further to a letter that my colleague, the Honourable Terry Lake, Minister of Health, and I sent to the Honourable Jane Philpott, Minister of Health, expressing concerns over the alarming upward trend of illicit drug overdose deaths in British Columbia. In 2014, there were 365 deaths that the BC Coroner's Office linked to illicit drug overdoses. In 2015, this number rose to 474 and during the period of January–May 2016, 308 deaths have been attributed to illicit drug overdoses.

The prevalence of illicit drug overdoses in the province has resulted in a strong response from our provincial public health colleagues. You may be aware that new powers enacted by the Provincial Health Officer under the BC *Public Health Act* are allowing the sharing of information regarding the circumstances related to an overdose when that incident has been attended to by emergency personnel or other health care workers. This information will be analyzed by the BC Centre for Disease Control to assist in response to the public health crisis related to these overdoses. Similarly, public awareness campaigns like "Toward the Heart" target opioid use and provide information on recognizing and responding to a fentanyl overdose.

While public health activities including public awareness campaigns, warnings over tainted drugs, and the distribution of naloxone training and kits can assist in preventing future overdoses and deaths, there must also be efforts made on the enforcement side to respond to the production and trafficking of these dangerous illicit street drugs. I understand that Alberta has passed Bill 205, the Pharmacy and Drug (Pharmaceutical Equipment Control) Amendment to restrict access to pill presses and tableting machines within that province. This targeted response will assist in the prevention of manufacturing and trafficking associated with illegal drugs in Alberta. However, as the illicit drug trade does not abide by provincial boundaries, I feel that it is imperative that there is a consistent national approach led by the federal government to prevent a patchwork of provincial laws.

.../2

Accordingly, I am calling for the federal government to lead a coordinated national effort to the problem, commencing with changes to the *Controlled Drugs and Substances Act* and *Precursor Control Regulation*. To strengthen the enforcement response to synthetic drug production, I am requesting that the federal government:

- Place controls on the sale and importation of certain equipment used in the production of illicit drugs, notably fentanyl (e.g. pill presses and tableting machines); and
- Classify two precursors used in the production of the fentanyl (Propionyl chloride and N-(1-phenethyl)-piperidin-4-one) as controlled substances under the *Controlled Drugs and Substances Act*.

My ministry has had long standing concerns with various areas of the *Controlled Drugs and Substances Act* and its regulations, as the framework poses challenges for police with respect to the enforcement of controlled substances offences in the province. A timelier, more responsive process is needed to keep criminal law current on drugs and precursors of concern. Dangerous street drugs like fentanyl and W-18 demonstrate the need for improvements related to the scheduling of substances and equipment that are direct inputs into illegal drug activity that threaten the safety and security of our citizens.

I look forward to your government's urgent attention to this serious problem.

Sincerely,

Mike Morris
Minister of Public Safety
and Solicitor General

pc: The Honourable Terry Lake
The Honourable Suzanne Anton

PSPB

PECKNOLD/ENGER/HOLMES

C/516455

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**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
POLICING AND SECURITY BRANCH**

ISSUE: Synthetic Opioids – Response to Overdose Crisis

SUMMARY:

- Fentanyl, a synthetic opioid drug approximately 50 – 100 times more powerful than morphine, is related to a surge in overdose fatalities and non-fatal overdoses in British Columbia over the past few years.
- The BC Coroners Service believes that the drug is linked to a number of the 308 accidental illicit drug overdose deaths that have occurred in the province between January and May 2016. Law enforcement reports that the drug is illegally imported into Canada and pressed into tablets that resemble oxycodone pills.
- The problem in BC mirrors the situation in Alberta. In response to concerns in that province, Alberta MLA Mike Ellis introduced a Private Member's Bill (Bill 205) to restrict access to pill presses in that province. The Bill passed third and final reading in the Alberta legislature on May 23, 2016.
- While BC has long supported the introduction of restrictions on the importation and possession of pill presses and tableting machines because of their direct use in the manufacture of illicit drugs in BC, controls should be at the federal level to prevent diversion across provincial boundaries.
- Federal officials advise that they are continuing their examination of legislative mechanisms to address the problem and will provide an update to the provinces in the near term.

BACKGROUND:

- Fentanyl is popular in the illicit street drug trade in BC and the RCMP believe that it is imported in powder form from China and then used as a cutting agent for other drugs, as a direct substitution for heroin, or manufactured as counterfeit Oxycodone pills. Pill presses and tableting machines assist in the preparation of this drug for distribution to the Canadian market.
- In the United States the purchase and possession of this equipment is tightly controlled to deter illegitimate use. The possession and importation of pill presses and tableting machines is not regulated in Canada.
- The *Precursor Control Regulations* (PCR) to the *Controlled Drugs and Substances Act* (CDSA) provide controls on the import, export, production and distribution of precursor chemicals. The intent of the regulations is to control and monitor precursors used in the production of more dangerous drugs, while at the same time avoiding undue restrictions on their legitimate trade.
- At present, a licensed dealer wanting to import or export a controlled substance or precursor must obtain a permit from the Office of Controlled Substances within Health Canada. Health

Canada inspectors monitor these licensees and have the authority to suspend or remove licenses for contraventions of the regulations.

- If Health Canada were to specify certain equipment to be included in the PCR, like pill presses and tableting machines, there would be enforcement tools for federal inspectors and police to respond to the illicit production of dangerous drugs like fentanyl.
- On April 28, 2016, Public Safety Canada and Health Canada held a teleconference to discuss the potential of including provisions in the *PCR* to control the importation and possession of pill presses. Representatives from BC law enforcement agencies, and Policing and Security Branch staff participated in the call. The consensus of the group was that adding controls related to pill presses and tableting machines would be merited.
- Similarly, the Canadian Association of Chiefs of Police (CACP) Drug Abuse Committee is recommending that pill presses and tableting machines be regulated under the *PCR* as pill presses and tableting machines are routinely discovered by police in drug investigations. This would allow legitimate pharmaceutical companies to hold licensees to import, possess and use these machines but would allow the monitoring and control of access to non-legitimate users.
- The CACP Drug Abuse Committee is also recommending the regulation of chemicals that can be used to manufacture fentanyl and its analogs and the regulation of all W series compounds (e.g., W-18). The following chemicals have been suggested for inclusion in the Schedules to the CDSA: Propionyl chloride; and N-(1-phenethyl)-piperidin-4-one.
- Policing and Security Branch has had longstanding concerns with various areas of the CDSA and its regulations, as the framework poses challenges for police with respect to the enforcement of controlled substances offences in the province. Dangerous street drugs like fentanyl and W-18 demonstrate the need for improvements related to the scheduling of substances and equipment that are direct inputs into illegal drug activity.
- Alberta has passed Bill 205, the Pharmacy and Drug (Pharmaceutical Equipment Control) Amendment to restrict access to pill presses and tableting machines used in the manufacture of illegal drugs.
- Due to the cross-jurisdictional nature of the drug trade in Canada, the federal government is in the best position to lead a coordinated national effort commencing with changes to the CSDA and PCR. Improvements to the scheduling of substances are needed as well as:
 - the introduction of controls on the sale and importation of certain equipment used in the production of illicit drugs, notably fentanyl, e.g., pill presses and tableting machines; and
 - the classification of two precursors used in the production of the fentanyl (Propionyl chloride and N-(1-phenethyl)-piperidin-4-one) as controlled substances.

Prepared by:

Kjerstine Holmes
Director, Public Safety Initiatives
Policing and Security Branch
250-356-6676

Dean, Danielle PSSG:EX

From: Enger, Tonia PSSG:EX
Sent: Wednesday, September 21, 2016 10:38 AM
To: Steenvoorden, Tom PSSG:EX; Campbell, Corrie L PSSG:EX
Subject: FW: KM doc updates

FYI

From: Pecknold, Clayton PSSG:EX
Sent: Wednesday, September 21, 2016 8:57 AM
To: McAndrews, Caroline GCPE:EX
Cc: Sitter, Donna GCPE:EX; Bertrand, Alicia GCPE:EX; Enger, Tonia PSSG:EX; Holmes, Kjerstine L PSSG:EX
Subject: Re: KM doc updates

Y

From: McAndrews, Caroline GCPE:EX
Sent: Wednesday, September 21, 2016 8:29 AM
To: Pecknold, Clayton PSSG:EX
Cc: Sitter, Donna GCPE:EX; Bertrand, Alicia GCPE:EX; Enger, Tonia PSSG:EX; Holmes, Kjerstine L PSSG:EX
Subject: KM doc updates

Hi CP: this is our section on the master KM document. Ok to add this section as noted below?

Federal government collaboration/ pill presses

- As part of the Province's new task force on overdose response, B.C. is working with the federal government on:
 - the establishment of additional supervised consumption sites in B.C.;
 - restricting access to pill presses and tableting machines;
 - limiting access to the materials used to manufacture fentanyl; and
 - escalating charges for the importation and trafficking of fentanyl.
- B.C. will also request that Canada Border Services Agency has the right tools to keep illicit opioids from reaching B.C. streets. With regards to packages under 30 grams:
 - Border Services Officers have the legislated authority under the Customs Act to open and inspect any package entering Canada.
 - All mail arriving in Canada is screened using a variety of non-intrusive techniques and detection technology - high risk mail packages are selected for closer examination.

- There are specific limitations to this authority as it relates to the physical examination of mail weighing under 30 grams.
- Where CBSA forms reasonable grounds, they have the ability to request authorization from an importer to open and conduct an in-depth physical examination of mail weighing less than 30 grams.
- In the very rare instances where authorization is not forthcoming from the importer, the shipment is refused entry to Canada and is returned to its origin. This mail doesn't actually enter the domestic mail stream and doesn't enter Canada.
- To date in 2016, CBSA Pacific Region has already conducted 23 seizures of fentanyl totalling over 6,000 grams (6 kilograms), already surpassing the number of seizures from last year.
- In addition to fentanyl, CBSA has also encountered and seized two shipments of carfentanil in 2016, with a total weight of over 1,000 grams (1 kilogram) - carfentanil is of particular concern because it is substantially more powerful and dangerous than fentanyl.
- CBSA at the Vancouver International Mail Centre (VIMC) screened approximately 36 million pieces of mail and parcels in the year 2015, of which about 2/3 originated from China.

- In regards to pill presses and tableting machines, it is a priority for B.C to work with the federal government to ensure a consistent, national approach that will effectively restrict access.
- The drug trade doesn't respect jurisdictional boundaries, so a patchwork of provincial laws can't be as effective as a national approach.
- We appreciate that acting quickly can save lives and are appreciative of the federal government's openness to working with B.C. and other provinces and territories, so there is a coordinated, national effort to solve the problem.
- The BC Coroners' data on fentanyl related overdoses provides important information in helping to identify fatality patterns and support prevention efforts.
- To strengthen the enforcement response to synthetic drug production, B.C. is asking the federal government to:

- Place controls on sale and importation of certain equipment used to produce illicit drugs, notably fentanyl (e.g. pill presses and tableting machines); and
- Classify two precursors used in fentanyl production (Propionyl chloride and N-(1-phenethyl)-piperidin-4-one) as controlled substances under the Controlled Drugs and Substances Act.

CAROLINE MCANDREWS

Communications Director

Ministry of Public Safety and Solicitor General

Ph: 250 356-1196

Dean, Danielle PSSG:EX

From: O'Briain, Warren W HLTH:EX
Sent: Tuesday, November 1, 2016 7:27 AM
To: Enger, Tonia PSSG:EX; Perkin, Kathleen M HLTH:EX; Campbell, Corrie L PSSG:EX
Cc: Pecknold, Clayton PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: Re: opioid summit - action items

Thanks Tonia.

Kathleen, could you add these to the chart you have developed - and then circulate to Perry and Clayton for their final review. Please replace the item with more general 'producer country' language with the China-specific wording below.

Warren

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Enger, Tonia PSSG:EX
Sent: Tuesday, November 1, 2016 7:10 AM
To: Perkin, Kathleen M HLTH:EX; Campbell, Corrie L PSSG:EX
Cc: O'Briain, Warren W HLTH:EX; Pecknold, Clayton PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: RE: opioid summit - action items

Hi Warren and Kathleen,
The two items we would like to support moving forward as priorities are:

s.13;s.16

Thanks

Tonia

From: Enger, Tonia PSSG:EX
Sent: Friday, October 28, 2016 5:26 PM
To: Perkin, Kathleen M HLTH:EX; Campbell, Corrie L PSSG:EX
Cc: O'Briain, Warren W HLTH:EX
Subject: RE: opioid summit - action items

Hi Kathleen, we did not get a specific request to put anything forward for the summit separate from what Health received.

Just a bit of word smithing for consideration on action items related to Fed involvement;

s.13;s.16

Just some thoughts for consideration as we narrow down the approaches.

Tonia

From: Perkin, Kathleen M HLTH:EX
Sent: Friday, October 28, 2016 4:09 PM
To: Enger, Tonia PSSG:EX; Campbell, Corrie L PSSG:EX
Cc: O'Briain, Warren W HLTH:EX
Subject: opioid summit - action items

Hi Tonia and Corrie,

We're putting together the next version of the proposed action items for the Opioid Summit.

Is MPSSG putting any actions forward, or did you have feedback on the list circulated at the last Joint Task Force meeting? (attached)

We are incorporating some feedback on the health and joint actions from health authorities, and will share new wording for your review, including the action identified at the joint ministers meeting on Tuesday.

Kathleen

Kathleen Perkin

Manager, Harm Reduction Policy
British Columbia Ministry of Health
Ph: 250-952-1578

Email: kathleen.perkin@gov.bc.ca

Page 108 of 613 to/à Page 112 of 613

Withheld pursuant to/removed as

s.16

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, December 13, 2016 8:38 AM
To: Louie, Toby I PSSG:EX; Enger, Tonia PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: FW: s.12 powerpoint - updated
Attachments: Cabinet PPT Presentation - s.12

s.12

Evidently a couple more tweaks to the PP.

From: Miller, Haley HLTH:EX
Sent: Tuesday, December 13, 2016 8:24 AM
To: Campbell, Corrie L PSSG:EX
Subject: FW: s.12 powerpoint - updated

Good morning Corrie,

Attached is the latest version of the Cabinet PPT - s.12
s.12

Thanks!

Haley

From: Tupper, Kenneth HLTH:EX
Sent: Monday, December 12, 2016 5:54 PM
To: Perkin, Kathleen M HLTH:EX; Miller, Haley HLTH:EX; Hammond, Kendall HLTH:EX
Subject: FW: s.12 powerpoint - updated

Fyi . . . thanks for the help on all this stuff today.

I've attached the latest version of the Cabinet Powerpoint s.12
s.12

For version control, the new PPT is saved here on the LAN with today's date: s.12
s.12

And the other here: s.12
s.12

cheers

Kenneth Tupper, Ph.D.
Director, Problematic Substance Use Prevention

British Columbia Ministry of Health
ph: 250-952-3207
email: kenneth.tupper@gov.bc.ca

From: Tupper, Kenneth HLTH:EX
Sent: Monday, December 12, 2016 5:50 PM
To: O'Briain, Warren W HLTH:EX; Kendall, Perry HLTH:EX
Subject: S.12 powerpoint - updated

Hi Warren and Perry

Here is the updated version of the Cabinet powerpoint referencing S.12

cheers

Kenneth Tupper, Ph.D.
Director, Problematic Substance Use Prevention
British Columbia Ministry of Health
ph: 250-952-3207
email: kenneth.tupper@gov.bc.ca

Page 115 of 613 to/à Page 119 of 613

Withheld pursuant to/removed as

s.12

Dean, Danielle PSSG:EX

From: Enger, Tonia PSSG:EX
Sent: Tuesday, December 13, 2016 9:01 AM
To: Campbell, Corrie L PSSG:EX; Louie, Toby I PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: RE: s.12 powerpoint - Action required
Attachments: Cabinet PPT Presentation s.12

s.12

s.12

tonia

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, December 13, 2016 8:38 AM
To: Louie, Toby I PSSG:EX; Enger, Tonia PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: FW: s.12 powerpoint - updated

Evidently a couple more tweaks to the PP.

From: Miller, Haley HLTH:EX
Sent: Tuesday, December 13, 2016 8:24 AM
To: Campbell, Corrie L PSSG:EX
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Thanks!

Haley

From: Tupper, Kenneth HLTH:EX
Sent: Monday, December 12, 2016 5:54 PM
To: Perkin, Kathleen M HLTH:EX; Miller, Haley HLTH:EX; Hammond, Kendall HLTH:EX
Subject: FW: s.12 powerpoint - updated

Fyi . . . thanks for the help on all this stuff today.

I've attached the latest version of the Cabinet Powerpoint **s.12**
s.12

For version control, the new PPT is saved here on the LAN with today's date: **s.12**
s.12

And the other here: **s.12**
s.12

cheers

Kenneth Tupper, Ph.D.
Director, Problematic Substance Use Prevention
British Columbia Ministry of Health
ph: 250-952-3207
email: kenneth.tupper@gov.bc.ca

From: Tupper, Kenneth HLTH:EX
Sent: Monday, December 12, 2016 5:50 PM
To: O'Briain, Warren W HLTH:EX; Kendall, Perry HLTH:EX
Subject: **s.12** powerpoint - updated

Hi Warren and Perry

Here is the updated version of the Cabinet powerpoint referencing **s.12**

cheers

Kenneth Tupper, Ph.D.
Director, Problematic Substance Use Prevention
British Columbia Ministry of Health
ph: 250-952-3207
email: kenneth.tupper@gov.bc.ca

Page 122 of 613 to/à Page 141 of 613

Withheld pursuant to/removed as

s.12

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, December 16, 2016 12:45 PM
To: Steenvoorden, Tom PSSG:EX
Subject: Police - KM's for Dec 19.16 Coroner
Attachments: Police - KM's for Dec 19.16 Coroner.docx

Hi Tom – over to you as the next layer. s 12

s 12

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Withheld pursuant to/removed as

s.16; s.12; s.17

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Withheld pursuant to/removed as

s.12; s.16; s.17

Page 145 of 613

Withheld pursuant to/removed as

s.16; s.17; s.12

Page 146 of 613 to/à Page 149 of 613

Withheld pursuant to/removed as

s.12; s.16; s.17

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, December 16, 2016 9:05 PM
To: McAndrews, Caroline GCPE:EX; Sitter, Donna GCPE:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: RE: Monday
Attachments: IB_Overdose Response Update Dec 15 2016 (2) (2).docx; SN_PK Overdose Response Update Dec 16 2016 (2).docx

Over to the experts. Caroline can you make sure Clayton is aware Tom and I had a look at these tonight and you will look in the morning, so his mind is at rest.

From: McAndrews, Caroline GCPE:EX
Sent: Friday, December 16, 2016 9:02 PM
To: Sitter, Donna GCPE:EX
Cc: Steenvoorden, Tom PSSG:EX; Campbell, Corrie L PSSG:EX
Subject: Re: Monday

Terrific, thanks D ☐

Sent from my iPhone

On Dec 16, 2016, at 9:00 PM, Sitter, Donna GCPE:EX <Donna.Sitter@gov.bc.ca> wrote:

I'll just change CP's speaking notes back into Key Messages and that should work. We can adjust if needed Monday early if Lindsey has a good add. All the essentials that Tom and Corrie have weighed in are there.

DS

On Dec 16, 2016, at 8:49 PM, McAndrews, Caroline GCPE:EX
<Caroline.McAndrews@gov.bc.ca> wrote:

CP comments below. So let's continue as we are as he can elaborate where he wishes on q's or jump in when he wants after perry. We could just strip out the front end of the speaking notes that will be covered by perry so as to make his notes more concise. I can work on this tomorrow. Donna keep me posted on how you want to handle.

Sent from my iPhone

Begin forwarded message:

From: "Pecknold, Clayton PSSG:EX"
<Clayton.Pecknold@gov.bc.ca>
Date: December 16, 2016 at 8:43:19 PM PST
To: "McAndrews, Caroline GCPE:EX"
<Caroline.McAndrews@gov.bc.ca>
Subject: Re: Monday

I will speak to Lindsays piece. I will also answer questions and make some comments. Just wont do a speech that pretends to say something new but just restates already announced issues. I will connect with perry over the weekend.

Sent from my BlackBerry 10 smartphone on the Rogers network.

Original Message

From: McAndrews, Caroline GCPE:EX

Sent: Friday, December 16, 2016 8:32 PM

To: Pecknold, Clayton PSSG:EX

Subject: Monday

Hi CP: Pk has agreed to do update. They are asking if you have anything you want him to add to his notes from our side. I think just the high level reiterating of success with Feds on pill press and drug precursor front. And work on stopping the drug getting into Canada via RCMP and China agreement just 2 lines. What you are getting from Lindsey for what was to be your speaking notes. can be for your own use in prep for qa's. Does that work?

Sent from my iPhone

Dean, Danielle PSSG:EX

From: Sitter, Donna GCPE:EX
Sent: Friday, December 16, 2016 11:45 AM
To: Campbell, Corrie L PSSG:EX; Steenvoorden, Tom PSSG:EX
Cc: McAndrews, Caroline GCPE:EX
Subject: For Review - want to get to CP this afternoon tks.
Attachments: Police - KM's for Dec 19.16.doc.docx

Importance: High

Hi - highlighted bits need your attention s.12
Also am I missing anything?

Page 153 of 613 to/à Page 154 of 613

Withheld pursuant to/removed as

s.12; s.16; s.17

Page 155 of 613

Withheld pursuant to/removed as

s.16; s.17; s.12

Page 156 of 613 to/à Page 157 of 613

Withheld pursuant to/removed as

s.12; s.16; s.17

Page 158 of 613

Withheld pursuant to/removed as

s.16; s.17; s.12

Dean, Danielle PSSG:EX

From: Sitter, Donna GCPE:EX
Sent: Friday, December 16, 2016 2:32 PM
To: Pecknold, Clayton PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX; Campbell, Corrie L PSSG:EX; McAndrews, Caroline GCPE:EX
Subject: Rush - Speaking Notes for Review for Monday!
Attachments: Police - SN's for Clayton - OD Update - Dec. 16.16.doc

Importance: High

CP - this is longer than 2 minutes - you can cut what you think isn't necessary - perhaps all the examples of arrests. Tom and Corrie have seen the bullets.

From: McAndrews, Caroline GCPE:EX
Sent: Friday, December 16, 2016 2:24 PM
To: Pecknold, Clayton PSSG:EX
Cc: Sitter, Donna GCPE:EX
Subject: Press theatre event Monday

Here is setup for press conference, Lisa will likely display some graphics, hence the screen.

From: Ryckman, Scott GCPE:EX
Sent: Friday, December 16, 2016 1:28 PM
To: Plank, Sarah GCPE:EX
Cc: McLintock, Barbara J PSSG:EX; van Marum, Karen GCPE:EX; May, Michelle GCPE:EX; McAndrews, Caroline GCPE:EX; Lawrie, Hannah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Subject: Re: Press theatre event Monday

The blocking in the theatre is complete. Picture attached.

Scott
TNO



On 2016-12-16, at 10:44 AM, Scott Ryckman wrote:

Dial In Numbers: 604-681-0260 Vancouver

1-877-353-9184 from Canada and USA

Date December 19, 2016

Time 9:30AM

Duration 60 min

Talent Lisa Lapointe

Topic TBA

Setup Single table, flags with blue curtain backdrop

Distribution Available on channel 109 throughout the Legislature

Telecoms Q&A - Telus bridge - **Participant Pass Code: 28711#**

Webcast Available to select GCPE, HLTH & OoP staff.

MC Karen van Marum

TNO staff will be on site at 8:30am

Legislature security to monitor the basement entrance to the West Annex 30 minutes prior to Monday's event.

Scott

TNO

Event Information / Speaking Note – Draft

Event: Update on BC's Overdose Response

When: December 19, 2016

Where: Legislature – Press Gallery Theatre

Contact: **Caroline McAndrews**

Length: 2-3 minutes

Key Participants:

- Chief Coroner Lisa LaPointe
- Chief Health Officer Perry Kendall
- Director of Police Services Clayton Pecknold

Speaking Notes

Clayton Pecknold, ADM and Director of Police Services
Ministry of Public Safety and Solicitor General

BC Overdose Response Update

Legislature Press Gallery Theatre
Victoria, BC

December 19, 2016
9:30 am

CHECK AGAINST DELIVERY

INTRODUCTION

- The overdose crisis is a complex issue that no single tool will solve.
- That's why B.C. established the Joint Task Force on Overdose Response, which is tackling the overdose crisis across many fronts.
- Law enforcement is working at all levels of government to interdict the supply of toxic drugs, and health officials are working diligently to address the immediate health needs.
- As part of our Guns and Gangs strategy, we've provided 3.5 million for 2 new CFSEU-BC teams.

- CFSEU-BC's investigations focus on organized crime included those groups involved in the importation and trafficking of fentanyl or other opioids.
- CFSEU-BC is leading the province-wide Provincial Tactical Enforcement Priority.
- As a result of the overdose crisis, police have prioritized investigative resources to target traffickers of these deadly illicit drugs.
- Additional advanced equipment and training which will enhance the police's ability to immediately test and detect fentanyl is being acquired.
- RCMP and municipal departments are in process of acquiring over 7800 naloxone kits.

- Training of frontline police officers in BC on the administering of intranasal naloxone is well advanced and is ongoing.
- So far nearly 5700 police members have been trained.
- Police throughout the province are engaged with Health Authorities in various community outreach and awareness strategies.
- B.C.'s 24/7 Real Time Intelligence Centre is actively sharing information related to criminal trends and safety measures with all levels of government and agencies.
- They are also working with BC Emergency Health Services to share in a timely manner geographic data on where naloxone is administered.

- This information sharing allows authorities to identify hotspots and position appropriate responses.
- I also want to mention the BC Federal CLEAR (Clandestine Laboratory Enforcement and Response) Team is hard at work too.
- It is a specially trained group of police officers tasked with the investigation of groups involved in synthetic drug production, and the processing and dismantling of clandestine laboratories used by these groups.

New Federal Drug Strategy

- The federal government recently announced improvements in federal legislation including many of the actions for which B.C. has advocated.

- The Province said that a national approach is needed and we believe the new Canada-wide drugs and substances strategy will help save people's lives.
- Ottawa improved federal enforcement and interdiction strategies by bringing forward a consistent approach to effectively regulate and restrict access to pill presses and tableting machines.
- We think the combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses.

- The Canada Border Services Agency also acquires new powers to inspect packages under 30g, which will assist with interdiction of small quantities of illicit drugs.
- So we're pleased the federal government is putting a national Canadian Drugs and Substances Strategy in place, a move that is based on the pillars of prevention, treatment, enforcement and, at times, harm reduction.

RCMP and China

- We know illicit fentanyl and other opioids are coming into Canada from China so the RCMP and the Chinese Ministry of Public Security has committed to work together to reduce the flow – disrupt the supply.

- Enforcement will ultimately be stronger across all our provincial and international borders by collaborating with our international and federal partners.
- In the meantime, dedicated enforcement activities are currently underway – an example of focused investigations on fentanyl dealers includes:
 - Early this month (Dec) Multi-agency investigation resulted in the seizure of 1.45 kilograms of fentanyl by Victoria Police.
 - Late November, Carfentanil – 100 times stronger than fentanyl – was linked to a Vancouver man's death;
 - Also in November – Carfentanil was detected in a Vancouver drug seizure.

- Earlier in the fall – Nanaimo RCMP seized a whole KILOGRAM of fentanyl.
- There have also been seizures for illicit fentanyl, its derivatives and analogues made by the CBSA Pacific Region (BC & Yukon):
 - 47 seizures in 2016 for a total of over 11-thousand grams. Almost double from 2015.
- There are other ongoing investigations that we'll no doubt hear about from police when it is appropriate.

CONCLUSION

- The Minister of Public Safety and Solicitor General supports all legal avenues to save lives and understands the Health Authorities have a challenging job to do in this current opioid crisis.
- His job is to ensure that an adequate and effective level of policing and law enforcement is maintained throughout BC.
- Individual investigations and enforcement decisions, such as the enforcement actions regarding the opioid crisis, occurs at arm's length from government and we cannot interfere with or direct police on such matters.

- Police also work with their local Municipal Governments and Police Boards to determine the best approach to situations such as these.
- These are challenging times and we need to ensure effort focus on saving lives within the confines of the laws.

-END-

Dean, Danielle PSSG:EX

From: Steenvoorden, Tom PSSG:EX
Sent: Sunday, December 18, 2016 11:35 AM
To: Steenvoorden, Tom PSSG:EX
Subject: Factsheet - OD - Law Enforcement Initiatives Projects - Dec2016
Attachments: Factsheet - OD - Law Enforcement Initiatives Projects - Dec2016.docx

Dean, Danielle PSSG:EX

From: McAndrews, Caroline GCPE:EX
Sent: Sunday, December 18, 2016 1:20 PM
To: Pecknold, Clayton PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX; Campbell, Corrie L PSSG:EX; Sitter, Donna GCPE:EX
Subject: Finals including Appendix
Attachments: Factsheet - OD - Law Enforcement Initiatives Projects - Dec2016.docx; ATT00001.htm;
Factsheet - OD - Federal Government Initiatives Projects Dec2016.docx; ATT00002.htm;
Factsheet - OD - PSSG and Health Initiatives & Projects - Dec2016.docx; ATT00003.htm;
Appendix - OD - PSSG Funding - Dec 2016.docx; ATT00004.htm; Factsheet - OD - PSSG
Initiatives & Projects - Dec2016.docx; ATT00005.htm

Hi Clayton: here are the 4 factsheets and appendix with Alana's info for you review. Approved by Tom and Corrie.

Law Enforcement Initiatives & Projects

- RCMP and municipal departments are in process of acquiring over 7800 naloxone kits.
- Training of frontline police officers in BC on the administering of intranasal naloxone is well advanced and is ongoing.
- So far nearly 5700 police members have been trained.
- B.C.'s 24/7 Real Time Intelligence Centre is actively sharing information related to criminal trends and safety measures with all levels of government and agencies.
- The RCMP has a Synthetic Drug Initiative in place which aims to work with the synthetic drug industry to obstruct the diversion of precursor chemicals used in the production of synthetic drugs through enforcement, deterrence and prevention.
- The BC Federal CLEAR (Clandestine Laboratory Enforcement and Response) Team is hard at work too. This specially trained group of police officers are tasked with the investigation of groups involved in synthetic drug production, and the processing and dismantling of clandestine laboratories used by these groups.
- The importation, production and trafficking of fentanyl and carfentanil has been associated to the involvement of organized crime groups. The RCMP is focused on targeting organized crime groups which seize upon and exploit all opportunities to profit from the sale of illicit drugs.
- In the meantime, dedicated enforcement activities are currently underway – an example of focused investigations on fentanyl dealers includes:
 - (Dec 16) LMD RCMP Prohibited Drivers - drug tainted cash seized (trace amounts of cocaine, meth, THC).

Law Enforcement Initiatives & Projects

- (Dec 9) West Kelowna/Kelowna - 7 arrested in alleged large drug op. 1.32 kilos of suspected fentanyl laced heroin, 2.1 kg of meth
- (Dec 6) Kamloops - drug/cash seized - 2 charged. Items seized included: heroin, cocaine, meth, \$40,000, **3 hydraulic drug presses**
- (Dec 7) Westshore Crime Reduction Unit announced that over the past 10 weeks - arrested 18 individuals. Among items seized: cocaine, meth, heroin, oxy, fentanyl and steroids.
- There are other ongoing investigations that we'll no doubt hear about from police when it is appropriate.

CFSEU-BC

- CFSEU-BC's investigations focus on organized crime included those groups involved in the importation and trafficking of fentanyl or other opioids.
- As a result of the overdose crisis, police have prioritized investigative resources to target traffickers of these deadly illicit drugs.
- CFSEU-BC is leading the province-wide Provincial Tactical Enforcement Priority.
- The targeting model facilitates an "all agency" coordinated approach that operates continually.
- Enforcement, disruption, mitigation and prevention techniques are employed at the Federal, Provincial and local levels on the same prioritized "threat to public safety" targets.
- At the same time, additional advanced equipment and training is being acquired which will enhance the police's ability to immediately test and detect fentanyl.

BC Corrections

- BC Corrections began participating in the BC Centre for Disease Control Take-Home-Naloxone Program in September 2015.
- BC Corrections has education posters in inmate areas to alert them to the dangers of packing drugs, the signs of overdose and the dangers of drug abuse.
- There are handouts regarding Suboxone for inmates who are identified as opiate-dependant.
- In addition, all inmates are medically screened, including history of drug abuse, and referred to physicians as necessary.
- Addictions counselling is readily available in correctional facilities and Narcotics Anonymous and Alcoholics Anonymous meetings are held on a regular basis.
- Inmates who are identified as opiate-dependant are also referred to the Take Home Naloxone program, which trains them on how to use Naloxone during an overdose in the community. Hundreds of inmates have taken part and have received kits upon release.
- Naloxone is readily available in correctional centres for use in overdoses by health care staff as required.

Civil Forfeiture Office Workshops

- The growing number of calls for service requiring first responders to deal with fentanyl and its trafficking and use prompted the Province to fund specialized training for those on the front line.
- Police leaders and drug experts developed a structured, two-day workshop, which was first delivered in Victoria and Vancouver in June, 2016.

Law Enforcement Initiatives & Projects

- These workshops focus on helping investigators to get more of this deadly drug off our streets.
- Proceeds from B.C.'s Civil Forfeiture Office covered the approximate \$7,500 cost of the first two workshops, with more workshops to follow in other regions this fall.
- Day one is for police officers, paramedics, firefighters, Canada Border Service Agency agents, coroners and other first responders, and focuses on the dangers of fentanyl, its derivatives, and drugs like W-18, addressing safe handling and issues encountered at overdose scenes.
- Day two, limited to drug investigators, covers fentanyl importation, processing, packaging, pricing and distribution, with a focus on B.C. trends. Officers who attend both days will receive certification, which will advance their qualification to give evidence related to fentanyl trafficking in court.
- We want to ensure that our first responders have the tools necessary to have a better understanding of these challenges.

RCMP and China

- We know illicit fentanyl and other opioids are coming into Canada from China so the RCMP and the Chinese Ministry of Public Security has committed to work together to reduce the flow – disrupt the supply.
- Enforcement will ultimately be stronger across all our provincial and international borders by collaborating with our international and federal partners.

Carfentanil (RCMP)

- Carfentanil was produced by a pharmaceutical company only to be used as a tranquilizing agent for large game animals in veterinary applications.

Law Enforcement Initiatives & Projects

- Carfentanil has 100 times the toxicity of fentanyl and 10,000 times that of morphine. Due to its lethal level of potency, there is virtually no way, even in a controlled laboratory setting, to safely cut and dilute carfentanil for use in the illicit drug trade.
- The RCMP has seized Carfentanil, in two incidents in BC in conjunction with CBSA through illegal importation. Health Canada has confirmed the presence of Carfentanil in these incidents.
- The RCMP, together with our partners, continue to monitor, detect and test for any possibility of Carfentanil entering the illicit drug market, in an effort to intercept and remove it before it hits the streets.
- During recent months Canadian law enforcement and the Canada Border Services Agency (CBSA) have noted Carfentanil-related seizures, but note that Fentanyl is seized far more often.
 - November 29, 2016: Carfentanil linked to Vancouver man's death
 - November 22, 2016: Carfentanil detected in Vancouver (VPD) drug seizure

Seizures – Canada Border Services Agency Pacific Region:

There have been seizures for illicit fentanyl, its derivatives and analogues made by the CBSA Pacific Region (BC & Yukon):

- 47 seizures in 2016 for a total of over 11-thousand grams.¹ Almost double from 2015.

¹ To December 8, 2016.

Law Enforcement Initiatives & Projects

Examples:

CBSA and Law Enforcement Partners

- On November 29, 2016, Border Services Officers at the Vancouver International Mail Center (VIMC) intercepted a registered parcel from China destined to an address in the Northwest Territories thought to contain approximately 60 grams of fentanyl. Working with the RCMP the package was traced to a 22 year old Yellowknife resident who now faces charges.
- In October 2016, CBSA officers at the Vancouver International Mail Center intercepted a parcel from China destined to an address in Victoria, B.C. suspected to contain approximately 1,450 grams of fentanyl. The CBSA and the Victoria Police Department working together resulted in two arrests and the seizure of the following:
 - More than 6-thousand individual doses of heroin, packaged into flaps for street distribution.
 - Over 6 kilos of cocaine, more than a kilo of methamphetamine and cash.
 - Victoria Police estimates the street value of the narcotics seized as approximately \$850,000,
 - An individual has since been charged.
- On October 24, 2016, the Vancouver International Mail Centre (VIMC) received information for a parcel from China suspected to contain approximately 20 grams of fentanyl. The parcel was intercepted with the help of RCMP and other police agencies and charges were laid.

Law Enforcement Initiatives & Projects

CBSA – Pacific Region Stats

CBSA – PACIFIC REGION

Illicit Fentanyl, Derivatives & Analogues

Number of Seizures

Year*	Cargo	Courier	Postal	Grand Total
2014		4	14	18
2015	1	3	19	23
2016		7	40	47
Grand Total	1	14	73	88

• *January 1 – December 31

•

Quantity Seized (g)

Year**	Cargo	Courier	Postal	Grand Total
2014		1,874.8	5,218	7,092.8
2015	50,620***	616	3,519	54,755.2
2016		1,555.2	10,122	11,677.04
Grand Total	50,620	4,046	18,859	73,525.04

**January 1, 2014 – December 8, 2016

*** In 2015, Vancouver International Airport - Cargo Operations seized 50,000 grams of fentanyl in one seizure resulting in a total quantity of 55,000 grams of fentanyl seized by the CBSA Pacific Region.

Federal Government Initiatives & Projects

New Federal Drug Strategy

- The federal government recently announced their intention to amend federal legislation including many of the actions for which B.C. has advocated.
- Included in these proposed amendments of the federal enforcement and interdiction strategies are:
 - The requirement that upon importation that all pill presses or encapsulators be registered with Health Canada
 - New controls will be instituted on the possession, production, sale, importation or transportation of anything intended to be used in the production of any *controlled substance*.
 - The Canada Border Services Agency (CBSA) provided new powers to inspect packages under 30g, which will assist with interdiction of small quantities of illicit drugs.
 - Accelerated Scheduling of new psychoactive substances (designer drugs)
 - Additional inspection authorities to Health Canada inspectors
 - Streamlined process for the disposal of seized controlled substances, precursors and chemical offence-related property, whose storage or handling pose a health risk to front-line staff.
- We think the combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses.
- Overall we're pleased the federal government is putting a national Canadian Drugs and Substances Strategy in place, a move that is based on the pillars of prevention, treatment, enforcement and, at times, harm reduction.
- However, there is more we have asked them to do to help us respond to the overdose crisis, including enhancing criminal sanctions for production, importation and trafficking of illicit drugs establishing a national overdose surveillance system and adding back resources for RCMP in B.C.

Ministry of Public Safety and Ministry of Health

- On July 27th, 2016, Premier Christy Clark established the Joint Task Force on Overdose Response, headed by Dr. Kendall and Director of Police Services Clayton Pecknold. The Joint Task Force is providing expert leadership and advice to address the emergency from both a policing and health perspective.
- The Task Force identified seven key areas of activity:
 - Immediate response to an overdose;
 - Preventing overdoses before they happen;
 - Public education and awareness about overdose prevention and response;
 - Monitoring, surveillance, and applied research;
 - Improvements to federal legislation, notably the federal Controlled Drugs and Substances Act and Precursor Control Regulations;
 - Improving federal enforcement and interdiction strategies; and
 - Enhancing the capacity of police to support harm reduction efforts related to street drugs.
- The Task Force is supported by six task groups focused on broadening the availability of naloxone as well as increasing supervised consumption sites, enhancing public awareness and education, surveillance and monitoring, and increasing treatment options. There is representation from policing and public safety officials on the task groups and other supporting committees.
- Development of a province-wide community outreach/awareness opioid strategy with police and Health Authorities.
- Daily consultations between PSSG and Health to ensure both the Ministries and frontline staff have the best information possible and no unnecessary barriers exist preventing the fullest possible response to this crisis.
- Police working with BC Emergency Health Services to share in a timely manner geographic data on where naloxone is administered. This information sharing allows authorities to identify hotspots and position appropriate responses.

Appendix – OD Press Conference

December 2016

1. Our overall PBL (excluding recoverable such as ICBC) delegation.

	Prov (70%)	Fed (30%)	Total (100%)
Base	\$322,524,783	\$138,224,907	\$460,749,690
Fenced Initiatives			
PTEP	2,000,000	\$857,143	\$2,857,143
Gang Suppression	3,500,000	\$1,500,000	\$5,000,000
Accommodations	9,105,329	\$3,902,284	\$13,007,613
Total	\$337,130,112	\$144,965,948.16	\$482,096,060.16

- In addition there is \$26,205,748 in fenced RECOVERABLES (such as ICBC), therefore the delegation letter provided September 20th has a total of \$363,335,860 (@ 70%).

2. Our delegation to CFSEU broken out as OCA and other.

Base Funding:

\$millions	CFSEU	OCF	Total
PROV (70%)	24.44	20.19	44.63
Fed (30%)	10.47	8.65	19.13
Total	34.91	28.84	63.76

- In addition, the province provided an additional \$5.3M in 16/17 to help combat gangs and organized crime:
 - 22 positions for Joint illegal Gaming Investigation Team (\$1.8M 16/17)
 - 20 positions for the Gang Suppression Teams (\$3.5M 16/17)

\$millions	16/17	17/18	19/20
JIGIT – Illegal Gaming	1.80	3.00	3.00
Gang Suppression	3.50	3.00	3.00
PROV (70%)	5.30	6.00	6.00
Fed (30%)	2.27	2.57	2.57
Total	7.57	8.57	8.57

3. *Our NEW contributions from the G&G delegated to RCMP broken down between new teams and PTEP.*

Guns and Gangs \$ Millions		16/17	17/18	18/19	Total
Pillar One: Enforcement & Prosecution					
Provincial Tactical Enforcement Priority	@70%	2.00	1.50	1.50	5.00
	@100%	2.86	2.14	2.14	7.14
Additional Gang Suppression Teams	@70%	3.50	3.00	3.00	9.50
	@100%	5.00	4.29	4.29	13.57
Dedicated Crown Counsel	@100%	0.50	0.50	0.50	1.50
Enhanced Electronic Monitoring	@100%	0.20	0.20	0.20	0.60
Pillar Two: Community Safety					
Gun Amnesty	@100%	-	-	-	-
Illegal Firearms Task Force	@100%	0.20	-	-	0.20
Office of Crime Reduction and Gang Outreach	@100%	2.35	1.83	1.83	6.00
- Office	@100%	0.85	0.83	0.83	2.50
- Public Awareness Campaign	@100%	0.25	-	-	0.25
- Community Grants	@100%	1.25	1.00	1.00	3.25
Crime Stoppers and Gang Tips Hot Line	@100%	0.2	0.125	0.125	0.45
Pillar Three: Legislative Framework					
Provincial and Federal Legislation Reform	@100%	-	-	-	-
Federal Guns and Gangs Funding	@100%	-	-	-	-
Total Provincial Contribution		8.95	7.15	7.15	23.25
Total Contribution		11.31	9.08	9.08	29.81

4. Our new delegated funds under Opioid, broken down between naloxone, enforcement etc.

Joint Task Force on Overdose Prevention				
Provincial Contribution ONLY				
\$ Millions	16/17	17/18	18/19	Total
Ministry of Public Safety & Solicitor General				
Naloxone Kits & Training	1.10	0.50	0.50	2.10
Closure of 2015/16 Overdose Death Files	0.45	0.45	0.45	1.35
Community Outreach & Awareness Strategies	0.50	0.75	0.75	2.00
Drug Equipment & Training (CLEAR team)	0.60	0.60	0.60	1.80
Dedicated Enforcement Activity	0.65	1.00	1.00	2.65
	3.30	3.30	3.30	9.90
Ministry of Health				
BC Toxicology Lab Equipment	0.47	0.47	0.47	1.41
Supervised Consumption Facilities	0.65	0.65	0.65	1.95
Surveillance Infrastructure	0.31	0.31	0.31	0.93
Drug Checking	0.11	0.11	0.11	0.33
Naloxone Kits & Training	0.16	0.16	0.16	0.48
	1.70	1.70	1.70	5.1
BC Centre on Substance Use				
	5.00			5.00
Total	10.00	5.00	5.00	20.00

5. Our non-delegated amounts for opioid (eg. Naloxone for PDs).

2016/17 Naloxone Kit Requests				
			@ Cost Share	@100%
RCMP				
	Airport	@100%	4,205	4,205
	MBL	@90%	480,762	534,180
	MBL	@70%	43,239	61,770
	PBL	@70%	190,414	272,020
	FNP	@48%	7,656	15,950
Subtotal			726,276	888,125
PDs				
	Abbotsford	@100%	24,795	24,795
	Central Saanich	@100%	870	870
	Delta	@100%	26,100	26,100
	Nelson	@100%	2,320	2,320
	New Westminster	@100%	5,800	5,800
	Oak Bay	@100%	4,350	4,350
	Port Moody	@100%	5,220	5,220
	Saanich	@100%	22,765	22,765
	SCBCTA Police			
	Service	@100%	34,800	34,800
	Stl'atl'imx	@100%	1,740	1,740
	Vancouver	@100%	101,500	101,500
	Victoria	@100%	10,440	10,440
	West Vancouver	@100%	2,320	2,320
Subtotal			243,020	243,020
TOTAL REQUEST			969,296	1,131,145

- PSSG was approved for \$1.1M in 2016/17 for naloxone Kits and training. The above naloxone kit requests will make-up the majority of these funds, the residual funds will be allocated as follows:
 - Pouches: \$81,458
 - Training: \$19,246
 - JIBC Website: \$30,000

PSSG & Branches Initiatives & Projects

Provincial Government Support

- The overdose crisis is a complex issue that no single tool will solve.
- That's why B.C. established the Joint Task Force on Overdose Response, which is tackling the overdose crisis across many fronts.
- Law enforcement is working at all levels of government to interdict the supply of toxic drugs, and health officials are working diligently to address the immediate health needs.
- At the highest levels, crime in BC is driven by the lucrative, illegal trafficking of a wide variety of narcotics.
- The provincial government has provided 43 million in response to the ongoing opioid crisis.
- Also, as part of our Guns and Gangs strategy, we've provided 3.5 million for 2 new CFSEU-BC teams.

Police & Security Branch

- PSB is responsible for ensuring law enforcement in the province is fully engaged in responding to the opioid crisis. To accomplish this, the Branch is continuously engaging our police and other law enforcement partners to gain and understanding of their needs and where possible providing them with support.
- Monies received from the provincial government for law enforcement are being used to:
 - Purchase of and training in the use of naloxone kits for police
 - Purchase of additional advanced equipment and training which will enhance the police's ability to immediately test and detect fentanyl
 - Additional funding directed at PTEP which will be utilized for investigations focused on those individuals trafficking in fentanyl

PSSG & Branches Initiatives & Projects

- RCMP and municipal departments are in process of acquiring over 7800 naloxone kits.
- Training of frontline police officers in BC on the administering of intranasal naloxone is well advanced and is ongoing.

Coroners Service

- In response to the current opioid crisis the Coroner Service has a dedicated 12-member coroner drug investigation team whose focus is investigating accidental illicit drug overdoses.

Dean, Danielle PSSG:EX

From: Sitter, Donna GCPE:EX
Sent: Sunday, December 18, 2016 12:27 PM
To: McAndrews, Caroline GCPE:EX
Cc: Steenvoorden, Tom PSSG:EX; Campbell, Corrie L PSSG:EX
Subject: FW: corrections and CFO
Attachments: Factsheet - OD - Law Enforcement Initiatives Projects - Dec2016.docx

Importance: High

Hi – Updated with Corrections and CFO.

From: McAndrews, Caroline GCPE:EX
Sent: Sunday, December 18, 2016 11:53 AM
To: Steenvoorden, Tom PSSG:EX; Sitter, Donna GCPE:EX; Campbell, Corrie L PSSG:EX
Cc: Campbell, Corrie L PSSG:EX; Sitter, Donna GCPE:EX
Subject: Re: corrections and CFO

Hi Donna: I just need to run out for an hour. If you get a chance to add this in that would be great. Otherwise I'll do when I get home.

Sent from my iPhone

On Dec 18, 2016, at 11:44 AM, Steenvoorden, Tom PSSG:EX <Tom.Steenvoorden@gov.bc.ca> wrote:

Excellent, please add this to the Law Enforcement fact sheet.

From: McAndrews, Caroline GCPE:EX
Sent: Sunday, December 18, 2016 11:43 AM
To: Steenvoorden, Tom PSSG:EX; Campbell, Corrie L PSSG:EX; Sitter, Donna GCPE:EX
Subject: corrections and CFO

Hi Tom: this is what we had in the overarching doc for Corrections and CFO:

BC Corrections

- BC Corrections began participating in the BC Centre for Disease Control Take-Home-Naloxone Program in September 2015.
- BC Corrections has education posters in inmate areas to alert them to the dangers of packing drugs, the signs of overdose and the dangers of drug abuse.
- There are handouts regarding Suboxone for inmates who are identified as opiate-dependant.
- In addition, all inmates are medically screened, including history of drug abuse, and referred to physicians as necessary.
- Addictions counselling is readily available in correctional facilities and Narcotics Anonymous and Alcoholics Anonymous meetings are held on a regular basis.
- Inmates who are identified as opiate-dependant are also referred to the Take Home Naloxone program, which trains them on how to use Naloxone during an overdose in

the community. Hundreds of inmates have taken part and have received kits upon release.

- Naloxone is readily available in correctional centres for use in overdoses by health care staff as required.

Civil Forfeiture Office Workshops

- The growing number of calls for service requiring first responders to deal with fentanyl and its trafficking and use prompted the Province to fund specialized training for those on the front line.
- Police leaders and drug experts developed a structured, two-day workshop, which was first delivered in Victoria and Vancouver in June, 2016.
- These workshops focus on helping investigators to get more of this deadly drug off our streets.
- Proceeds from B.C.'s Civil Forfeiture Office covered the approximate \$7,500 cost of the first two workshops, with more workshops to follow in other regions this fall.
- Day one is for police officers, paramedics, firefighters, Canada Border Service Agency agents, coroners and other first responders, and focuses on the dangers of fentanyl, its derivatives, and drugs like W-18, addressing safe handling and issues encountered at overdose scenes.
- Day two, limited to drug investigators, covers fentanyl importation, processing, packaging, pricing and distribution, with a focus on B.C. trends. Officers who attend both days will receive certification, which will advance their qualification to give evidence related to fentanyl trafficking in court.
- We want to ensure that our first responders have the tools necessary to have a better understanding of these challenges.

Law Enforcement Initiatives & Projects

- RCMP and municipal departments are in process of acquiring over 7800 naloxone kits.
- Training of frontline police officers in BC on the administering of intranasal naloxone is well advanced and is ongoing.
- So far nearly 5700 police members have been trained.
- B.C.'s 24/7 Real Time Intelligence Centre is actively sharing information related to criminal trends and safety measures with all levels of government and agencies.
- The RCMP has a Synthetic Drug Initiative in place which aims to work with the synthetic drug industry to obstruct the diversion of precursor chemicals used in the production of synthetic drugs through enforcement, deterrence and prevention.
- The BC Federal CLEAR (Clandestine Laboratory Enforcement and Response) Team is hard at work too. This specially trained group of police officers are tasked with the investigation of groups involved in synthetic drug production, and the processing and dismantling of clandestine laboratories used by these groups.
- The importation, production and trafficking of fentanyl and carfentanil has been associated to the involvement of organized crime groups. The RCMP is focused on targeting organized crime groups which seize upon and exploit all opportunities to profit from the sale of illicit drugs.
- In the meantime, dedicated enforcement activities are currently underway – an example of focused investigations on fentanyl dealers includes:
 - (Dec 16) LMD RCMP Prohibited Drivers - drug tainted cash seized (trace amounts of cocaine, meth, THC).

Law Enforcement Initiatives & Projects

- (Dec 9) West Kelowna/Kelowna - 7 arrested in alleged large drug op. 1.32 kilos of suspected fentanyl laced heroin, 2.1 kg of meth
- (Dec 6) Kamloops - drug/cash seized - 2 charged. Items seized included: heroin, cocaine, meth, \$40,000, **3 hydraulic drug presses**
- (Dec 7) Westshore Crime Reduction Unit announced that over the past 10 weeks - arrested 18 individuals. Among items seized: cocaine, meth, heroin, oxy, fentanyl and steroids.
- There are other ongoing investigations that we'll no doubt hear about from police when it is appropriate.

CFSEU-BC

- CFSEU-BC's investigations focus on organized crime included those groups involved in the importation and trafficking of fentanyl or other opioids.
- As a result of the overdose crisis, police have prioritized investigative resources to target traffickers of these deadly illicit drugs.
- CFSEU-BC is leading the province-wide Provincial Tactical Enforcement Priority.
- The targeting model facilitates an "all agency" coordinated approach that operates continually.
- Enforcement, disruption, mitigation and prevention techniques are employed at the Federal, Provincial and local levels on the same prioritized "threat to public safety" targets.
- At the same time, additional advanced equipment and training is being acquired which will enhance the police's ability to immediately test and detect fentanyl.

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Law Enforcement Initiatives & Projects

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RCMP and China

- We know illicit fentanyl and other opioids are coming into Canada from China so the RCMP and the Chinese Ministry of Public Security has committed to work together to reduce the flow – disrupt the supply.
- Enforcement will ultimately be stronger across all our provincial and international borders by collaborating with our international and federal partners.

Carfentanil (RCMP)

- Carfentanil was produced by a pharmaceutical company only to be used as a tranquilizing agent for large game animals in veterinary applications.

Law Enforcement Initiatives & Projects

- Carfentanil has 100 times the toxicity of fentanyl and 10,000 times that of morphine. Due to its lethal level of potency, there is virtually no way, even in a controlled laboratory setting, to safely cut and dilute carfentanil for use in the illicit drug trade.
- The RCMP has seized Carfentanil, in two incidents in BC in conjunction with CBSA through illegal importation. Health Canada has confirmed the presence of Carfentanil in these incidents.
- The RCMP, together with our partners, continue to monitor, detect and test for any possibility of Carfentanil entering the illicit drug market, in an effort to intercept and remove it before it hits the streets.
- During recent months Canadian law enforcement and the Canada Border Services Agency (CBSA) have noted Carfentanil-related seizures, but note that Fentanyl is seized far more often.
 - November 29, 2016: Carfentanil linked to Vancouver man's death
 - November 22, 2016: Carfentanil detected in Vancouver (VPD) drug seizure

Seizures – Canada Border Services Agency Pacific Region:

There have been seizures for illicit fentanyl, its derivatives and analogues made by the CBSA Pacific Region (BC & Yukon):

- 47 seizures in 2016 for a total of over 11-thousand grams.¹ Almost double from 2015.

¹ To December 8, 2016.

Law Enforcement Initiatives & Projects

Examples:

CBSA and Law Enforcement Partners

- On November 29, 2016, Border Services Officers at the Vancouver International Mail Center (VIMC) intercepted a registered parcel from China destined to an address in the Northwest Territories thought to contain approximately 60 grams of fentanyl. Working with the RCMP the package was traced to a 22 year old Yellowknife resident who now faces charges.
- In October 2016, CBSA officers at the Vancouver International Mail Center intercepted a parcel from China destined to an address in Victoria, B.C. suspected to contain approximately 1,450 grams of fentanyl. The CBSA and the Victoria Police Department working together resulted in two arrests and the seizure of the following:
 - More than 6-thousand individual doses of heroin, packaged into flaps for street distribution.
 - Over 6 kilos of cocaine, more than a kilo of methamphetamine and cash.
 - Victoria Police estimates the street value of the narcotics seized as approximately \$850,000,
 - An individual has since been charged.
- On October 24, 2016, the Vancouver International Mail Centre (VIMC) received information for a parcel from China suspected to contain approximately 20 grams of fentanyl. The parcel was intercepted with the help of RCMP and other police agencies and charges were laid.

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Withheld pursuant to/removed as

s.16

Dean, Danielle PSSG:EX

From: Sitter, Donna GCPE:EX
Sent: Monday, December 19, 2016 8:04 AM
To: Steenvoorden, Tom PSSG:EX
Subject: FW: Summaries for PTEP/PVGO
Attachments: Factsheet - OD - Law Enforcement Initiatives Projects - Dec2016.docx

From: Pecknold, Clayton PSSG:EX
Sent: Monday, December 19, 2016 8:00 AM
To: Sitter, Donna GCPE:EX
Cc: McAndrews, Caroline GCPE:EX
Subject: Re: Summaries for PTEP/PVGO

You decide. Key pits you think will resonate.

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Sitter, Donna GCPE:EX
Sent: Monday, December 19, 2016 7:59 AM
To: Pecknold, Clayton PSSG:EX
Cc: McAndrews, Caroline GCPE:EX
Subject: RE: Summaries for PTEP/PVGO

We have reference to PTEP in here but not in this detail. Let me know what else you want to add from the info below including PVGO.

From: Pecknold, Clayton PSSG:EX
Sent: Monday, December 19, 2016 7:33 AM
To: Hackett, Kevin; Jim GRESHAM
Cc: Dawn ROBERTS; Sitter, Donna GCPE:EX; McAndrews, Caroline GCPE:EX
Subject: Re: Summaries for PTEP/PVGO

Thx. I will pull out the key messages.

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Hackett, Kevin
Sent: Monday, December 19, 2016 7:26 AM
To: Pecknold, Clayton PSSG:EX; Jim GRESHAM
Cc: Dawn ROBERTS
Subject: Summaries for PTEP/PVGO

Clayton, Please see below. Let me know if you require anything else.

Kevin

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s.15; s.16

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Withheld pursuant to/removed as

s.16; s.15

Law Enforcement Initiatives & Projects

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Withheld pursuant to/removed as

s.16

Dean, Danielle PSSG:EX

From: Emerson, Brian P HLTH:EX
Sent: Thursday, December 22, 2016 5:46 PM
To: Kendall, Perry HLTH:EX; Henry, Bonnie HLTH:EX; XT:Tyndall, Dr. Mark HLTH:IN; O'Briain, Warren W HLTH:EX; Paton, Arlene HLTH:EX; Perkin, Kathleen M HLTH:EX; Tupper, Kenneth HLTH:EX; Pecknold, Clayton PSSG:EX; Enger, Tonia PSSG:EX; Steenvoorden, Tom PSSG:EX; Anderson, Lisa R PSSG:EX
Subject: Drug Replacement Therapy

Good evening.

Further to our discussion about the potential benefits of expanding opioid assisted treatment (OAT) reach and options, for law enforcement efforts and on the criminal justice system, you will find the highlighted section below from the interview with Vern White , Conservative Senator and former Ottawa police chief below, interesting wrt to his ideas about `drug replacement therapy`.

Although he is not a supporter of supervised consumption sites he makes a strong and concise case for expanding OAT. Based on his comments, I imagine he would support exchanging street drugs for pharmaceutical grade drugs at supervised consumption sites. These comments underscore the potential assistance that the law enforcement community could provide in advancing the case for expanding OAT, including injectable OAT. Maybe we should invite him to BC to meet with various people - after the SCSs get approved! And lets hope he is right about the potential for Chinese authorities to take action.

Have a great holiday season!
Brian

From CBC Radio, As it Happens, December 14, 2016

<http://www.cbc.ca/radio/asithappens/as-it-happens-wednesday-edition-1.3896080/dec-14-2016-episode-transcript-1.3898814>

Copyright

Dean, Danielle PSSG:EX

From: McAndrews, Caroline GCPE:EX
Sent: Tuesday, January 10, 2017 7:10 AM
To: Pecknold, Clayton PSSG:EX
Cc: Enger, Tonia PSSG:EX; Steenvoorden, Tom PSSG:EX; Sitter, Donna GCPE:EX
Subject: Re: Globe and Mail, Page S01, 10-Jan-2017

Thanks CP.

Sent from my iPhone

On Jan 10, 2017, at 7:07 AM, Pecknold, Clayton PSSG:EX <Clayton.Pecknold@gov.bc.ca> wrote:

Fine. Defer to feds but facts are facts.

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: McAndrews, Caroline GCPE:EX
Sent: Tuesday, January 10, 2017 6:29 AM
To: Pecknold, Clayton PSSG:EX; Enger, Tonia PSSG:EX; Steenvoorden, Tom PSSG:EX
Cc: Sitter, Donna GCPE:EX
Subject: Fwd: Globe and Mail, Page S01, 10-Jan-2017

Hi all: sending this direct as its early and not sure how quickly HQ would looks an answer. But they are looking for a provincial response to China's comments. We would route reporters to the Feds but will likely need a bullet or two. Thoughts on below?

Based on seizures at the border we know china is a significant source in the importation and flow of illicit opioids.

The agreement between china and the rcmp is one tool in the fight against the overdose crisis.

Globe and Mail, Page S01, 10-Jan-2017

China refutes claims it's a major source of fentanyl

By Si Chen

Copyright

Matt Gordon

Assistant Deputy Minister

Corporate Priorities & Communications Operations

4th Floor, 617 Government Street

Victoria, BC

250.896.4923

Dean, Danielle PSSG:EX

From: Enger, Tonia PSSG:EX
Sent: Thursday, January 19, 2017 9:34 AM
To: Campbell, Corrie L PSSG:EX; Steenvoorden, Tom PSSG:EX
Cc: Hodge, Jessica PSSG:EX; McCaskill, Jack PSSG:EX
Subject: FW: my edits
Attachments: Update to BC's Opioid Overdose Response - JTF Third Progress Update Jan 16 DRAFT (cp edited).docx

Tom and Corrie.

Please ensure you both review Clayton's comments where he edited this report – It's important that we align future communications to these edits.

Tonia

From: Pecknold, Clayton PSSG:EX
Sent: Tuesday, January 17, 2017 8:01 AM
To: O'Briain, Warren W HLTH:EX
Cc: Enger, Tonia PSSG:EX; Kendall, Perry HLTH:EX
Subject: my edits

Warren....see track changes and comments. Thanks

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Withheld pursuant to/removed as

s.13

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Monday, January 16, 2017 1:19 PM
To: Enger, Tonia PSSG:EX
Cc: Cawley, Brynna PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: RE: Review and approval of FPT DMs of Justice and Public Safety Meeting
Attachments: 1a - FPT DM BN BC Response to Opioid Overdose Emergency-Feb 2 2017 TEr @ Jan 16.docx; 2) FPT DMS Presentation - Feb 2 2017 TE - Revised@Jan 16.pptx; 3) Speaking Points FPT DM Presentation - Feb 2, 2017.docx; 4) FPT DMs Feb 2017 -CD Opioids.docx

Hi Tonia – please find attached revised documents for the FPT minister’s meeting on February 2. **Please review and let me know if you recommend further changes.**

These remain drafts as I will need access to coroners reports tomorrow to finalize them with the latest data. They are revised per your instruction. They are done in track changes, as I was unsure if you had a preference in this regard. It might be easier to review in “Final” view. If it is helpful I can easily save changes and submit them again. I have discussed the conference document with Tom and he says it is only prepared when a jurisdiction is making a presentation.

- 1a) Briefing Note for our DM
- 2) PowerPoint for DM presentation
- 3) Speaking points to go with PowerPoint presentation
- 4) Conference Document

From: Enger, Tonia PSSG:EX
Sent: Friday, January 13, 2017 4:24 PM
To: Campbell, Corrie L PSSG:EX
Cc: Cawley, Brynna PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: RE: Review and approval of FPT DMs of Justice and Public Safety Meeting

Hi Corrie,

1) s.13;s.16

2)

3)

4)

5) s.13

Corrie, don't over think these – use material and information already available.

Note the Deputy likely only have 10/15 minutes to present his material but you can check with Sherri to confirm – so his notes need to be succinct and to the point. If you want to provide him further background material in addition so be it but it has to make sense and we don't want to burden him with paper unnecessary.

On a final note – you sent me a ppt – separately – where does it fit in? DM only needs one PPT. The rest become reference material only if needed.

Thanks
Tonia

From: Campbell, Corrie L PSSG:EX
Sent: Friday, January 13, 2017 12:35 PM
To: Enger, Tonia PSSG:EX
Cc: Cawley, Brynna PSSG:EX
Subject: FW: Review and approval of FPT DMs of Justice and Public Safety Meeting

Tonia – further to our discussion, please review and suggest changes to documents as set out below.

- 1) FPT DM BN BC Response to Opioid Overdose Emergency-Feb2, 2017 (FPT Deputy Ministers Briefing Note for use by the DM only. **Please review and approve.**)
- 2) FPT DMs Presentation – Feb 2, 2017.PPT (PowerPoint Presentation for the DM to make at the meeting. It is an updated version of the presentation made by Bonnie Henry and Minister Terry Lake at the Opioid Summit in November. Mark requested this. **Please review and approve**).
- 3) Speaking Points FPT DM Presentation – Feb2, 2017 (Speaking notes for use by the DM to go with the PowerPoint presentation. These are created from scratch. **Please review and approve**).
- 4) FPT DMs Feb 2017 –CD Opioids (This is a “Conference Document” and is done to a standard format to be shared will all attending the DMS meeting as part of their background material. This is created from scratch. **Please review and approve**).

Also attached is FW: Opioids/Fentanyl – Conf Doc – EN – FPT DMs of JUS and PS – February 2017. This email is from Public Safety Canada and contains two documents.

PS-SP-#2059817-4-OpioidsFentanyl - Conf Doc – EN – FPT DMS of JUS and PS – February 2017 (Public Safety Canada Conference Document for this agenda item. **Provided for your reference**).

PS-SP-#2063810-2-Opioids Fentanyl- EN Presentation – FPT DMs of Justice and Public Safety February 2017.PPT (Public Safety Canada PowerPoint presentation for this agenda item. **Provided for your reference**).

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, January 12, 2017 2:52 PM
To: Enger, Tonia PSSG:EX
Cc: Cawley, Brynna PSSG:EX
Subject: Review and approval of FPT DMs of Justice and Public Safety Meeting

Tonia – please find attached the following materials for review for the FPT DM meeting. I understand from PSC the intent is to provide separate presentations. Their materials are also attached.

- 1) BC Conference Document on Opioids/Fentanyl (needs to be translated)
- 2) BC PowerPoint on Opioid Emergency (needs to be translated)
- 3) Speaking notes for PowerPoint
- 4) BN for our DM - FPT DMs responsible for Justice and Public Safety
- 5) Email from Cindy Wallbank with an instruction from Mark about what he would like in the presentation wrt to discussion/recommendations
- 6) Public Safety Canada
 - Conference Document
 - Opioid/Fentanyl Power Point

Sherri would like to receive our materials by **January 16, 2017**. My understanding is she will be presenting a suite of materials to the DM, so we just need to have approval from Clayton.

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

**FEDERAL/PROVINCIAL/TERRITORIAL (FPT) MEETING OF
DEPUTY MINISTERS RESPONSIBLE FOR JUSTICE
AND PUBLIC SAFETY**

**Toronto, ON
February 2, 2017**

AGENDA TOPIC: *Fentanyl/Opioids*

ISSUE: **BC's Opioid Overdose Response.**

MINISTRY'S SUGGESTED RESPONSE:

- Drug-related overdoses and deaths have become a very serious concern all across the country. It is critical that we take a national approach to address this crisis and prevent future tragedies.
- British Columbia is pleased to see the federal government move forward with Bill C-37, amending the *Controlled Drugs and Substances Act* and other statutes, as well as amending the *Precursor Control Regulations*.
- Restricting access to equipment, like pill presses and tableting machines that are used as a method for trafficking fentanyl and other toxic illegal drugs is a key tool for law enforcement.
- We also note the amendments provide mechanisms for police for early safe destruction of fentanyl, its related compounds and their precursors without jeopardizing prosecutions.
- We continue to call for escalating criminal sanctions for the importation and trafficking of fentanyl and its analogues.
- We would also like to see additional capacity for surveillance such as a national data hub for drug related harms and a nationally coordinated approach to common case definitions (e.g., for health, coroners, and other drug data definitions).
- Going forward we need to ensure we are taking full advantage of leveraging our collective resources to maximize the effectiveness of our response.

BACKGROUND:

Since 2012, British Columbia has had a significant increase in opioid overdose deaths related to illegal drug use. From January to November 2016 there were 755 deaths from illicit drugs in the province, and the month of December is expected to be similarly discouraging, with over 800 expected deaths. This is a significant increase in the triple the number of drug related deaths experienced in 2014 at 366. The total for 2016 is to be announced January 18, 2017.

On April 14, 2016 the Provincial Health Officer Dr. Perry Kendall declared a public health emergency to mobilize a response that would allow the collection, reporting and analysis of real-time information from across the health system and permit the identification and communication of risks to people who use drugs.

On July 27, 2016, the Premier established the Joint Task Force on Overdose Response, co-chaired by the Provincial Health Officer, Dr. Kendall and Assistant Deputy Minister and Director of Police Services, Clayton Pecknold. The Task Force ensures co-operation between the health and public safety sectors to address the emergency.

The Task Force identified seven key areas of activity.

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

The Task Force is supported by six task groups focused on broadening the availability of naloxone as well as increasing supervised consumption sites, enhancing public awareness and education, surveillance and monitoring, and increasing treatment options. There is representation from policing and public safety officials on the task groups and other supporting committees.

On September 28, 2016, the Province announced an additional \$10 million in funding, for Joint Task Force Activities including dedicated funding allocated to the public safety strategies. The approved allocation of the public safety sector portion of this funding includes:

Ministry of Public Safety & Solicitor General	\$ Millions
Naloxone Kits & Training	1.10
Coroner - Closure of 2015/16 Overdose Death Files	0.45
Community Outreach & Awareness Strategies	0.50
Drug Equipment & Training (CLEAR team and Municipal Departments)	0.60
Dedicated Enforcement Activity	0.65
TOTAL	3.30

The \$6.7 million balance will be spent on various health related initiatives (\$1.7 million) plus \$5.0 million to be used to support the establishment of the new British Columbia Centre on Substance Use.

At the national Opioid Summit on November 18th and 19th, hosted by the Honourable Jane Philpott, Federal Minister of Health and the Honourable Eric Hoskins, Ontario Minister of Health and Long-term Care a joint action plan was developed. As part of the action plan BC continues to call for

- creation of a nationally coordinated surveillance hub providing ongoing active surveillance of illegal and prescribed fatal and non-fatal overdose and other drug-related harms in Canada.
- creation of a nationally coordinated process to develop common case definitions for surveillance (for health, coroners, and other drug data).
- contribution of provincial surveillance data that outlines the magnitude of the fentanyl problem in BC, including the proportion of illicit drug overdose deaths where fentanyl is detected, to inform the national picture, and sharing appropriate information with federal health and enforcement sectors to support an intersectoral and multi-level approach to reducing overdoses and overdose deaths.
- support for the federal government in its exploration of improved scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and Precursor Control Regulations, including pill presses, sorters, tableting machines and pill dies to permit monitoring and control of access to non-legitimate users.
- federal government support for enhanced RCMP/Canada Border Services Agency partnership funding and to re-instate federal RCMP resources to interdict the importation and trafficking of illicit opioids such as fentanyl.

Overdose Prevention Sites

On December 8, 2016 the Ministry of Health moved forward with creation of 18 Overdose Prevention Sites. These sites provide people with services such as monitoring consumption, as well as maintaining naloxone on site. They are temporary and do not qualify as Supervised Injection Sites under the *Controlled Drugs and Substances Act*. Instead they are operated under orders of the Minister of Health under the *Emergency Health Services Act*, and the *Health Authorities Act*.

Bill C-37

On December 12, 2016 Health Canada introduced Bill C-37. Bill C-37 proposes to amend the *Controlled Drugs and Substances Act*, the *Customs Act*, the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, the *Criminal Code of Canada*, and the *Seized Property Management Act*. Proposed amendments simplify and streamline the application process for supervised consumption sites and modernize legislation to reduce the risk of diversion of controlled substances.

Bill C-37 restricts possession sale, importation or trafficking of anything that it is intended to be used to produce a controlled substance. It also creates a regulatory scheme for the importation of pill presses and encapsulators into Canada. The combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses.

Also with respect to law enforcement, Bill C-37 removes the minimum weight of 30 grams from the *Customs Act* so Canadian Border Services Agency can open international mail suspected of containing controlled substances. Finally new provisions

are added which will permit the Minister of Health Canada to quickly schedule and control dangerous new substances on a temporary basis.

Actions Completed as Part Joint Taskforce

Examples of the public safety sector's progress in responding to the fentanyl emergency include:

- An estimated expenditure of in excess of \$1.5 million on police response and investigations for 2016/17.
- The BC Coroners Service has enhanced its protocols for investigating opioid related deaths in order to provide enhanced information to health and public safety sector partners. It estimates it will spend in excess of \$1.124 million on investigating opioid related deaths in 2016/17.
- All ten BC Correctional facilities will be participating in the BC Centre for Disease Control Take-Home-Naloxone Program. As of January 15, 2017 eight facilities are up and running.
- The Justice Institute of BC has set up a website for first responders on how to manage fentanyl (and related analogues) and fentanyl exposure.
- BC Emergency Health Services has adopted a policy of only calling for police to attend overdoses where there is a public safety issue. This addresses a concern that people avoid calling 911 for an overdose for fear of being arrested for possession of narcotics. The RCMP and City of Vancouver have official policy consistent with this, while most other municipal departments follow this as a matter of practice.
- Minister Morris has provided letters of support for supervised consumption sites for two additional facilities in Vancouver Coastal and one additional facility for Island Health Authorities. Fraser Health is also in process of submitting requests for letters of support for two new sites.

Interdiction Activities

Examples of interdiction activity by police and Canada Border Services Agency include:

- October 10, 2016: Nanaimo RCMP seized over a kilo of fentanyl.
- November 22 2016: Vancouver PD – No amount stated. Carfentanil detected in Vancouver drug seizure.
- November 29, 2016: Vancouver PD - Although no drugs were seized, paraphernalia left on site that was sent for testing confirmed that carfentanil was linked to a Vancouver man's death.
- December 1, 2016: Victoria PD - Multi-agency investigation resulted in the seizure of 1.45 kilograms of fentanyl.
- December 6, 2016: Kamloops RCMP arrested two individuals for various *Controlled Drugs and Substance Act* offences. Trafficking quantities of heroin were seized.
- December 9, 2016: Kelowna RCMP announced the arrest of seven people, and a large drug operation was shut down following a significant police investigation. Amongst items seized was 1.32 kilograms of suspected fentanyl-laced heroin.
- January 5, 2017: Canada Border Services Agency announced it had laid charges against 3 individuals. An estimated 1,800 capsules – including 321 fentanyl pills and over 33 kilograms of raw powder (anabolic steroids and prescription drugs) and 22

litres of liquid containing steroids and other import-controlled substances were seized in the investigation.

- January 6, 2017: Following several months' investigation by New Westminster Police Department, several RCMP detachments and the Canada Border Services Agency, charges were approved against an individual for multiple counts of drug related offences. Fentanyl was amongst the drugs seized.
- January 9, 2017: West Shore RCMP seized drugs, cash and 600 pills, potentially containing fentanyl.
- January 10, 2017: Nineteen individuals charged and fentanyl seized in an undercover Vernon-North Okanagan RCMP drug bust.

Other Law Enforcement Activities

- The RCMP and municipal police forces have acquired intra-nasal naloxone and are training their members to administer it to officers and members of the public suffering from overdoses.
- Establishment of the agreement between the RCMP and China to stem the importation of fentanyl.

POSITIONS OF OTHER JURISDICTIONS:

Alberta's Bill 205 (under the Alberta Pharmacy and Drug Act), tabled in May 2016, prohibits the purchase and possession of equipment used in the manufacture of pills and tablets unless licensed to do so. Fines range from \$50,000 for a first offence up to \$375,000 and one year jail time for conviction of a third offence under that Act.

BC and Alberta are unique amongst provinces in Canada with respect to experiencing significant numbers of deaths related to illicit opioids. Other provinces tend to be primarily concerned with inappropriate opioid prescription.

IMPLICATIONS FOR BC:

Drug prosecutions are a federal responsibility, although local and provincial police work together to enforce drug laws and protect our communities. BC continues to call for increased sanctions on convictions related to trafficking of fentanyl, carfentanil or related analogues.

As BC is the province which has been hardest hit by the opioid emergency, we have become a leader in development of collaborative strategies to address the emergency. Increasingly, other provinces will look to BC for leadership and best practices should their levels of opioid overdoses continue to increase.

Prepared by: Corrie Campbell
Telephone: 250-387-6950
Date: January 16, 2017



B.C.'S OVERDOSE DEATH PUBLIC HEALTH EMERGENCY

FEDERAL/PROVINCIAL/TERRITORIAL MINISTERS
RESPONSIBLE FOR JUSTICE AND PUBLIC SAFETY

February 2, 2017
Mark Sieben, Deputy Minister
Ministry of Public Safety and Solicitor General



Increase in Opioid Overdoses

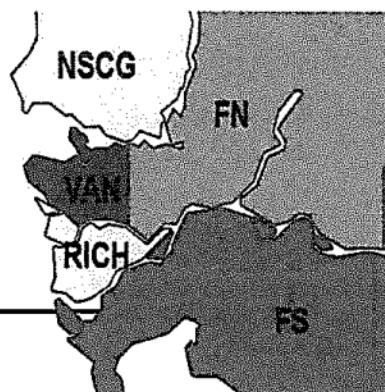
- Rising fatalities from illicit drug overdoses in British Columbia noted in 2015 and early 2016
- Fentanyl detection rising rapidly, detected in 60% of overdose deaths to date in 2016 vs. 30% of overdose deaths in all of 2015
 - 755 illicit drug overdose deaths by end of November, 2016, or a projected 800-850 for 2016
 - 510 overdose deaths in all of 2015
 - 366 overdose deaths in all of 2014

Distribution of Illicit Drug Overdose Deaths in British Columbia

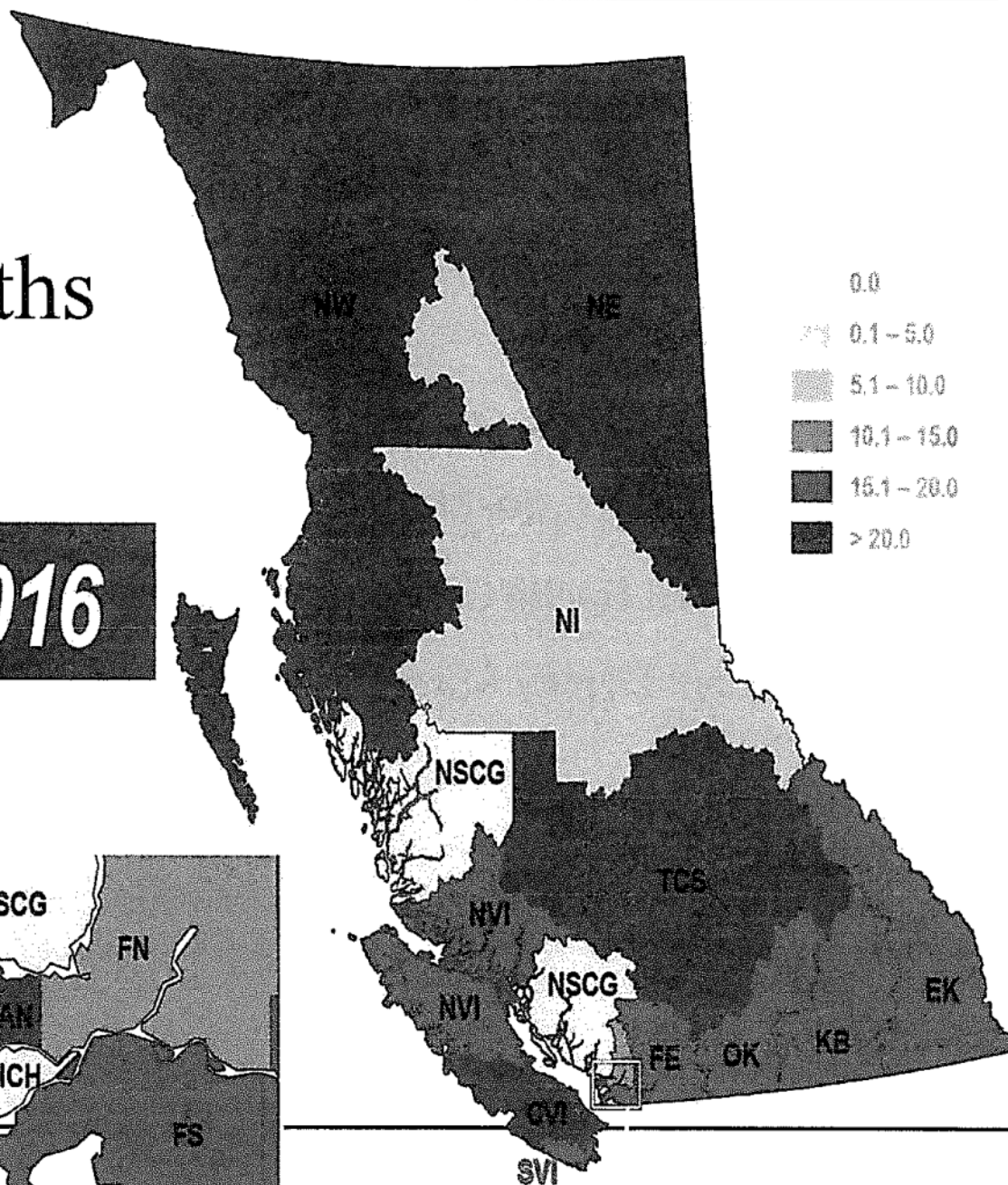


BC Centre for Disease Control
An agency of the Provincial Health Services Authority

2016



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



BC's Response

- Public Health Emergency declared under *Public Health Act* April 14, 2016
- Joint Task Force on Overdose Response announced on July 27, 2016, co-chaired by
 - Provincial Health Officer, Dr. Perry Kendall; and,
 - Assistant Deputy Minister and Director of Police Services, Clayton Pecknold.

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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1. Immediate Response to Overdoses

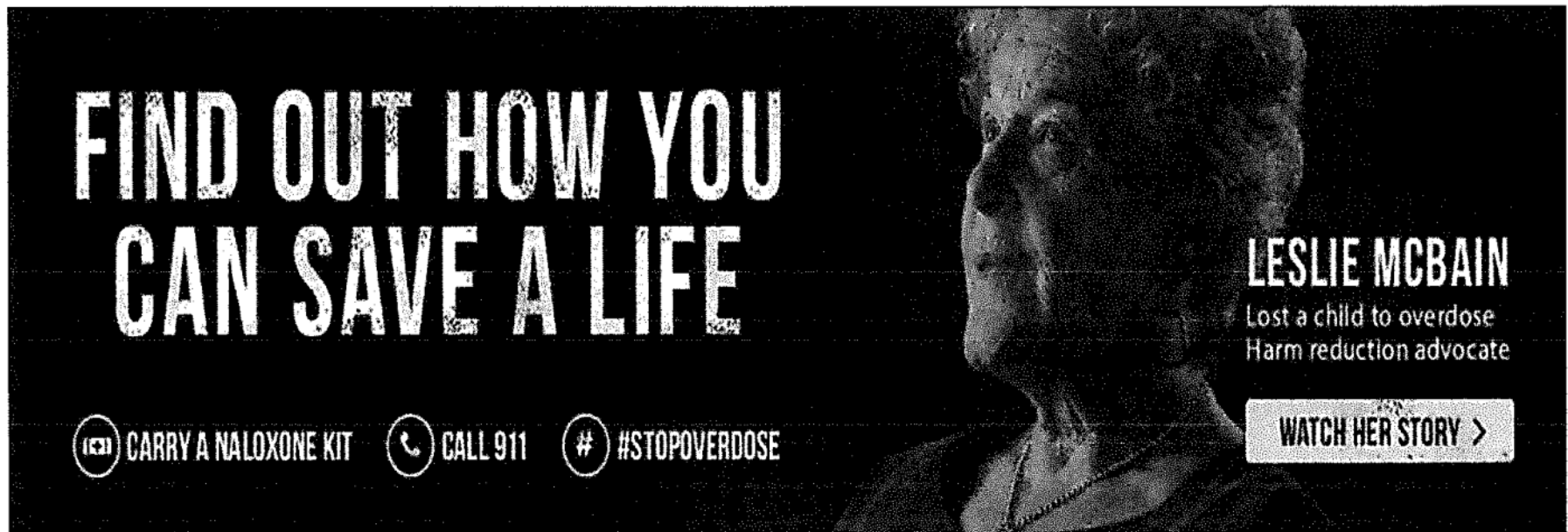
- Expand Naloxone availability
 - Take Home Naloxone
 - Un-schedule Naloxone
- Expand Supervised Consumption Sites
 - Previously had sites in Vancouver only
- Introduce Overdose Prevention Sites
 - Emerged as secondary need with continued increase in overdose deaths and inclement weather

2. Preventing Overdoses Before They Happen

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



3. Public and Professional Awareness

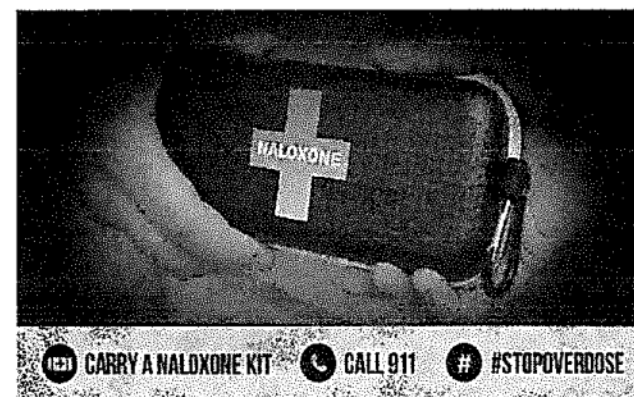
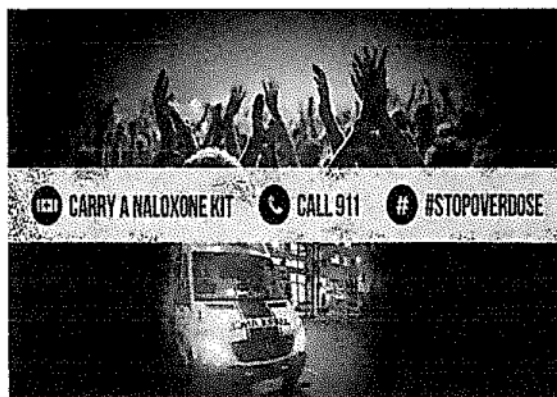


**FIND OUT HOW YOU
CAN SAVE A LIFE**

LESLIE MCBAIN
Lost a child to overdose
Harm reduction advocate

WATCH HER STORY >

(1-811) CARRY A NALOXONE KIT **CALL 911** **#STOPOVERDOSE**



4. Surveillance, Prescription Monitoring and Applied Research

- Improve timely data collection, reporting and analysis
 - Ambulance and emergency rooms reporting data on non-fatal overdoses
 - Weekly reporting by the BC Centre for Disease Control
 - Three applied research projects underway
 - BC Coroners Service working to collect more detailed information on illicit drug overdose deaths to inform response

5. Improvements to federal legislation

- Streamline application process for supervised consumption sites under the *Controlled Drugs and Substances Act (CDSA)*
- Prohibit unlawful ownership and use of pill presses
- Improve scheduling of precursors used in the manufacture of illicit substances
- Streamline processes for the safe destruction of substances seized by police in drug investigations
- Enhance capacity of Canada Border Services Agency to interdict packages under 30 grams

*Many of BC's objectives for federal legislation are addressed in Bill C-37

6. Improving federal enforcement and interdiction strategies



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

- Funding the Justice Institute of BC to provide training materials for safe fentanyl identification and handling
- Training workshops for frontline personnel
- Funding RCMP and municipal departments for purchase of naloxone and related training

Next steps

- Support Bill C-37 moving forward as quickly as possible
- National surveillance hub
- National coordinated case definitions
- Enhanced RCMP/Canada Border Services Agency partnership funding
- Re-instate RCMP resources to interdict the importation and trafficking of illicit opioids such as fentanyl

Points for Discussion

- Experiences of other jurisdictions related to opioid overdoses
- Strategies for response – short, medium and long term
 - Enforcement/Public Safety activities – municipal/provincial/federal
 - Coroners Service – plays an important surveillance role

Speaking Notes: BC Overdose Death Public Health Emergency

Federal/Provincial/Territorial Ministers Responsible for Justice and Public Safety

February 2, 2017

SLIDE TWO

- In BC we have experienced a dramatic increase in the number of opioid related deaths over the last five years. As you can see the number of deaths has more than doubled ~~tripled~~ from what it was just two years ago.
- This increase has been associated with an increase in detection of fentanyl in illicit drugs. It is now found in about 60% of cases, as opposed to 30% of cases in 2015.

SLIDE THREE (This slide is animated – goes through from 2010 to March 2016)

- The graphic of the province shows the changes going back to 2010. Note the significant increase in the number of deaths per 100,000 population. We also note there are significant regional variations with respect to the number of deaths, with multiple groups at risk including: ~~These include:~~
 - Illicit opioid users
 - Individuals discharged from corrections
 - Individuals discharged from abstinence-based opioid addiction treatment
 - Experimenters
 - Occasional users, stimulant users
 - Chronic pain patients

SLIDE FOUR

- As result of the significant increase in the number of deaths, the Provincial Hhealth Oeffer declared a Public Health Emergency on April 14, 2016. This enhanced our ability to increase public attention, improve real time information sharing and strengthen existing interventions.
- This was followed by the Premier announcing the creation of the Joint Task Force on Overdose Response on July 27, 2016.
- The task force is co-chaired by the Provincial Health Officer Perry Kendal and Director of Police Services and ADM of Policing and Security Branch, Clayton Pecknold.
 - ~~We consider this to be a ground-breaking collaboration between the health care and public safety sector. Designed to rapidly accelerate provincial response.~~
 - The task force also includes Lisa Lapointe, BC's the Chief Coroner, and senior members of law enforcement including RCMP "E" Division, and the Vancouver Police Department, and Vancouver Coastal Health Authority, as well as other senior officials from both the Ministries of Health and Public Safety and Solicitor General.
 - The representation on the task force permits rapid exchange of health and law enforcement information. It also facilitates discussion amongst senior leaders, allowing for improved coordination, cooperation and ability to respond for both sectors.

The task force is supported by a secretariat and six task groups. All have representation from law enforcement as active participants.

~~We consider this to be a ground-breaking collaboration between the health care and public safety sector.~~

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SLIDE FIVE

- In cooperation with the Ministry of Health, we developed a plan with seven key areas of focus to guide the work of the Joint Task Force.

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

SLIDE SIX

- As first steps, Originally, BC sought to expand availability of naloxone as well as the number of supervised consumption sites. Naloxone is the antidote that reverses an opioid overdose.
- We built on a pre-existing Take Home Naloxone Program. ~~These kits~~ Kits are now readily available to anyone who might need one including those just leaving correctional facilities and family members of illicit drug users. Over 10,000 no-charge kits were distributed in 2016.
- In B.C. anyone can purchase naloxone without a prescription at a community pharmacy. Expansion of naloxone availability is expected to increase the number of instances where overdoses are reversed and lives are saved.

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- Three of the province's five Regional Health Authorities ~~Authorities~~ have also moved forward a total of 5 with applications for new supervised consumption sites. ~~This includes 5 proposed sites~~ at various locations across the province including Vancouver (2), Victoria (1), and Surrey (2).
- We have taken a centralized approach to these applications and are coordinating with police. There are significant public safety advantages associated with supervised consumption services. Members are able to direct anyone considering using drugs in public spaces to the facilities, where they can get health care and support. This makes streets safer for everyone.
- Finally, as a result of the immediate need for to improve assistance for illicit drug users in the cold wet weather, 18 temporary Overdose Prevention Sites have been established. These sites operate under Minister's Orders under provincial statutes, and would not do not qualify as a permanent Supervised Consumption Site.
- Health authorities are expected to work with local police when these sites are being established, to ensure there is appropriate coordination and a common understanding of their purpose and limitations.

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SLIDE SEVEN

- The health care sector has also engaged in a number of initiatives with a view to preventing overdoses before they happen.
- Ensuring health providers are well equipped to effectively diagnose opioid use disorders and appropriately prescribe effective treatments is crucial.
- ~~We are also expanding~~ Expanding and improving upon existing treatment options for people with opioid dependence is a key component of preventing overdoses.
- In addition to the actions taken by the health care sector, members of the Vancouver Police Department and the Ministry of Health are currently developing a paper on Treatment on Demand. VPD has identified a frustration amongst members with not being able to refer people to services when they are ready to make a change. The paper is to inform the work of the joint task force and help set out the "street to treatment relationship".
- ~~Also as~~ As part of harm reduction efforts, the BC Centre on Substance Use continues to conduct qualitative research on the utility of fentanyl detection dipsticks for street drugs.

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SLIDE EIGHT

- Another aspect of our strategy has involved a vigorous Public Outreach Campaign.

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- Spreading the word that you can never be sure what an illegally obtained substance actually contains and that use can lead to significant harms remains a crucial component of preventing overdose deaths.
- Vancouver Police Department has developed a "Know your Source" website where people can get information and learn about strategies to reduce their risk of overdose.
- A range of oWe also have additional outreach with targeted outreach materials are intended to reach both people who use illicit drugs regularly and those who use occasionally. Here you see some of the graphics related to the various materials including:
 - videos
 - poster campaigns
 - handout materials for clinics, bars and other public venues
 - social media and public service announcements

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SLIDE NINE

- Another cornerstone of our strategy has been a robust Monitoring Surveillance and Applied Research regime. One of the key components of responding to a public health emergency is the real-time collection and analysis of more robust drug overdose information across the province.
- We have real time data collection from emergency departments and with weekly overdose reports from the BC Centre for disease control.
- Responding to the volume of cases being witnessed in B.C. has been very challenging. The Provincial Health Services Authority has increased the capacity of provincial toxicology labs to test blood samples for opioids and other new substances through the purchase of a mass spectrometer.
- The Coroners Service has also deployed a special 12 member team to address overdose related deaths which is also providing information to the Surveillance Task Group.
- In some cases, the coroners service calls upon police to submit samples to Health Canada's Drug Analysis Service in order to determine cause of death.

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SLIDE TEN

- A number of the legislative changes we viewed as necessary needed to remove barriers to addressing the opioid emergency needed to be made make at the federal level.
- We are very pleased to see that Health Canada and Public Safety Canada have been able to act on many many of our recommendations which have been addressed as part of the Canadian Drugs and Substances Strategy including in Bill C-37 as part of Health Canada's Canada Drug Strategy.

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- Changes we sought included amending or repealing Bill C-2 to reduce unnecessary burden on organizations applying for s.56 exemptions under the Controlled Drugs and Substances Act (CDSA) to operate supervised consumption sites.
- Another key recommendation involved other improvements to the CDSA and the Precursor Control Regulations to include scheduling of equipment and precursors used in the manufacture of illicit pills.
- Another recommendation included adding provisions to streamline processes for the safe destruction of substances seized by police in drug investigations.
- We were also pleased to see proposed changes to the *Customs Act* to enhance capacity of Canada Border Services Agency to interdict package under 30 grams.
- One change which we view as outstanding is the creation of escalating criminal sanctions for the importation and trafficking of fentanyl and its analogues.

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SLIDE ELEVEN

- Another key part of our early efforts included reaching out to federal partners with respect to enhance enforcement and interdiction activities.
- The Joint Task Force continues to work with police and law enforcement to support expansion of interdiction efforts including the co-ordination

of efforts to intercept, detect, and investigate illegally imported fentanyl and precursors.

- We have been working with federal (RCMP and Canada Border Services Agency) enforcement strategies, including focusing on interdiction of imported products, packages and precursors.
- ~~We have been pleased to see that a~~ number of seizures of fentanyl and carfentanil have been made over the last several months by the RCMP, municipal departments and the Canada Border Services Agency.

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- A partnership has been established with Canadian Border Services Agency and the RCMP in BC. A and additional funding will be made available to enhance the ability to intercept packages entering Canada and identify and target those who are importing fentanyl through the mail system.

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- We would still like to see the federal government re-instate federal RCMP drug enforcement resources and increase Canada Border Services Agency resources to better interdict the importation and trafficking of illicit drugs.

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- Finally, the Public Prosecution Service of Canada is now using dedicated prosecutors and automatically putting forth aggravating sentencing submissions for cases that involve fentanyl, carfentanil, or related chemical analogues.

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- As part of the work of the joint task force, we are also working with our health partners to develop comprehensive information on community impact statements so that they can be used by specialized these prosecutors for drug related sentencing.

SLIDE TWELVE

- The last element of our strategy is enhancing the capacity of police to support harm reduction efforts.
- A key benefit of the work of the joint task force is law enforcement and the health care community are gaining an increasing appreciation of each other's roles and challenges.
- It is increasingly clear how much the users of illicit substances are victims and a highly vulnerable population.
- The Province has provided funding for both RCMP and municipal departments for intranasal naloxone kits and training for police to respond to individuals overdosing, and to provide members with protection from accidental exposure.
- RCMP "E" division and all municipal departments are moving forward with training of their members in use of naloxone to help prevent opioid related deaths. We expect 7800 naloxone kits to be distributed to members by early 2017.
- Police are continuing to direct law enforcement efforts towards higher level targets.
- The province also made funding available to the Justice Institute of BC to create a web site component for first responders with strategies on managing fentanyl exposure and handling fentanyl exhibits.

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SLIDE THIRTEEN

- ~~• I am very interested in learning more about the experiences of other jurisdictions with respect to opioid overdoses, and am hoping we can discuss some of the short and long term strategies that we can use to respond to them.~~
- ~~• I am also hoping that we can identify some appropriate agenda items to raise with the ministers at their meeting in October.~~
- ~~• I would be pleased to answer any questions.~~

SLIDE THIRTEEN

- With regard to next steps, BC is very interested in seeing Bill C-37 move through parliament as quickly as possible. As I indicated above, we view many of these changes as critical to assisting us with addressing the opioid emergency.
- We would also like to move forward on a nationally coordinated surveillance hub, as well as the creation of common case definitions for health and coroners and other drug data.
- BC is quickly building up a bank of knowledge and we would be pleased to contribute the surveillance data collected to inform national health care and law enforcement strategies and actions. For example, this information could be used to create improvements in scheduling of precursor drugs.
- Finally, as we continue to see an unprecedented number of deaths, and individuals who have sustained permanent brain injuries, we continue to advocate for enhanced RCMP/Canada Border Services Agency partnership funding and for federal RCMP resources to interdict the

importation and trafficking of illicit opioids such as fentanyl to be re-instated.

SLIDE FOURTEEN

- I am very interested in learning more about the experiences of other jurisdictions with respect to opioid overdoses, and am hoping we can discuss some of the short and long term strategies that we can use to respond to them.
- I am also hoping that we can identify some appropriate agenda items to raise without forward for the ministers at their meeting in October.
- I would be pleased to answer any questions.

CONFERENCE DOCUMENT

FEDERAL/PROVINCIAL/TERRITORIAL DEPUTY MINISTERS RESPONSIBLE FOR
JUSTICE AND PUBLIC SAFETY – FEBRUARY 2, 2017

OPIOIDS/FENTANYL/SYNTHETIC DRUGS

SPONSORING JURISDICTIONS: British Columbia and Public Safety Canada

ISSUE / DECISION REQUEST:

Share experiences as well as strategies for responding to the opioid overdose emergency. Discuss short term and long strategies being adopted by provinces and territories intended to address the issue of opioid overdoses, particularly with respect to enforcement activities and coroners services activities. Identify opportunities for further discussion and collaboration at the October Ministers meeting.

Consider potential opportunities to move forward, such as the development of a national hub for surveillance of drug-related harms and a nationally coordinated process to develop common case definitions for surveillance for health, coroners, and other drug data. Re-iterate BC's interest in supporting Bill C-37 moving through parliament as quickly as possible, securing enhanced RCMP/Canada Border Services Agency Partnership funding, and re-instatement of RCMP resources to interdict the importation and trafficking of illicit opioids.

BACKGROUND:

Since 2012, British Columbia has had a significant increase in opioid overdose deaths related to illegal drug use. From January to November 2016 there were 755 deaths from illicit drugs in the province. The total number of deaths for 2016 will be released by the BC Coroners Service on January 18, and is expected to exceed 800. The annual mortality rate due to illicit drug overdose in British Columbia rose from 4.7 per 100,000 in 2010 to 15.7 per 100,000 in 2016.

On April 14, 2016 the Provincial Health Officer Dr. Perry Kendall declared a public health emergency to mobilize a response that would allow the collection, reporting and analysis of real-time information from across the health system and permit the identification and communication of risks to people who use drugs.

On July 27, 2016, the Premier established the Joint Task Force on Overdose Response, co-chaired by the Provincial Health Officer, Dr. Kendall and Assistant Deputy Minister and Director of Police Services, Clayton Pecknold. The Task Force ensures co-operation between the health and public safety sectors to address the emergency.

CONFERENCE DOCUMENT

FEDERAL/PROVINCIAL/TERRITORIAL DEPUTY MINISTERS RESPONSIBLE FOR
JUSTICE AND PUBLIC SAFETY – FEBRUARY 2, 2017

The Task Force identified seven key areas of activity.

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

The Task Force is supported by six task groups focused on broadening the availability of naloxone as well as increasing supervised consumption sites, enhancing public awareness and education, surveillance and monitoring, and increasing treatment options. There is representation from policing and public safety officials on the task groups and other supporting committees.

On September 28, 2016, the Province announced an additional \$10 million in funding, for joint task force activities including dedicated funding allocated to the public safety strategies. The public safety sector portion of this funding includes funding for naloxone kits and training for police, drug equipment and training and enhanced funding for dedicated enforcement activities. Additional funding has also been made available to the Coroners Service to create a dedicated team to address the increased volume of overdose related deaths. Funding will also be dedicated to community outreach.

At the national Opioid Summit on November 18th and 19th, hosted by the Honourable Jane Philpott, Federal Minister of Health and the Honourable Eric Hoskins, Ontario Minister of Health and Long-term Care a joint action plan was developed. A number of BC's priorities related to changes to federal legislation to improve regulation of pill presses and precursors as well as streamline applications for supervised consumptions sites have been addressed through Bill C-37.

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FEDERAL/PROVINCIAL/TERRITORIAL DEPUTY MINISTERS RESPONSIBLE FOR
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On December 8, 2016 the BC Ministry of Health moved forward with creation of Overdose Prevention Sites, in part as result of significant increases in overdose deaths associated with cold wet weather. These sites provide people with services such as monitoring consumption, as maintain naloxone on site. They are temporary and do not qualify as Supervised Injection Sites under the *Controlled Drugs and Substances Act*. Instead they are operated under orders of the Minister of Health under the *Emergency Health Services Act*, and the *Health Authorities Act*. As of January 6, 2017, eighteen sites have opened across the province. Consultation with local law enforcement is considered a critical prerequisite to establishing these services.

In addition to these temporary facilities, BC continues to coordinate work with its health authorities to secure approval to establish five additional permanent Supervised Injection Sites. Advantages of Overdose Prevention Sites and Supervised Injection Sites include providing a clear option to which law enforcement can direct people using illicit substances, giving individuals harm reduction services while improving public safety in the neighbourhood.

CONSIDERATION / OPTIONS:

BC would like to open a dialogue on experiences of other jurisdictions related to opioid overdoses. Strategies for response both short and long term including:

- Enforcement activities?
- Coroners Service response?

NEXT STEPS:

In keeping with the action plan developed at the Opioid Summit in November, BC continues to call for

- speedy passage of Bill C-37
- national hub for surveillance of drug-related harms
- nationally coordinated process to develop common case definitions for surveillance (for health, coroners, and other drug data)
- increased funding for RCMP/Canada Border Services Agency partnership to address the opioid emergency
- re-instatement of federal RCMP funding aimed at interdicting illegal substances

Identify agenda items for presentation at the October Ministers' meeting. This could pertain to enforcement activities as well as Coroners Services response.

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, January 19, 2017 9:52 AM
To: Campbell, Corrie L PSSG:EX
Subject: Clayton on RCMP - China Agreement

- ☐ Work will continue to monitor the effectiveness of Canada's public safety response including the implementation of the RCMP agreement with China on reducing the supply of illicit synthetic opioids at source.

As originally drafted, there was a reference to CACP.

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, January 20, 2017 8:59 AM
To: McCaskill, Jack PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: Help with estimates notes
Attachments: Estimates NoteTemplate 2016-17.docx; RE: Review of conference document going to FPT DMs of Justice and Public Safety February 2017; 1) FPT DM BN BC Response to Opioid Overdose Emergency-Feb 2 2017 @ Jan 17, 2017.docx

Hi Jack

I am hoping you can give me a hand with creating an estimates note on fentanyl.

Template is attached and the most current notes on the file.

Estimates Notes and Template can be found on the LAN, here: W:\EXECUTIVE\BRIEFINGNOTES ESTIMATES

Do you think you can complete this by Tuesday noon?

From: Salpeter, Rebecca PSSG:EX
Sent: Thursday, January 19, 2017 4:35 PM
To: Campbell, Corrie L PSSG:EX
Subject: 2016 ENs

W:\EXECUTIVE\BRIEFINGNOTES ESTIMATES\2016 ESTIMATES\09 CROSS 9 Medical Marijuana Dispensaries Apr 28.docx

2016/17 ESTIMATES NOTE

[Title of Issue Goes Here.
Can be multiple lines.]

Suggested Response:

- [State suggested response in bullet form. Please try to keep notes concise. Use two spaces between sentences within a bullet.] [One line between main bullets]
- [This is an example of a main bullet with sub bullets.]
 - [No line between main bullet and first sub bullet type];
 - [One line between subsequent sub bullets]; and
 - [Note margins of sub bullets are not the typical default setting.]

Title of Sub Section One or "If asked about a specific subject" [This is an example of when either the Suggested Response section contains sub sections.]

- [The same layout as above.]

Background: [Two lines separating Suggested Response section from Background section]

- [State background information in bullet form using the same formatting as above.]

Title of Sub Section One or Appendix [This is an example of when the Background section contains sub sections.]

- [Same layout as above.]

Contact:	Phone: xxx-xxx-xxxx	Mobile: xxx-xxx-xxxx
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Dean, Danielle PSSG:EX

From: Lee, Sherri JAG:EX
Sent: Wednesday, January 18, 2017 2:43 PM
To: Huggins, Rachel (PS/SP); Holmes, Michael (PS/SP); Daly, Robert (PS/SP)
Cc: Campbell, Corrie L PSSG:EX
Subject: RE: Review of conference document going to FPT DMs of Justice and Public Safety February 2017
Attachments: FPT DMs Feb 2017 -CD Opioids.docx

Hi PSC colleagues. I am attaching the draft of the conference document that BC (Corrie) prepared on opioids (Fentanyl), which is going to translation Thursday (tomorrow) morning. Please let us know if you have any comments.

Thank you.

Sherri

Sherri Lee

Senior Policy and Legislation Analyst, FPT Justice
Criminal Justice and Legal Access Policy Division
Justice Services Branch
Ministry of Justice and Attorney General
PO Box 9222 STN PROV GOVT
Victoria, BC V8W 9J1
Tel: 250 953-4261
Fax: 250 356-6552

CONFERENCE DOCUMENT

FEDERAL/PROVINCIAL/TERRITORIAL DEPUTY MINISTERS RESPONSIBLE FOR
JUSTICE AND PUBLIC SAFETY – FEBRUARY 2, 2017

OPIOIDS/FENTANYL/SYNTHETIC DRUGS

SPONSORING JURISDICTIONS: British Columbia and Public Safety Canada

ISSUE / DECISION REQUEST:

Deputy Ministers will discuss the growing number of overdoses and deaths in Canada associated with the misuse of opioids and related substances, such as fentanyl. British Columbia (BC) will share experiences as well as strategies for responding to the opioid overdose emergency. These will include short and long term strategies being adopted by BC intended to address the issue of opioid overdoses, particularly with respect to law enforcement activities and coroners services activities undertaken in partnership with the health sector. BC will identify opportunities for further discussion and collaboration at the fall 2017 meeting of Federal/Provincial/Territorial (FPT) Ministers Responsible for Justice and Public Safety.

Following BC's presentation, Deputy Ministers will be asked to consider potential opportunities to move forward, such as the development of a national hub for surveillance of drug-related harms and a nationally coordinated process to develop common case definitions for surveillance for health, coroners, and other drug data. BC will re-iterate their interest in supporting Bill C-37 moving through parliament as quickly as possible, in addition to the desire to secure enhanced RCMP/Canada Border Services Agency Partnership funding, and re-instatement of RCMP federal resources to enhance their ability to interdict the importation and trafficking of illicit opioids.

BACKGROUND:

Since 2012, BC has had a significant increase in opioid overdose deaths related to illegal drug use. In 2016 there were 914 deaths from illicit drugs in the province which is a 150% increase in the number of deaths in 2014 at 366. The annual mortality rate due to illicit drug overdose in BC rose from 4.7 per 100,000 in 2010 to 17.4 per 100,000 in 2016.

On April 14, 2016, the Provincial Health Officer Dr. Perry Kendall declared a public health emergency to mobilize a response that would allow the collection, reporting and analysis of real-time information from across the health system and permit the identification and communication of risks to people who use drugs.

On July 27, 2016, the Premier established the Joint Task Force on Overdose Response, co-chaired by the Provincial Health Officer, Dr. Perry Kendall and Assistant Deputy Minister and Director of Police Services, Clayton Pecknold. The Task Force ensures co-operation between the health and public safety sectors to address the emergency.

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JUSTICE AND PUBLIC SAFETY – FEBRUARY 2, 2017

The Task Force identified seven key areas of activity.

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

The Task Force is supported by six task groups focused on broadening the availability of naloxone as well as increasing supervised consumption sites, enhancing public awareness and education, surveillance and monitoring, and increasing treatment options. There is representation from policing and public safety officials on the task groups and other supporting committees.

On September 28, 2016, the Province announced an additional \$10 million in funding, for Joint Task Force activities including dedicated funding allocated to the public safety strategies. The public safety sector portion of this funding includes funding for naloxone kits and training for police, drug equipment and training for the federal Clandestine Laboratory and Enforcement Response Team (CLEAR) and enhanced funding for dedicated enforcement activities. Additional funding has also been made available to the Coroners Service to create a dedicated team to address the increased volume of overdose related death investigations. Funding will also be dedicated to community outreach.

At the national Opioid Summit on November 18 and 19, 2016, hosted by the Honourable Jane Philpott, Federal Minister of Health and the Honourable Eric Hoskins, Ontario Minister of Health and Long-term Care a joint action plan was developed. A number of BC's priorities related to changes to federal legislation to improve regulation of pill presses and precursors as well as

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JUSTICE AND PUBLIC SAFETY – FEBRUARY 2, 2017

streamline applications for supervised consumptions sites have been addressed through Bill C-37.

On December 8, 2016, the BC Ministry of Health moved forward with creation of 18 Overdose Prevention Sites, in part as result of significant increases in overdose deaths associated with cold wet weather. These sites provide people with services such as monitoring consumption, having naloxone available on site. They are temporary and do not qualify as Supervised Injection Sites under the *Controlled Drugs and Substances Act*. Instead they are operated under orders of the Minister of Health under the *Emergency Health Services Act*, and the *Health Authorities Act*. As of January 6, 2017, eighteen sites have opened across the province. Consultation with local law enforcement is considered a critical prerequisite to establishing these services.

In addition to these temporary facilities, BC continues to coordinate work with its health authorities to secure approval to establish five additional permanent Supervised Injection Sites. Advantages of Overdose Prevention Sites and Supervised Injection Sites include providing a clear option to which law enforcement can direct people using illicit substances, and giving individuals harm reduction services while improving public safety in the neighbourhood.

In keeping with the action plan developed at the Opioid Summit in November 2016, BC continues to call for:

- speedy passage of Bill C-37
- national hub for surveillance of drug-related harms
- nationally coordinated process to develop common case definitions for surveillance (for health, coroners, and other drug data)
- increased funding for RCMP/Canada Border Services Agency partnership to address the opioid emergency
- re-instatement of federal RCMP funding aimed at interdicting illegal substances

CONSIDERATION / OPTIONS:

BC would like to open a dialogue on experiences of other jurisdictions related to opioid overdoses. Strategies for response both short and long term including:

- Enforcement activities
- Coroners Service response

NEXT STEPS:

Deputies are asked to consider potential opportunities to move forward, such as the development of a national hub for surveillance of drug-related harms and a nationally

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JUSTICE AND PUBLIC SAFETY – FEBRUARY 2, 2017

coordinated process to develop common case definitions for surveillance for health, coroners, and other drug data.

Deputies will be asked to consider whether to add Opioids/Synthetic Drugs to the fall 2017 agenda of FPT Ministers Responsible for Justice and Public Safety. Such a discussion could include enforcement activities as well as Coroners Services response.

**FEDERAL/PROVINCIAL/TERRITORIAL (FPT) MEETING OF
DEPUTY MINISTERS RESPONSIBLE FOR JUSTICE
AND PUBLIC SAFETY**

**Toronto, ON
February 2, 2017**

AGENDA TOPIC: *Fentanyl/Opioids*

ISSUE: **BC's Opioid Overdose Response.**

MINISTRY'S SUGGESTED RESPONSE:

- Drug-related overdoses and deaths have become a very serious concern all across the country. It is critical that we take a national approach to address this crisis and prevent future tragedies.
- British Columbia is pleased to see the federal government move forward with Bill C-37, amending the *Controlled Drugs and Substances Act* and other statutes, as well as amending the *Precursor Control Regulations*.
- Restricting access to equipment, like pill presses and tableting machines that are used as a method for trafficking fentanyl and other toxic illegal drugs is a key tool for law enforcement.
- We also note the amendments provide mechanisms for police for early, safe destruction of fentanyl, its related compounds and their precursors without jeopardizing prosecutions.
- We continue to call for escalating criminal sanctions for the importation and trafficking of fentanyl and its analogues.
- We would also like to see additional capacity for surveillance such as a national data hub for drug related harms and a nationally coordinated approach to common case definitions (e.g., for health, coroners, and other drug data definitions).
- Going forward we need to ensure we are taking full advantage of leveraging our collective resources to maximize the effectiveness of our response.

BACKGROUND:

Since 2012, British Columbia has had a significant increase in opioid overdose deaths related to illegal drug use. In 2016 there were 914 deaths from illicit drugs in the province. This is a 150% increase in the number of drug-related deaths experienced in 2014 at 366.

On April 14, 2016, the Provincial Health Officer Dr. Perry Kendall declared a public health emergency to mobilize a response that would allow the collection, reporting and analysis of real-time information from across the health system and permit the identification and communication of risks to people who use drugs.

On July 27, 2016, the Premier established the Joint Task Force on Overdose Response, co-chaired by the Provincial Health Officer, Dr. Kendall and Assistant Deputy Minister and Director of Police Services, Clayton Pecknold. The Task Force ensures co-operation between the health and public safety sectors to address the emergency.

The Task Force identified seven key areas of activity.

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

The Task Force is supported by six task groups focused on broadening the availability of naloxone as well as increasing supervised consumption sites, enhancing public awareness and education, surveillance and monitoring, and increasing treatment options. There is representation from policing and public safety officials on the task groups and other supporting committees.

Assistant Deputy Minister and Director of Police Services, Clayton Pecknold also leads a monthly call with the police leadership in the province to share information and discuss challenges and opportunities around this crisis.

On September 28, 2016, the Province announced an additional \$10 million in funding, for Joint Task Force activities including dedicated funding allocated to the public safety strategies. The approved allocation of the public safety sector portion of this funding includes \$3.3 million:

Ministry of Public Safety & Solicitor General	\$ Millions
Naloxone Kits & Training	1.10
Coroner - Closure of 2015/16 Overdose Death Files	0.45
Community Outreach & Awareness Strategies	0.50
Drug Equipment & Training (CLEAR team and Municipal Departments)	0.60
Dedicated Enforcement Activity	0.65
TOTAL	3.30

The \$6.7 million balance will be spent on various health related initiatives (\$1.7 million) with the remaining \$5.0 million to be used to support the establishment of the new British Columbia Centre on Substance Use.

At the national Opioid Summit on November 18th and 19th, 2016, hosted by the Honourable Jane Philpott, Federal Minister of Health and the Honourable Eric Hoskins, Ontario Minister of Health and Long-term Care a joint action plan was developed. As part of the action plan BC continues to call for

- Creation of a nationally coordinated surveillance hub providing ongoing active surveillance of illegal and prescribed fatal and non-fatal overdose and other drug-related harms in Canada.
- Creation of a nationally coordinated process to develop common case definitions for surveillance (for health, coroners, and other drug data).
- Contribution of provincial surveillance data that outlines the magnitude of the fentanyl problem in BC, including the proportion of illicit drug overdose deaths where fentanyl is detected, to inform the national picture, and sharing appropriate information with federal health and enforcement sectors to support an intersectoral and multi-level approach to reducing overdoses and overdose deaths.
- Support for the federal government in its exploration of improved scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and *Precursor Control Regulations*, including pill presses, sorters, tableting machines and pill dies to permit monitoring and control of access to non-legitimate users.
- Federal government support for enhanced RCMP/Canada Border Services Agency partnership funding and to re-instate federal RCMP resources to interdict the importation and trafficking of illicit opioids such as fentanyl.

Overdose Prevention Sites

On December 8, 2016, the Ministry of Health moved forward with creation of 18 Overdose Prevention Sites. These sites provide people with services such as monitoring consumption of drugs, as well as maintaining naloxone on site. They are temporary and do not qualify as Supervised Injection Sites under the *Controlled Drugs and Substances Act*. Instead they are operated under orders of the Minister of Health under the *Emergency Health Services Act*, and the *Health Authorities Act*.

Bill C-37

On December 12, 2016, Health Canada introduced Bill C-37. Bill C-37 proposes to amend the *Controlled Drugs and Substances Act*, the *Customs Act*, the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, the *Criminal Code of Canada*, and the *Seized Property Management Act*. Proposed amendments simplify and streamline the application process for supervised consumption sites and modernize legislation to reduce the risk of diversion of controlled substances.

Bill C-37 restricts possession sale, importation or trafficking of anything that it is intended to be used to produce a controlled substance. It also creates a regulatory scheme for the importation of pill presses and encapsulators into Canada. The

combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses.

Also with respect to law enforcement, Bill C-37 removes the minimum weight of 30 grams from the *Customs Act* so Canadian Border Services Agency can open international mail suspected of containing controlled substances. Finally new provisions are added which will permit the Minister of Health Canada to quickly schedule and control dangerous new substances on a temporary basis.

Actions Completed as part of BC's Joint Task Force

Examples of the public safety sector's progress in responding to the fentanyl emergency include:

- An estimated expenditure of more than of \$1.5 million on police response and investigations for 2016/17.
- The BC Coroners Service has enhanced its protocols for investigating opioid related deaths in order to provide enhanced information to health and public safety sector partners. It estimates it will spend in excess of \$1.124 million on investigating opioid related deaths in 2016/17.
- All ten BC Correctional facilities will be participating in the BC Centre for Disease Control Take-Home-Naloxone Program. As of January 15, 2017, eight facilities are up and running.
- The Justice Institute of BC has set up a website for first responders on how to manage fentanyl (and related analogues) and fentanyl exposure.
- BC Emergency Health Services has adopted a policy of only calling for police to attend overdoses where there is a public safety issue. This addresses a concern that people avoid calling 911 for an overdose for fear of being arrested for possession of narcotics. The RCMP and City of Vancouver have an official policy consistent with this, while most other municipal departments follow this as a matter of practice.
- Minister Morris has provided letters of support for supervised consumption sites for two additional facilities in Vancouver Coastal Health Authority and one additional facility for Vancouver Island Health Authority. Fraser Health Authority is also in process of submitting requests for letters of support for two new sites.

Interdiction Activities

Examples of interdiction activity by police and Canada Border Services Agency include:

- October 10, 2016: Nanaimo RCMP - Over a kilo of fentanyl seized.
- November 22, 2016: Vancouver PD - No amount stated. Carfentanil detected in Vancouver drug seizure.
- November 29, 2016: Vancouver PD - Although no drugs were seized, paraphernalia left on site that was sent for testing confirmed that carfentanil was linked to a Vancouver man's death.
- December 1, 2016: Victoria PD - Multi-agency investigation resulted in the seizure of 1.45 kilograms of fentanyl.

- December 6, 2016: Kamloops RCMP - Two individuals were arrested for various *Controlled Drugs and Substance Act* offences. Trafficking quantities of heroin were seized.
- December 9, 2016: Kelowna RCMP - The arrest of seven people, and the shutdown of a large drug operation following a significant police investigation was announced. Amongst items seized was 1.32 kilograms of suspected fentanyl-laced heroin.
- January 5, 2017: Canada Border Services Agency – CBSA announced it had laid charges against 3 individuals from Pitt Meadows and Mission. An estimated 1,800 capsules – including 321 fentanyl pills and over 33 kilograms of raw powder (anabolic steroids and prescription drugs) and 22 litres of liquid containing steroids and other import-controlled substances were seized in the investigation.
- January 6, 2017: New Westminster Police Department - Following several months' investigation by New Westminster Police Department, several RCMP detachments and the Canada Border Services Agency, charges were approved against an individual for multiple counts of drug related offences. Fentanyl was amongst the drugs seized.
- January 9, 2017: West Shore RCMP - Drugs, cash and 600 pills, potentially containing fentanyl, were seized.
- January 10, 2017: Vernon-North Okanagan RCMP - Nineteen individuals charged and fentanyl seized in an undercover drug bust.

Other Law Enforcement Activities

- The RCMP and municipal police forces have acquired intra-nasal naloxone and are training their members to administer it to officers and members of the public suffering from overdoses. As of January 16, 2017, RCMP members have used naloxone 52 times, in various locations across the province including 31 instances in Surrey.
- Establishment of the agreement between the RCMP and China to stem the importation of fentanyl.

POSITIONS OF OTHER JURISDICTIONS:

Alberta's Bill 205 (under the *Alberta Pharmacy and Drug Act*), tabled in May 2016, prohibits the purchase and possession of equipment used in the manufacture of pills and tablets unless licensed to do so. Fines range from \$50,000 for a first offence up to \$375,000 and one year jail time for conviction of a third offence under that Act.

BC and Alberta are unique amongst provinces in Canada with respect to experiencing significant numbers of deaths related to illicit opioids. Until recently, other provinces have tended to be primarily concerned with inappropriate opioid prescribing. This trend appears to be changing.

IMPLICATIONS FOR BC:

Drug prosecutions are a federal responsibility, although local and provincial police work together to enforce drug laws and protect our communities. BC continues to call for increased sanctions for convictions related to trafficking of fentanyl, carfentanil or related analogues.

As BC is the province which has been hardest hit by the opioid emergency, we have become a leader in development of collaborative strategies to address the emergency. Increasingly, other provinces will look to BC for leadership and best practices should their levels of opioid overdoses continue to increase.

Prepared by: Corrie Campbell
Telephone: 250-387-6950
Date: January 16, 2017

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Withheld pursuant to/removed as

s.13; s.15; s.16

I trust this is helpful. If you need anything further please advise.

Loretta

From: Enger, Tonia PSSG:EX
Sent: Friday, January 20, 2017 8:19 AM
To: Smith, Loretta PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: RE: Pill Presses

s.13;s.15;s.16

Thanks
Tonia

Copyright

From: Enger, Tonia PSSG:EX
Sent: Wednesday, January 18, 2017 1:14 PM
To: Smith, Loretta PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: RE: Pill Presses

s.13;s.15;s.16

Thanks
Tonia

From: Smith, Loretta PSSG:EX
Sent: Wednesday, January 18, 2017 12:44 PM
To: Enger, Tonia PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: RE: Pill Presses

Tonia,

s.13;s.15;s.16

If you would like anything else, just let me know.

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Withheld pursuant to/removed as

s.13; s.15; s.16

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, January 31, 2017 12:30 PM
To: Steenvoorden, Tom PSSG:EX
Subject: Us on reinstatement of RCMP resources

Feb 2

From Conference Document for FPT DMS
Copyright

From content provided to Vancouver Sun on Jan 23
Copyright

FROM the Presentation Done by CP at CPPC No 23
Copyright

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch |
Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

Dean, Danielle PSSG:EX

From: Sitter, Donna GCPE:EX
Sent: Wednesday, February 1, 2017 11:47 AM
To: Steenvoorden, Tom PSSG:EX
Subject: FW: Some examples that might be useful for QA's
Attachments: FS - EXTERNAL Guns and Gangs Strategy_Jan12_17.doc; Police - PO QA_PSSG OD Fentanyl Info_Oct24_2016.docx; Police - QA_Federal Task Force Recommendations on Legalization of Cannabis_13Dec_2016.docx; Police - Gangs Three Pillars - QA - 14Apr16.docx

From: Sitter, Donna GCPE:EX
Sent: Wednesday, February 1, 2017 11:24 AM
To: Best, Alana PSSG:EX
Subject: Some examples that might be useful for QA's

Hi - here is a Fact sheet - just info you can use for QA's; A QA on Fentanyl as an example, on the federal gov't announcement on cannabis, and on the original \$23 M. enhanced Gangs and Guns - QA.

FACTSHEET

Ministry of Public Safety and
Solicitor General

Policing: Guns and Gangs Strategy & programs for at-risk youth

- The Province, anti-gang units and local police continue to make progress with work underway on B.C.'s \$23-million expanded Guns and Gangs Strategy.
- In the past few months, law enforcement has made million dollar drug busts in Victoria and Vancouver, has seized drug labs throughout the province, has caught and confiscated drugs and weapons trying to cross our border and continues to target, pursue and arrest known gang members.
- Work is also ongoing and underway to help curb new gang recruits from entering into gang life and to empower communities to report suspicious activities in their neighbourhood or family members that may be involved in a criminal lifestyle.

Facts:

GUNS AND GANG STRATEGY:

- On April 15, 2016, government announced that more than \$23 million would be dedicated to new or expanded measures under the Guns and Gangs Strategy to address public safety in Surrey, Williams Lake and throughout the province.
<https://news.gov.bc.ca/releases/2016PSSG0135-001220>
- In addition to the enhanced Guns and Gangs Strategy, the province already invests approximately \$64 million annually (including federal contributions of \$19 million) to support B.C.'s anti-gang unit called the Combined Forces Special Enforcement Unit of British Columbia (CFSEU-BC), which is the largest integrated joint forces police program in Canada.
<http://www.cfseu.bc.ca/about-cfseu-bc/>
- The expanded Guns and Gangs Strategy is structured under three pillars:
 - Pillar 1: Support effective enforcement and prosecution.
 - Pillar 2: Furthers community safety and public engagement.
 - Pillar 3: Review laws targeting illegal guns and gang violence, profits and property.
- The following key measures of the strategy have been completed:
 - A new integrated community safety initiative (ICSI) in Williams Lake supported by \$500K in civil forfeiture funding. This work will strengthen collaboration among justice, health, social service, First Nations and community partners to better address the roots of crime and violence in the region.
<https://news.gov.bc.ca/releases/2016PSSG0126-001155>
 - Two new 10-person gang suppression teams were created and supported by \$3.5 million in additional funding for 2016/17, \$3 million for 17/18 and \$3 million for 18/19.
 - A new Illegal Firearms Taskforce has been established and has hit the ground running, conducting roundtables throughout the Province to hear from communities

on ways to strengthen and better use provincial and federal programs related to illegal firearms. <https://news.gov.bc.ca/releases/2016PSSG0198-001813>

- The End Gang Life Gang Exit Pilot Program for adults was created and has begun to accept its first clients. <https://news.gov.bc.ca/releases/2016PSSG0224-002242>
- The End Gang Life education and outreach campaign has also created new posters and videos for school presentations and at-risk youth.
- The Provincial Tactical Enforcement Priority (PTEP) received \$2-million in funding and a further \$1.5 million committed for each of the next 2 years to maximize cross policing intelligence systems and police efforts to pinpoint and disrupt gang and criminal networks.
- A province-wide Gun Amnesty was held during October:
 - 1,184 firearms were turned in including a variety of related items such as holsters, explosives, non-firearms weapons and firearms replicas as well as thousands of rounds of miscellaneous ammunitions.
<https://news.gov.bc.ca/stories/bc-gun-amnesty-nets-1184-unwanted-firearms>
- Work that is ongoing and underway includes:
 - Staffing of the new Office of Crime Reduction and Gang Outreach.
 - The Criminal Justice Branch's work to dedicate two full-time prosecutors and a paralegal to prioritizing cases linked to guns and gangs.
 - Development of a Crime Stoppers initiative focused on firearms and the Gang Tip Line.
- Since April, 2016, law enforcement has made a number of significant drug and weapon seizures and continues to target, pursue and arrest known gang members.

PREVENTION, INTERVENTION, ENGAGEMENT and OUTREACH:

- Prevention, intervention, engagement and outreach to families and at-risk youth are key components of the enhanced Guns and Gangs Strategy. Programs include:
 - CFSEU-BC's End Gang Life program – a province wide anti-gang prevention campaign aimed at “at-risk” youth and their families. The campaign consists of short videos, posters and radio PSA's distributed to every media outlet and law enforcement agency throughout B.C. including various other community groups and schools. CFSEU-BC will continue to provide End Gang Life School Presentations to students throughout the province. To date, more than 60 presentations to over 20,000 students have been completed including every middle and high school student in Nanaimo and Kelowna. cfseu.bc.ca/end-gang-life/
 - In partnership with PSSG's Community Safety and Crime Prevention branch, CFSEU-BC also leads the End Gang Life Gang Exit Pilot Program for adults entrenched in gang life that are looking for a way out. <http://www.cfseu.bc.ca/end-gang-life/b-c-gang-exit-pilot/>
 - The Surrey Safe Schools WRAP program (partnership between the Surrey School District, Surrey RCMP with support from CFSEU-BC and the City of Surrey) helps to keep at-risk youth out of the gang and criminal lifestyle – there are approx. 100 B.C. youth currently participating. <http://surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=73&languageId=1&contentId=8915>

- Additional resources include:
 - Civil forfeiture grants support a number of community led programs to steer youth away from gangs and crime. <https://news.gov.bc.ca/releases/2016PSSG0190-001682>
 - Youth & Gangs - A Parents Resource booklets available in English, Vietnamese, Punjabi, Tagalog, Somali, Arabic, Chinese, Korean and Spanish - soon to be available in Farsi and Hindi. cfseu.bc.ca/end-gang-life/end-gang-life-multilingual-booklets/
 - The Surrey RCMP Parent Helpline at 604 599-7800 is available to parents who are concerned about their children becoming involved in illegal activities. <http://surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=1484&languageId=1&contentId=46508>
 - Numerous community led forums on drugs and gangs held throughout the province with local police and CFSEU-BC support.

To review the latest update please visit: <https://news.gov.bc.ca/releases/2016PSSG0223-002241>

Contact:

Media Relations
 Ministry of Public Safety and Solicitor General
 250-213-3062

**Questions and Answers:
OD's – Public Safety and Solicitor General
Oct. 24, 2016**

Q: Update on Ottawa's progress on banning pill presses, especially given Alberta has proceeded without them.

- The Minister of Public Safety and Minister of Health jointly wrote – both the federal Ministers of Health and Public Safety.
- We are still waiting for the federal Minister of Public Safety to get back to us.
- As part of our provincial OD task force, we are working with the federal government on restricting access to pill presses and tableting machines, and limiting access to the materials used to manufacture fentanyl.
- We have made it a priority to work with our federal counterparts to ensure a consistent, national approach that will effectively restrict access to pill presses and tableting machines.
- The drug trade doesn't respect jurisdictional boundaries, so a patchwork of provincial laws can't be as effective as a national approach.

Q: Do we know if Vancouver Coastal Health is submitting the application for two consumption sites by Friday, and is Philpott granting the exemption when she is here on the 9th?

- The Minister of Public Safety and Solicitor General has also sent a letter of support for new consumption sites. (getting signed off tomorrow then sent)

Q: Need specifics on what kind of enhanced enforcement activities we're pursuing with CBSA targeted at illicit fentanyl traffickers.

- When it comes to mailed packages under 30 grams the Border Services Officers have the legislated authority under the Customs Act to open and inspect any package entering Canada.
- Last year the CBSA at the Vancouver International Mail Centre alone screened approximately 36 million pieces of mail and parcels of which about 2/3 originated from China.
- All mail arriving in Canada is screened using a variety of non-intrusive techniques and detection technology, the CBSA then selects high risk mail and packages for closer examination.
- Where CBSA forms reasonable grounds, they have the ability to request authorization from the importer to open and conduct an in-depth physical examination of mail weighing less than 30 grams.

- In the very rare instances where authorization is not forthcoming from the importer, the shipment is refused entry to Canada and is returned to its origin which prevents the mail or package from actually entering the domestic mail stream or entering Canada.

Q: How much fentanyl has been identified and seized at the border.

- While the province has great engagement with CBSA and they have increased seizures at the border, we want a national strategy on interdiction at our borders.
- In 2015, CBSA Pacific Region made 22 seizures of fentanyl and/or its salts, derivatives and analogues, totalling 55,000 grams (55 kilograms).
- The bulk of these seizures took place in the mail and courier (air cargo) streams and originated in China and also included one large bust where a single 50KG seizure of fentanyl precursor was seized at the Vancouver Air Cargo operation.
- To date in 2016, CBSA Pacific Region has already conducted 23 seizures of fentanyl totalling over 6,000 grams (6 kilograms).
- In addition to fentanyl, CBSA has also encountered and seized two shipments of carfentanil in 2016, with a total weight of over 1,000 grams (1 kilogram).
- Carfentanil is of particular concern because it is substantially more powerful and dangerous than fentanyl.

Q: Cases where increased penalties have been called for on cases of fentanyl traffickers?

- Even though drug prosecutions are a federal responsibility, local and provincial police work together to enforce drug laws and protect our communities.
- As such, we have written to Public Safety Minister Goodale asking the federal government to increase penalties and escalating charges for the importation and trafficking of fentanyl and we look forward to seeing some progress soon.
- Just recently we heard of a fentanyl bust in Nanaimo where 1000 grams were seized – that is enough to kill 333,000 individuals.
- Judges, crowns and others have talked about increased penalties because they know the increased dangers and risks fentanyl has on British Columbians.
- We will keep the pressure on nationally.
- There are significant penalties for drug offences in federal law– they are available- it is a question of evidence whether Crown can pursue.
- It is important for us to have another look at the Criminal Code or Controlled Drugs and Substances Act to support further penalties.
- The people who are doing this are doing it for profit – exploiting a vulnerable sector and creating great harm and anguish for families and British Columbians.

Questions and Answers
Dec. 13, 2016

Recommendations from the Federal Task Force on Legalizing Cannabis:

Q: What was announced today?

- Today the Federal Task Force on Legalizing Cannabis issued their final report (A Framework for the Legalization and Regulation of Cannabis in Canada), which outlines the major recommendations within each theme of the federal discussion paper.
- Notable recommendations include:
 - Cannabis to be sold via store front and mail order and must be sold away from schools and not with alcohol.
 - Minimum legal age to purchase recreational Cannabis is 18 years old and in provinces where the legal drinking age is 19, the report recommends those provinces impose the same limit for the consumption of recreational Cannabis.
 - Canadians can carry up to 30 grams and grow four plants at home.
 - Heavy taxes to discourage the general public's use of recreational Cannabis.
- The report also specified that the production of Cannabis for recreational purposes would follow the system that is currently in use for medical Cannabis, which is overseen and heavily regulated by Health Canada.
- At the same time, the report urged the federal government to eventually allow "craft" and outdoor production under strict security conditions.

Q: When will these recommendations be implemented?

- The Task Force report was ordered by Justin Trudeau's Liberal government, which promised to table legislation to legalize Cannabis for recreational use in the spring of 2017.
- The government may choose to accept or reject the Task Force's recommendations when it drafts the legislation.
- At this time, it remains unclear when Cannabis will be taken off the prohibited list for the first time since 1923.
- Now that the Task Force has provided its final report, the timelines for implementing any of their recommendations is up to the Federal Government.

Q: What does this mean for independent growers and small producers?

- Government understands the value of a diverse market with growers of different sizes and different expertise.
- How this continues to develop will be up to the Federal Government and will be influenced by the marketplace.
- The recommendations suggested that each household could grow up to four personal use plants at home.
- As for independent and smaller producers, the task force heard from many parties that said they want diversity of producers.
- Even now with licenced producers, there are large ones and somewhat small ones that are able to meet the standards in place.

Q: What about retail sales, craft producers and the store front model?

- Chapter 3 in the report talks about production.
- Wholesale Cannabis will remain under federal jurisdiction and retail sales will be under the jurisdiction of provinces and territories.
- This will require provinces to work closely with municipalities to find a model that works for them.

Q: What about drug-impaired driving?

- I echo the Task Force's concern over drug-impaired driving.
- Impaired driving is illegal now, and will be illegal if use of cannabis is de-criminalized.
- We need to ensure that the tools to detect impairment are available to law enforcement officers before decriminalization comes into effect. This includes road-side tests, training in use of devices and laboratory resources.
- The task force suggested a specific concentration of THC in the blood, similar to alcohol, be determined.
- I would suggest that at the outset, the concentration level be zero, while research is underway to determine if, in fact, there is a "safe" level.
- The task force says that education is required to emphasize the risks of drug-impaired driving.
- We have had such campaigns against alcohol impairment for decades and while impaired driving rates are declining, people still drive drunk.
- Education is not enough.

- Enforcement of the law is critical and police in Canada will need greater resources to keep our roads safe.

Q: Who is going to be on the hook for these enforcement costs?

- Justice Minister Anne McLellan suggests that the costs of decriminalization of cannabis will be covered by revenues raised from the sale of recreational cannabis.
- The Federal Government acknowledges that there will be substantial up-front costs in preparing to respond to decriminalization before any tax revenues are realized and work is ongoing to ensure legalization does not impose an unfair burden on local governments and taxpayers.
- A substantial part of any revenue raised will also be invested in public education as well as ensuring regular growing and selling inspections, enforcement and ensuring the Government of Canada has the capacity to license producers in a timely fashion.

Q: Why not sell it at liquor stores?

- The Task Force heard from many users who do not want to be exposed to alcohol in order to purchase cannabis.
- There are also concerns that if sold together, they will be consumed together – something Health Canada discourages including mixing Cannabis with caffeine.

Q: What other public safety measures does the report suggest?

- In order to ensure the public's safety, the report said that the following activities should remain criminal:
 - trafficking to youth,
 - illicit production,
 - trafficking and import/export of Cannabis.
- The report also calls on all levels of government to “send a clear message to Canadians that cannabis causes impairment and that the best way to avoid driving impaired is to not consume.”
- On the issue of edible marijuana products, the task force is advocating a number of conditions, including ensuring they are not marketed toward children, for example by prohibiting candies and colourful packaging.
- There are also a number of other recommendations that have been made to enhance safety including:
 - Invest in research to develop a legal limit for driving – if there is one.
 - Invest in roadside screening tools for detecting THC, as well as law enforcement – DREs and SFST training and staffing;

- Personal production up to four plants per household – oversight and approval by local authorities;
- Possession and purchase limit of 30 grams of non-medical dried cannabis – develop equivalent limits for non-dried forms;
- Public consumption (smoking and vaping) restrictions same as tobacco;
- Dedicate places to consume cannabis – lounges and tasting rooms;
- Constraints on advertising, promotion and sponsorship;
- Plain packaging with proper labelling of THC & CBD;
- Maintain a separate medical access framework to support patients – apply the same tax as non-medical cannabis; and

Q: What work is the B.C. government doing to ensure public safety with respect to Cannabis legalization?

- As the federal government moves towards legalization of cannabis, our focus remains on the health and safety of British Columbians.
- My ministry has been doing a lot of work as well - we led a delegation to Washington State to learn from their experiences with the legalization of Cannabis.
- We also established an inter-ministry ADMs committee to identify issues of concern for BC.
- The results of the work of the ADMs committee is helping to clearly articulate BC's position to a federal/provincial/territorial Task Force.
- In fact, the task force recommendations address a few key concerns that the Ministry of Public Safety has identified from the beginning:
 - Protect young people by restricting access for people under the age of 18.
 - Ensure consumers are getting the product they expect through well-regulated production, manufacturing and distribution environment, which would specify things like pesticide use;
 - Identifying the need to address the question of drug-impaired driving. A committee will report on that in the months ahead. We've been brought up in a society where you don't drinking and drive, well you shouldn't be impaired by Cannabis and drive either. That should be part of education campaign.
 - Providing a revenue/ model that ensures ongoing education and supports continue enforcement so the criminal element is kept out and that a strategy is in place to deal with the influx of dispensaries
- This government will continue to work with the Government of Canada to make sure appropriate restrictions are in place around sale and distribution.

- These task force recommendations provide a framework to move forward and provide the foundation for a new system of regulator safeguards measures to create a viable legal market to displace the illicit illegal market that exists today.
- All nine members of the task force agree that now is the time to move away from system of prohibition into a regulated, legal market.
- We agree with task force that it is generally best to proceed with caution. As they point out, Canada is only the second nation to legalize cannabis in this way, and we've been told to expect surprises.

Guns and Gangs – Three Pillar Approach

Q&A and Key Messages

Key Messages:

- **We are investing an additional, more than \$23 million to build on the gains made by our Guns and Gangs Strategy.**
- **The funding will bolster public safety in Surrey and across the province in communities that have seen recent spikes in violent and public gang activity through a three-pillar approach.**
- **We are focused on supporting effective enforcement and prosecution, furthering community safety and public engagement and exploring new legislation and sanctions targeting illegal guns and gang violence, illegal profits and property.**

Q&A:

Q: What are you announcing today?

A: We have secured funding specifically to boost our Guns and Gangs strategy to help put an end to this violence. We are announcing nearly a dozen initiatives to combat gang violence including more anti-gang police teams, dedicated prosecutors in Surrey, and more curbs on gang crime and illegal guns.

Q: Why are you announcing this now - what motivated the Province to come up with funding now and not earlier, since gang violence has been a problem for a very long time.

A: This is a province wide initiative. I have been saying we intend to do everything that we can to go after those criminals who are making life untenable for people and that is what we are doing today – in every community in this province including Surrey, Abbotsford, Williams Lake.

Guns and Gangs – Three Pillar Approach

Gangs evolve. Government's response to those gangs needs to evolve. We do need, though, to make sure that we keep, as a primary consideration, the safety of law enforcement officers and public in the forefront of our minds at all times.

Q: Your government actually cut funding to CFSEU-BC a couple of years ago - \$2.8 million – now you are putting funding back. S. 13
S. 13

A: We provide the RCMP with an overall funding allocation – one that actually increased by about \$5 million in 2014/15.

Internal management of that allocation rests with the Deputy Commissioner, who has the necessary flexibility to put the resources where they are needed most and to move them quickly to other priorities as needs change.

We continued to commit approximately \$64 million a year to the RCMP for CFSEU-BC and anti-gang initiatives. Now we are boosting that funding by \$3.5 million this year, and another 6 million over the next two years.

This of course is on top of the commitment we made last week to the Joint Illegal Gaming Investigation Team which targets unlawful activities both inside and outside of BC gaming facilities – including money laundering.

Q: You are giving Crime Stoppers \$450,000 - what exactly is that money going to be used for?

A: We're supporting Crime Stopper's proven Cash for Tips on Illegal Firearms and Gang Tip lines. Funding will be used to promote awareness of the programs and make awards when a tip results in a conviction.

If the number of tips exceeds the funding allocated, we will re-evaluate our level of support.

Guns and Gangs – Three Pillar Approach

Q: Guns are a federal responsibility. What can the province do about it without having any teeth?

A: Actually, there are a number of things we can do as a Province to go after illegal guns.

We're announcing today there will be a firearms amnesty program - last time we did an amnesty, in 2013, our month long June amnesty resulted in 18-hundred firearms being turned over to police, along with about 30,700 rounds of ammunition.

Today we're also announcing the creation of an Illegal Firearms Task Force with the aim of identifying ways to strengthen programs related to illegal firearms and we are talking to the federal government about what needs to be done.

We are investing \$450,000 to supporting Crime Stopper's proven Cash for Tips on Illegal Firearms and Gang Tip lines. Funding will be used to promote awareness of the programs and make awards when a tip results in a conviction.

And, under the third pillar of our strategy we are going to look at possible legislative solutions purchase, movement and storage of firearms among other opportunities.

Q: Surrey already announced a gun amnesty program – so why are you announcing the same thing?

Actually the Surrey Safe City program is NOT the same as a gun amnesty. The Surrey program is related to lapsed registration of otherwise legally registered firearms. In a gun amnesty, illegally possessed firearms that are not used in the commission of an offence are turned in, and, subject to the terms of a direction provided by the Attorney General to the Criminal Justice Branch, individuals are given immunity from prosecution.

Guns and Gangs – Three Pillar Approach

Q: When are you planning the gun amnesty – and will it be province wide or just in Surrey?

A: That will be up to the RCMP and the municipal departments together to decide since it will involve considerable commitment of officers over a period of time and they will decide when and where to do it. Gun amnesty programs are generally done in consultation with the Attorney General, as immunity from prosecution can only be provided through the Criminal Justice Branch.

Q: Are you looking for more \$ from the feds? What are you asking for – and when are you asking?

A: We are talking with the federal government about helping us with our strategy - we want long-term, committed, sustainable dollars. Solicitor General Mike Morris will be in Ottawa next week and that is very definitely a topic of discussion.

In its recent budget commitment, the federal government promised to work with provinces on supporting communities and police in limiting access to weapons and reducing gun and gang violence so we want to hold them to that promise.

Q: You say this funding is for use province-wide. How will it benefit Williams Lake, which has a FN gang problem, or Kelowna for example?

A: We know this isn't just a Surrey problem, or Delta or Vancouver or Abbotsford. We are aware of the problems in Williams Lake for instance and we are working on it – meeting with the city – meeting with First Nations - and there will be more to tell you soon so stay tuned.

Remember that this funding will also help fund the Provincial Tactical Enforcement Priority (PTEP) – which pinpoints and disrupts gang and criminal networks and this benefits police right across the province.

Guns and Gangs – Three Pillar Approach

And assigning dedicated Crown counsel to PTEP files in Surrey will assist police in putting strong cases forward for charge assessment and prosecution.

Beyond that, the CFSEU-BC is province wide – not just in the Lower Mainland – for example CFSEU-BC has been actively working in Williams Lake. There are units in Prince George, Kelowna and Victoria and they are mobile so can cover any part of BC, and they have access to PTEP and all the intelligence available on gangs and organized crime.

Q: You are talking about expanding capacity for electronic monitoring of high-risk offenders in Surrey - ensuring courts are fully aware of the options at their disposal. What does that really mean, since the court has sole discretion over assigning EM?

A: Last year, we strengthened our capacity to monitor those whom the courts place on electronic supervision. The adoption of GPS-enabled technology means that, in addition to curfew monitoring, it can be used to supervise geographic conditions, like those that set out ‘no-go zones.’

The authority to impose electronic supervision on an offender rests with the courts, so it will continue to be important for us to keep the judiciary apprised of any new developments in, and expansion of, our EM program.

Q: How are you going to measure the success of this funding boost?

A: Solicitor General Morris has the authority to set strategic priorities for the provincial police – this is a priority and will be monitored closely.

Q: You’ve been talking a lot about all the programs and work that the Province has been supporting, but it hasn’t stopped the shootings. What makes you think this will work?

A: There have been many successes both in the past and recently through-out the province. Individuals have been brought before the courts, property such as money, drugs and firearms have been seized. With the additional

Guns and Gangs – Three Pillar Approach

steps we are taking on the guns and gangs strategy we anticipate that we will be able to leverage further success.

Today's funding will bolster public safety in communities that have seen recent spikes in violent, public gang activity. But we also need British Columbians to speak up – talk to police in their community if they know something about these crimes – they have a responsibility too to keep their neighbourhoods safe.

Q: If police put enough pressure on Surrey gangs – they'll just leave the community and set up shop elsewhere in the Province. We've seen that happen many times. How is this strategy going to stop that from continuing to happen?

A: If gangs move, CFSEU-BC has the ability to follow them wherever they choose to set up shop. Through our integrated policing model and the use of tools such as the PTEP, individuals that choose to live the gang lifestyle will be followed wherever they go in British Columbia.

As I said we are putting boundaries, borders and city limits aside and tackling criminals on their own turf.

Q: You are giving CrimeStoppers \$450,000 - what exactly is that money going to be used for?

We're supporting Crime Stopper's proven Cash for Tips on Illegal Firearms and Gang Tip lines. Funding will be used to promote awareness of the programs and make awards when a tip results in a conviction. If the number of tips exceeds the funding allocated, we will re-evaluate our level of support.

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, July 14, 2017 11:18 AM
To: Smith, Loretta PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: FW: Feedback on Go forward document
Attachments: DRAFT - Responding to BC's Public Health Emergency - July 11 2017vPSSG TEr.docx

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, July 12, 2017 5:26 PM
To: Davison, Carolyn J HLTH:EX; Miller, Haley HLTH:EX
Cc: Enger, Tonia PSSG:EX
Subject: Feedback on Go forward document

Hi there – thanks for the opportunity to review the Go Forward document and add our content. Police content is highlighted in yellow and the document is in track changes.

I did a fair bit of consolidating in the front part of the document as we and our DM were concerned about duplicate information and need of an edit, so please consider these suggestions for streamlining.

s.13

Please let us know next steps.

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, July 12, 2017 5:26 PM
To: Davison, Carolyn J HLTH:EX; Miller, Haley HLTH:EX
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s.13

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, July 14, 2017 8:41 PM
To: Butterfield, Nicole PSSG:EX; Dean, Danielle PSSG:EX
Subject: FW: DRAFT - Responding to BC's Public Health Emergency - July 14 5pm FINAL DRAFT
Attachments: DRAFT - Responding to BC's Public Health Emergency - July 14 FINAL.docx

Hi Nicole and Danielle – Clayton wanted this provided to Mark. Can you please forward to his EA first thing Monday.

From: O'Brian, Warren W HLTH:EX
Sent: Friday, July 14, 2017 5:20 PM
To: Kendall, Perry HLTH:EX; Pecknold, Clayton PSSG:EX; Enger, Tonia PSSG:EX; Paton, Arlene HLTH:EX
Cc: Davison, Carolyn J HLTH:EX; Miller, Haley HLTH:EX; Campbell, Corrie L PSSG:EX
Subject: DRAFT - Responding to BC's Public Health Emergency - July 14 5pm FINAL DRAFT

Hi all,

While there are one or two more formatting things to be done prior to circulation to the whole task force, this version contains final draft of the language....I wanted to circulate in case any eagle eyed folks feel like reading through over the weekend. Send anything you catch our way and we will fix up!

Haley, please use the attached version going forward as I made a handful of quick corrections while reading through just now.

And to everyone else, thanks so much for all the hard work on this – enjoy the weekend.

Warren

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Withheld pursuant to/removed as

s.13

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, August 4, 2017 11:05 AM
To: Dean, Danielle PSSG:EX
Subject: Documents for Clayton's use at the TB Briefing
Attachments: Issue Note ~~s. 13~~
Responding to BC's Public Health Emergency - July 19 201....pdf; MPSSG_Overdose
Response Work Plan_July 31.pdf; TB questions Aug 4 ver CLEAN Final.docx

Hi Danielle – attached is the suite of documents we are providing to Clayton for his use at the Minister's briefing on Tuesday.

They include:

- 1) ~~s. 13~~
- 2) TB Questions
- 3) Final – Responding to BC's Public Health Emergency
- 4) MPSSG Overdose Response Workplan

Please let me know if he would like anything else. Please clarify what he would like sent to the DM and Minister.

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

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s.13; s.16; s.17

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s.13; s.17

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s.13; s.16; s.17

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Withheld pursuant to/removed as

s.16; s.13; s.17

Page 424 of 613 to/à Page 425 of 613

Withheld pursuant to/removed as

s.13; s.17

Responding to BC's Public Health Emergency

Recommendations from the
Joint Task Force on Overdose Response

July 2017

Preamble

In July 2016, the Joint Task Force on Overdose Response (Joint Task Force) was established to provide leadership and expert advice to government on preventing and responding to overdoses and overdose deaths in British Columbia. The collaboration of public health and public safety sectors has ensured integration across these and other systems to support a coordinated response.

The Joint Task Force reports to the Ministers responsible for health and for public safety. Membership includes:

Role	Name	Title	Agency
Co-Chairs	Perry Kendall	Provincial Health Officer	Office of the Provincial Health Officer
	Clayton Pecknold	ADM and Director of Police Services	Ministry of Public Safety and Solicitor General
Members	Patty Daly	VP, Public Health and Chief Medical Health Officer	Vancouver Coastal Health
	Jim Gresham	Assistant Commissioner	RCMP "E" Division
	Lisa Lapointe	Chief Coroner	BC Coroners Service
	Arlene Paton	ADM, Population and Public Health Division	Ministry of Health
	Laurence Rankin	Deputy Chief Constable	Vancouver Police Department

Under the leadership of the Joint Task Force, the Province and its partners have implemented 78 actions from an 88-point action plan based on the best advice from experts, including people with lived experience, their families, and key agencies such as the BC Centre for Disease Control, the Canadian Research Initiative in Substance Misuse, and the BC Centre on Substance Use. Thousands of volunteers, first responders and health and public safety staff can be proud of the work they've done to help people survive an overdose, and to make a difference for individuals and families in every part of B.C. during this terrible epidemic of overdose death.

Unfortunately, the growing presence of fentanyl and its potent analogues such as carfentanil in a shifting illegal drug market has resulted in an increase in overdose deaths in every part of the province. Drawing on lessons learned over the past year, input from a research team assembled by the Michael Smith Foundation for Health Research, and further advice and involvement from people with lived experience, the Joint Task Force has developed priority recommendations for action for the incoming government's consideration.

Reducing the Public Health Emergency's horrific toll on B.C.'s population will require significant new investments. Special attention should be paid to an expanded, coordinated cross sector response to significantly improve B.C.'s treatment systems, and to explore new and emerging approaches and technologies to prevent overdoses and respond effectively when they occur. We must remain flexible in the face of emerging data, and create a treatment system that scales up promising approaches and ensures rapid access to evidence-based care throughout B.C.

Respectfully presented,

Perry Kendall

Clayton Pecknold

Executive Summary

On April 14, 2016, Provincial Health Officer Dr. Perry Kendall declared a Public Health Emergency under the *Public Health Act* in response to an unprecedented increase in illegal drug overdose deaths. On July 27, 2016, the Joint Task Force on Overdose Response was established to lead an integrated response across the health and public safety sectors, supported by a comprehensive 88-point action plan. Nearly all actions are complete, including:

- Expanding province-wide access to naloxone through first responders, public sector providers, and more than 40,000 community volunteers.
- Establishing 23 overdose prevention sites and expanding supervised consumption services.
- Enhancing early warning and monitoring to inform action.
- Sustaining social marketing to raise awareness and provide advice on reducing risk.
- Engaging with the federal government to improve scheduling of substances, regulation of drug manufacturing equipment, and federal enforcement and interdiction strategies.

Stigma associated with drug use is a key driver of the Public Health Emergency, as it undermines interventions to prevent and respond to overdoses. Stigma negatively impacts the willingness of people to engage in treatment, to call 9-1-1 in an emergency, and to attend supervised consumption or overdose prevention services. Reducing stigma is of paramount importance.

Going forward, the Joint Task Force makes the following recommendations:

1. Address emerging priorities by:

- a. Reducing the disproportionate impact of the emergency among First Nations and Aboriginal people.
- b. Reducing the disproportionate impact of the emergency on people who use drugs alone.
- c. Investing in upstream and preventative approaches across the life course, starting in infancy.
- d. Investing in support for families, peers, volunteers and staff in community organizations, and other first responders in dealing with the emotional toll of overdoses and overdose deaths.

2. Complete unfinished business from the July 2016 action plan by:

- a. Ensuring rapid access to improved treatment services for people experiencing problems associated with opioid use.
- b. Improving the range of pain management services for people living with acute and chronic pain.
- c. Investing in a provincial prescription monitoring program.
- d. Engaging all levels of government.
- e. Strengthening pill press regulation.
- f. Protecting public safety by continuing to interdict illegal drugs.

3. Ensure seamless leadership by:

- a. Supporting the continued functioning of an enhanced Joint Task Force for the next six months to ensure a seamless, coordinated transition to future leadership structures.

Implementing these recommendations is beyond the current fiscal capacity of responsible ministries. This will require significant new and ongoing government investment to ensure an expanded cross-sector response, a scaled up and improved substance use treatment system, and the exploration of promising technologies and approaches.

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Background

Declaration of the Public Health Emergency

On April 14, 2016, in response to an unprecedented increase in illegal drug overdose deaths, Provincial Health Officer Dr. Perry Kendall declared B.C.'s first Public Health Emergency under the *Public Health Act*.ⁱ On July 27, 2016, British Columbia established the Joint Task Force on Overdose Response (Joint Task Force) to lead an integrated provincial response to the emergency across the health and public safety sectors, supported by a comprehensive action plan.ⁱⁱ Chaired by Dr. Kendall and Assistant Deputy Minister and Director of Police Services, Clayton Pecknold, the Joint Task Force is directing a coordinated response that involves a wide range of stakeholders, including all levels of government, community partners, and other sectors. A shared interest in putting people first has provided a solid foundation for public safety and health to develop true partnerships to the scale up harm reduction responses, including the implementation of 9-1-1 protocols to increase the likelihood of people calling for help.

Troubling Statistics

Data and information from ongoing population health surveillance drive B.C.'s response to the Public Health Emergency. Collaboration between the Ministry of Health, Provincial Health Services Authority (the BC Centre for Disease Control), regional health authorities, First Nations Health Authority, and BC Coroners Service continues to be integral to informing action to prevent and reduce harms.

In 2016, 967 people died from an apparent illegal drug overdose, an increase of more than 80% compared to 2015.ⁱⁱⁱ In the first five months of 2017, B.C. has recorded at least 640 overdose deaths (see Figure 1).^{iv} The overall overdose death rate is particularly alarming, with an average of 32 deaths per 100,000 individuals. Illegal drug overdose is now the leading cause of unnatural death in the province, surpassing suicide and motor vehicle collisions combined.^v

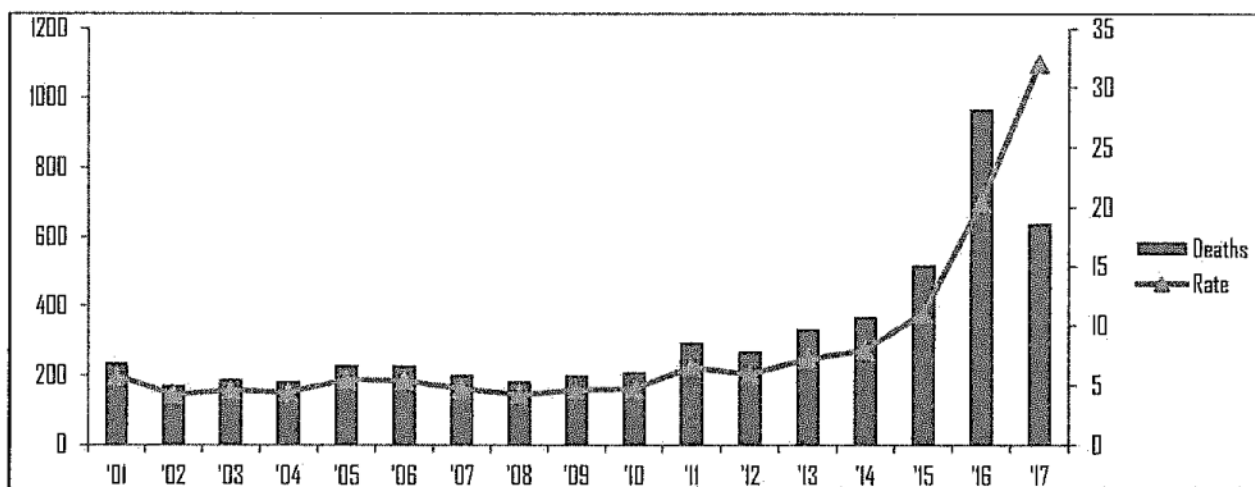


Figure 1: BC Coroners Service – Illegal drug overdose deaths and rate of overdose death per 100,000, Jan 1, 2001- May 31, 2017

An Ever-Evolving Contaminated Illegal Drug Supply

Because illegal substances are manufactured in clandestine and unregulated environments, B.C.'s street drug supply has always been subject to adulterants and contaminants. However,

the presence of illegally produced fentanyl and fentanyl analogues (i.e., substances that are chemically similar, such as carfentanil, a synthetic fentanyl analogue roughly 100 times more potent than fentanyl) are a growing threat to the health and safety of British Columbians.

Fentanyl and fentanyl analogues have been detected in samples of all illegal street drugs, with the exception of cannabis.

The number of fentanyl and fentanyl analogue seizures has nearly doubled each year since 2011.^{vi} Illegally produced fentanyl and fentanyl analogues are inexpensively produced in clandestine laboratories domestically and in other countries. The high potency of synthetic opioids creates challenges for law enforcement as it can be transported in small packages that are difficult to detect and can be cut into other drugs. These challenges are compounded by the high-profit margins of trafficking illegal synthetic opioids.

Fentanyl was detected in 61.8% of people who died from an illegal drug overdose in 2016 – this is nearly a 1,500% increase from 2012 (see Figure 2). The first four months of 2017 show an increase in the presence of fentanyl in those who have died from an illegal drug overdose.^{vii}

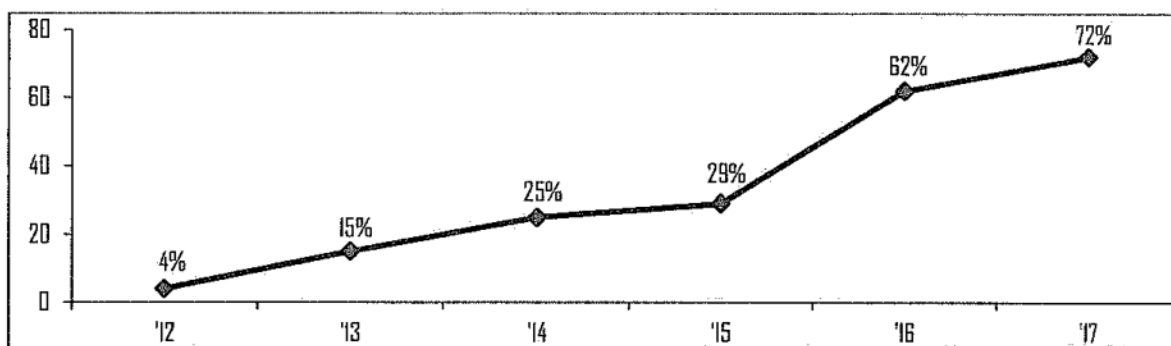


Figure 2: BC Coroners Service – Percentage of illegal drug overdose deaths with fentanyl detected, Jan 1, 2012 – April 30, 2017

The current capacity of laboratory testing cannot keep pace with the number of fentanyl analogues appearing in the illegal drug supply (see Appendix A on enhancing laboratory testing capacity in B.C.).^{viii,ix} Therefore, we are unable to determine with any certainty the role that these substances play in the Public Health Emergency beyond the assumption that the proliferation of opioid analogues has contributed to worsening death rates observed from late 2016.

Early Warning and Monitoring

The declaration of the Public Health Emergency allows for the real-time collection and reporting of overdose events and related data by regional health authorities, BC Coroners Service and the BC Centre for Disease Control to inform action, protecting those who use drugs from harm.

The BC Centre for Disease Control reports weekly surveillance data by Health Service Delivery Area that includes 9-1-1 poison ingestion calls to BC Ambulance Service, rates of overdose death, and opioid treatment indicators. The BC Centre for Disease Control also develops enhanced surveillance products that are revealing additional information about populations at high risk for overdose.

Epidemiologists are analyzing a linked, anonymized cohort with data from the BC Coroners Service, and health service utilization data such as, ambulance calls, prescription records, physician visits, emergency room use, and hospital visits in the five years before a fatal or non-fatal overdose event. This work is identifying important trends and is generating information to improve our response (see Appendix B for detailed information on the cohort analysis).

Analysis of overdose deaths shows^x:

1. 82% of people who died were male.
2. 73% of people who died were aged 19 – 49 years of age.
3. 10% of people who died were status First Nations people, despite status First Nations people representing 2.6% of B.C.'s total population.
4. Only 1 – 3% of deaths occurred among youth under 18 years of age.
5. Roughly ten non-fatal overdoses occur for every overdose death.^{xi}
6. The majority of overdose deaths occurred in Vancouver, Surrey, and Victoria.
7. Overdose and overdose deaths occur among people from all walks of life and in all regions of the province.
8. Overdose events are distributed fairly evenly among all economic groups; however, overdose deaths tend to disproportionately impact those who are most socially vulnerable.^{xii}

Surveillance data is publically disseminated through existing networks, including the Drug Overdose & Alert Partnership committee, BC Centre for Disease Control, BC Coroners Service, and regional health authorities. The Joint Task Force reports publicly at regular intervals on data collection, analysis and reporting to inform action.

The Need for Novel Approaches

At the request of the Joint Task Force, the Michael Smith Foundation for Health Research commissioned a rapid review of how other jurisdictions have responded to high rates of overdose fatalities, particularly where fentanyl and related analogues are involved. The findings of the report are both reassuring and daunting. While the report supports intensifying and scaling up B.C.'s existing response efforts, it also indicates a need to explore novel interventions and approaches as no other jurisdiction has done this for us already. In some respects, B.C. is on its own.

Stigma as a Driver for the Public Health Emergency

While stigma around drug use has traditionally been considered a deterrent, it is now recognized that stigma, discrimination, and isolation of people who use drugs has led to poorer health outcomes and further marginalization. Stigma associated with illegal drug use negatively impacts the willingness of people to engage in treatment, to call 9-1-1 in the event of an emergency, and to attend supervised consumption services or overdose prevention services.

Since stigma is socially and morally embedded in our culture, and reinforced by criminalization of people who possess drugs, it takes time and effort to change. Research shows that language influences thoughts and feelings around drug use; to help reduce stigma, the BC Centre for Disease Control has developed a document for the public, the media, and those who work with people who use drugs to encourage the use of respectful language.^{xiii} Social marketing efforts continue to highlight stories from people with lived experience to encourage others to consider the real impacts that problematic substance use and the Public Health Emergency have on people's day-to-day lives. The Joint Task Force recognizes that stigma undermines the province's response to preventing overdoses and overdose deaths, and that additional efforts are needed to address this issue.

Meaningful Engagement with People with Lived Experience

Experience from other jurisdictions has shown that the advice and recommendations from those with lived experience (also called peers) provide a significant contribution to informing action. On June 16, 2017, the BC Centre for Disease Control held its second Overdose Action Exchange with meaningful participation of over 100 individuals representing people with lived experience, their families, policymakers, health authorities, public safety, and other agencies.

The event generated several recommendations to suggest where the province should invest next, including:

- Build a substance use treatment system that meets the needs of British Columbians.
- Invest in preventative, upstream action to prevent overdoses before they happen.
- Invest in targeted research, surveillance, and evaluation initiatives that test novel approaches.
- Continue to include people who use drugs, their families, and their communities in the response to BC's Public Health Emergency.

Continuing to meaningfully engage with peers and supporting peer-based organizations that facilitate knowledge exchange and community consultation is integral to BC's response to the Public Health Emergency.

Progress on the July 2016 88-Point Action Plan

Of the 88 actions identified in the 2016 overdose response action plan, 78 actions have been completed, 7 actions are nearing completion, and 3 actions are in progress (see Appendix C). Highlights of completed actions include:

- Expanding the province-wide reach of and access to naloxone through first responders, public sector providers, and more than 40,000 community volunteers.
- Establishing overdose prevention sites and expanding supervised consumption services.
- Enhancing early warning and monitoring to protect people who use drugs.
- Sustaining a social marketing campaign to raise awareness.
- Expanded access to opioid agonist treatment by more than doubling the number of prescribers and providing prescription coverage for 7,600 low-income people.
- Established the BC Centre on Substance Use.
- Released new Opioid Use Disorder Treatment Guidelines.
- Providing enhanced funding, new equipment and training for dedicated enforcement activities and the investigation of clandestine laboratories.
- Engaging with the federal government to improve scheduling of substances, regulation of drug manufacturing equipment, and federal enforcement and interdiction strategies.

1. Address Emerging Priorities

Actions completed since the declaration of the Public Health Emergency provide a foundation for a renewed provincial response and underscore the need for innovative interventions. Collaborative surveillance across health, public safety and regional health authority databases is informing a set of emerging priorities.¹ The Province's response will continue to evolve and adapt as circumstances change and new data become available.

The Joint Task Force identifies that significant new and ongoing investments are needed to:

- a. Reduce the disproportionate impact of the emergency on First Nations and Aboriginal people.
- b. Reduce the disproportionate impact of the emergency on people who use drugs alone.
- c. Invest in upstream and preventative approaches across the life course, starting in infancy.
- d. Invest in supporting families, volunteers at community organizations, and other first responders on the front line.

RECOMMENDATION 1A

Reduce the Disproportionate Impact of the Public Health Emergency on First Nations and Aboriginal People

What do we know?

- The Public Health Emergency disproportionately affects status First Nations people.² Although they represent 2.6% of the population, status First Nations account for 14% of all overdose events and 10% of all illegal drug overdose deaths in British Columbia.^{xiv}
- Status First Nations women are eight times more likely to overdose and five times more likely to die of an illegal drug overdose than other women in B.C.
- Status First Nations men are three times more likely to overdose or die of an illegal drug overdose than other British Columbian men.^{xv}
- Status First Nations teens are at greater risk of overdose than other teens in the province.
- Some First Nations governments have made the Public Health Emergency a priority. For example, the Shuswap Nation Tribal Council declared a state of emergency in response to deaths in the community.
- Partnership with First Nations and Aboriginal organizations is required to ensure that the provincial response meets the unique needs of First Nations and Aboriginal people.

¹ Updated surveillance material is being produced regularly; these priorities are based on surveillance available to June 30, 2017 (BC Centre for Disease Control *Summary of Evidence on Opioid Overdose; Quarterly Briefing Report, June 2017*).

² The reason for highlighting status First Nations people stems from using the status First Nations flag to identify First Nations individuals impacted by the Public Health Emergency. Anecdotally, problematic substance use has been an issue for generations among First Nations and Aboriginal people, and it is widely recognized that the Public Health Emergency affects more than just status First Nations people. It is also important to note that this figure is likely an underestimation as not all non-fatal overdoses are reported.

What have we done so far?

- The First Nations Health Authority is engaged as a key partner in the overdose response structure.
- A formal extended dialogue with the First Nations Health Authority that occurred on June 14, 2017 has set the stage to develop specific and tailored actions to ensure an accountable governance framework is in place.
- A partnership with the First Nations Health Authority and the BC Centre for Disease Control has enabled data linkage and developed improved evidence on status First Nations people experiencing at least one possible overdose.
- The BC Centre for Disease Control has worked with First Nations communities to increase the reach of naloxone, together establishing 112 BC Take Home Naloxone program sites serving 97 First Nations communities.^{xvi}

What are our priorities going forward?

- Engage with First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal Friendship Centres, regional health authorities, and other stakeholders to identify effective and culturally appropriate strategies to reduce the disproportionate impact of the Public Health Emergency on First Nations and Aboriginal communities.
- Determine culturally appropriate engagement, harm reduction and treatment strategies for First Nations and Aboriginal people in different settings, including at home and away from home (on/off reserve).
- Ensure addressing the Public Health Emergency is a key priority for police members working with First Nations and Aboriginal people, both on reserve and in the general population through information sharing and collaboration with RCMP and municipal police departments.
- Approach First Nations schools and other First Nations and Aboriginal-specific sectors to explore additional partnerships.

What this will mean:

- First Nations and Aboriginal people in B.C. will experience improved health outcomes through improved services and supports rooted in cultural safety and humility.
- First Nations and Aboriginal people in B.C. will be meaningfully engaged in creating an integrated traditional and Western approach to wellness.

RECOMMENDATION 1B

Reduce the Disproportionate Impact of the Public Health Emergency on People Who Use Drugs Alone

What do we know?

- The probability of surviving an overdose depends on the timely availability of help.
 - The majority of people who overdose survive if someone calls 9-1-1.
 - People do not call 9-1-1 in 30 – 65% of overdoses.^{xvii}
- Over 88% of overdose deaths occur indoors.^{xviii}
- The stigma associated with illegal drug use causes people to use drugs alone and also discourages people from contacting 9-1-1 in the event of an overdose.
- Evidence from Insite shows that people who learned that their drugs contained fentanyl were more likely to choose to take smaller doses and experienced fewer overdoses.^{xix}

- People who use drugs recreationally may be unaware that the drugs may contain fentanyl or fentanyl analogues, and do not take appropriate precautions (e.g., using drugs with someone who can intervene in case of an overdose).
- Reaching and engaging “hidden” populations impacted by the emergency requires innovative approaches to seeking the advice and input from affected individuals.

What have we done so far?

- Established a working group to identify novel approaches to reaching and engaging people who use drugs alone.
- BC Emergency Health Services created a provincial policy adopted by the RCMP and municipal police departments that police officers do not attend 9-1-1 calls for overdose unless they are requested to do so if there is a public safety reason.
- We continue to explore options to increase access to drug testing services across the province.

What are our priorities going forward?

- Identify populations not reached by existing services and expand services to reach them.
- Develop additional models for supervised consumption services (e.g., women-only sites) to encourage people to access these services and reduce the risk of overdose or overdose death.
- Increase awareness of the dangers of using drugs, especially where help is not readily available.
- Build on the work of the public awareness campaign and guidance on the use of respectful language to develop a stigma reduction plan related to illegal drug use.
- Encourage people to call 9-1-1 in the event of an overdose.
- Help people who use drugs make informed decisions about what they are taking by providing services to test samples while ensuring that appropriate caveats are communicated.
- Alert people who use drugs of emerging risks by developing a rapid communication network and overdose intelligence sharing and additional outreach initiatives led by the health and public safety sectors.
- Monitor and evaluate various models of supervised consumption and overdose prevention service delivery.

What this will mean:

- Due to a reduction in stigma associated with illegal drug use, more people will feel supported to access harm reduction and treatment services.
- More people will be aware of their risk for overdose and will have options to reduce that risk.
- People can safely test drug samples and adjust their use accordingly.

RECOMMENDATION 1C

Invest in Upstream and Preventative Interventions Across the Life Course

What do we know?

- Preventative measures must be tailored to the needs of unique populations at key transitions across each stage of the life course (e.g., during pregnancy, birth, and

infancy; in kindergarten; during adolescence, and in the transition from secondary school to independent living) to be most effective (see Figure 4 and Appendix D for examples of upstream programs in B.C.).

- While youth represent only 1-3% percent of all overdose events and overdose deaths,^{xx} focusing prevention efforts on children and youth can prevent future substance use harms. Some young people, including those who have experienced early childhood trauma, those transitioning out of Government care, and those with mental health challenges are more vulnerable to substance use harms.
- The introduction of fentanyl and increasingly toxic analogues into the illegal drug supply means that any street drug use could be fatal.
- 41% of people who overdosed in 2016 did not report daily drug use, making even occasional use a risk.^{xxi}
- People living with inadequate housing are at higher risk of problematic substance use.
- In many communities, vulnerable people are interacting with first responders rather than being connected to services and supports that can help them to manage or reduce the risks present in their lives (e.g., problematic substance use, unstable housing).
- Weekly situation tables bring health, social service agencies, and police together to collaboratively and proactively address situations of elevated risk on a case-by-case basis (see Appendix E).

What have we done so far?

- Maintained a social marketing campaign to raise public awareness of the risks associated with illegal drug use, how to reduce risk, and how to prevent, identify, and respond to overdoses.
- Directed and supported the development of educational materials and resources for parents, lesson plans for educators, materials for foster parents to support children in care, and community resources for public forums held in communities across the province.
- Established one situation table in Surrey and piloted additional situation tables in the Cariboo-Chilcotin Region and District of Mission.

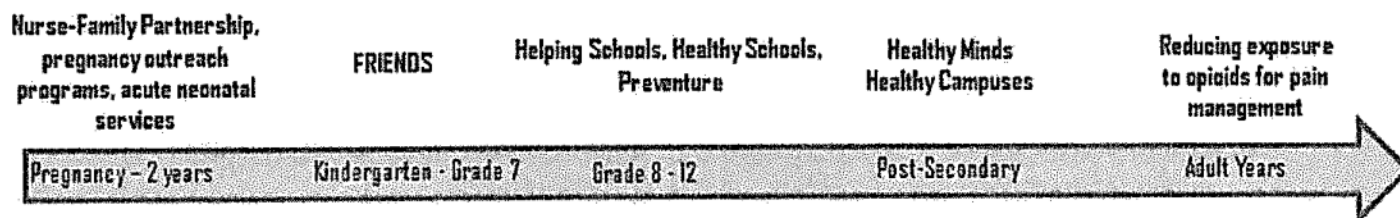


Figure 3: Examples of Prevention Programs in B.C.

What are our priorities going forward?

- Expand the reach of existing evidence-based programs, such as B.C.'s Nurse-Family Partnership, to help reduce immediate substance use harms and future risk among vulnerable mothers and their infants.
- Expand the reach of pregnancy outreach programs, such as SheWay, Maxxine Wright, and HerWay Home, and evidence-based acute neonatal services.
- Expand best practice neonatal care for infants experiencing neonatal abstinence syndrome.

- Expand evidence-based interventions that contribute to supportive school environments to prevent problematic substance use later in life (e.g., attachment and inclusiveness as prevention interventions).
- Support community engagement by developing tools that align with provincial messaging for community information sessions.
- Expand the number of situation tables in communities experiencing high rates of overdose, and ensure the proposed mobile units staffed by police and nurses are connected to these tables.
- Work across sectors to improve access to housing as a means of reducing the risk and harms associated with problematic substance use.

What this will mean:

- More people will report positive mental health and reduced vulnerability to substance use harms.
- The proportion of people who engage in problematic substance use will decrease.
- Pregnant women with a history of problematic substance use will be engaged and retained in optimal primary care and community outreach supports where appropriate; as a result, fewer B.C. newborns will experience neonatal abstinence syndrome and those who do will receive optimal care, reducing risk over the long term.
- More people who are living with mental health or substance use issues will experience a sense of belonging within their community, a powerful protective factor.
- More people who are living with mental health or substance use issues in need of housing will be adequately housed.

RECOMMENDATION 1D

Invest in Supporting Families, Peers,³ Community Organization Volunteers and Staff, and Other First Responders

What do we know?

- Overdoses and overdose deaths take a devastating emotional toll.
- Those who play an essential role in the front line response to the Public Health Emergency, including families, volunteers and staff at community organizations, those working in programs reaching vulnerable populations, and first responders, report extreme stress, burnout, and trauma.

What have we done so far?

- Provided training and in-person support to peers, frontline workers, emergency responders, volunteers, and staff from community organizations through the Justice Institute of BC.
- Established a provincial Mobile Response Team for Psychosocial Supports.
- Increased capacity to support families who have lost loved ones to an overdose by staffing an Affected Persons Liaison and Community Outreach position at the BC Coroners Service.

³ Peers are people who use or have recently been using drugs and are assisting with harm reduction and other services.

- Provided support services by expanding capacity at HealthLink BC's 8-1-1 service.
- Encouraged first responders and regional health authority staff to use employer-provided crisis service programs.
- Worked with self-organized community groups, such as From Grief to Action and Moms Stop the Harm, as they provide emotional support for families affected by the loss of a loved one, share resources, and advocate for solutions.

What are our priorities going forward?

- Providing needed resources and supports to peer-led and other community organizations to develop and lead tailored and innovative approaches to reduce overdose harms and death.
- Increasing capacity to provide counselling services through existing provincial resources (e.g., provincial crisis lines and HealthLink BC's 8-1-1).
- Engaging and supporting families by working with community organizations.
- Providing supports to families with loved ones who are navigating the treatment system.

What this will mean:

- Families and loved ones, peers, and the thousands of volunteers who are on the front lines with naloxone and other immediate interventions will benefit from action across health and public safety systems.
- Community organizations that have responded immediately to the Public Health Emergency in their midst will now have more tools to support their staff through this challenge.
- The broad system response will be more effectively sustained with volunteers and employees who have practical access to psychosocial supports as they continue to do their jobs.

2. Complete Unfinished Business

Although considerable work has been completed, the Joint Task Force recommends the province coordinate efforts across sectors to complete unfinished business:

- Ensure rapid access to improved treatment services for people experiencing problems associated with opioid use.
- Improve the range of pain management services for people living with acute and chronic pain.
- Create a provincial prescription monitoring program.
- Engage with local governments and the federal government.
- Strengthen pill press regulation.
- Protect public safety by continuing to interdict illegal drugs.

RECOMMENDATION 2A

Ensure Rapid Access to Improved Treatment Services for People Experiencing Problems Associated with Opioid Use

What do we know?

- People who receive evidence-based treatment for opioid use disorder are at lower risk of overdose and overdose death.

- The health and public safety sectors have long identified the need for a comprehensive treatment system that meets each patient's needs through rapid access to opioid agonist treatment, stabilization services, and supportive recovery housing.
- Reaching and engaging people with appropriate treatment options requires strong partnerships and coordinated action across ministries, health authorities, care providers, patients, and families.
- In a number of communities, police agencies run a program that pairs police officers with nurses in a mobile unit when responding to emergency calls where individuals may be in need of mental health services. These programs have been successful and could be enhanced or adapted to focus on intervention for people living with a substance use disorder.
- Intensified response services must be rapidly scaled up and supported by significant upfront and ongoing investments.

What have we done so far?

- Expanded access to opioid agonist treatment by more than doubling the number of prescribers and providing prescription coverage for 7,600 low-income people.^{xxii,xxiii}
- Worked with health authorities to open rapid access addiction clinics and clinics providing opioid agonist treatment.
- Expanded access to treatment services in provincial correctional facilities.
- Established the BC Centre on Substance Use, a world-class research and education centre with a mandate that includes providing evidence-based education, training, and guidance for substance use disorder treatment.^{xxiv}
- Developed new Opioid Use Disorder Treatment Guidelines and delivering provider education events on how to treat people with opioid use disorder.^{xxv}
- The College of Registered Nurses of BC has scheduled final decisions for expanded scope of practice to include opioid agonist treatment for July 2017.

What are our priorities going forward?⁴

- Scale up capacity for immediate assessment and treatment response through rapid access and immediate connection for people who have overdoses to opioid agonist treatment services, with after-hours support, across the province.
- Address stigma experienced by individuals accessing care and prioritize cultural safety and trauma-informed care in all services for all British Columbians.
- Expand the reach of services for pregnant women and mothers who use drugs as well as infants at risk of neonatal abstinence syndrome to all regional health authorities.
- Add resources to support police and nurse mobile response units with a focus on responding to those with substance use disorders with rapid access to services.
- Enhance police ability to link people seeking treatment to treatment-on-demand.
- Improve primary and community care capacity to reach and retain individuals in appropriate treatment.
- Expand the range and availability of evidence-based treatment options, including injectable hydromorphone and diacetylmorphine.

⁴ See Appendix F for specific information on improving B.C.'s treatment system, including priority areas for action, using a Cascade of Prevention and Care approach, and how treatment services are delivered in correctional facilities.

- Build stronger connections across and between different care settings.
- Fulfill commitment to create additional intensive residential treatment and additional intensive outpatient treatment services.^{xxvi}
- Continue providing treatment services in correctional settings and provide information on substance use disorder to ensure a seamless transition to medical care and social supports upon release.
- Ensure that the entire treatment system, including private sector supportive recovery homes, prioritize patient safety and align with provincial guidelines on evidence-based care.
- Encourage comprehensive team-based care for opioid use disorder and complex pain by supporting partnerships between health authorities, primary care, and Divisions of Family Practice.
- Modernize the role of withdrawal management (detox) services in the treatment system to recognize the safety issues presented by a contaminated illegal drug supply.
- Develop a treatment system that provides useful information on the population served, reach, and effectiveness of treatment services.

What this will mean:

- By March 31, 2018, rapid access, including seven day a week after-hours access, to evidence-based and culturally safe treatment for opioid use disorder is available in each Health Service Delivery Area. This means people will not be as likely to use street opioids, which carry a high risk for overdose.
- By March 31, 2018, a greater range of evidence-based treatments are available for opioid use disorder, which means each person who is engaged in treatment for opioid use disorder is offered the best option for their particular needs.
- By March 31, 2018, health care providers have up-to-date information about best practices in treating opioid use disorder, leading to more effective treatment and retention for people with opioid use disorder.
- By March 31, 2018, all British Columbians who experience a non-fatal overdose will be:
 - engaged to the fullest extent possible by emergency services staff and/or trained volunteers;
 - linked to rapid access or other treatment settings;
 - offered an appropriate range of treatment options for immediate initiation; and
 - supported through the transition to primary care or other appropriate care settings.
- By March 31, 2018, more British Columbians living with opioid use disorder who enter, stay in and leave provincial correctional facilities will experience improved health outcomes.

RECOMMENDATION 2B

Improve the Range of Pain Management Services for People Living with Acute and Chronic Pain

What do we know?

- Opioids are among the most effective medications for treating pain. Although there is a consensus on their effectiveness as a treatment for acute and cancer-related pain, their long-term use for chronic non-cancer pain is controversial.^{xxvii}

- One in five British Columbians lives with chronic pain. Due to a lack of available (funded) alternatives, chronic pain treatment often relies on the prescription of high-dose opioids.
- People who use prescription opioids in ways other than they are prescribed may be at risk of unintentional overdose.
- The College of Physicians and Surgeons of BC has changed their guidelines and standards for prescribing opioids, and many physicians have reduced prescribing these medications as a result.
- People who are dependent on prescribed opioids and can no longer access them may procure opioids from the illegal drug supply in order to relieve their symptoms. However, the magnitude of this issue is not well understood.
- Health care provider training on chronic pain and safe opioid prescribing can assist people to make informed choices about their care; however, physicians report that they have limited alternatives to prescription opioids for pain management.
- Alternatives to pharmacotherapy are well-understood, but not yet available within publicly funded services (e.g., physiotherapy, mindfulness, yoga, counselling).
- Public knowledge, public awareness, and public demand for alternatives to opioid-based treatment for chronic pain can be key drivers for change.

What have we done so far?

- Pain BC, a non-profit organization that works to improve the lives of people living in pain through education, empowerment, and innovation, held its second annual Pain Summit in February 2017. The purpose of the two-day summit was to encourage dialogue, identify and prioritize issues and challenges, determine potential solutions, and map out a plan for action. The event was sponsored by the Ministry of Health through a \$50,000 grant.
- On March 30, 2017, the Ministry of Health provided \$1.5 million in funding to support Pain BC's plan of action and those living with chronic pain in the province.

What are our priorities going forward?

- Develop a provincial action plan that supports safe and appropriate prescribing of opioids for pain management, and expands the reach of alternative approaches within B.C.'s health system.
- Build on regional efforts such as [Interior Health's Chronic Pain Strategy](#), and work with partners such as Pain BC, the research community, and health authorities.
- Increase capacity and reduce waitlists for publicly funded multidisciplinary pain management services to reduce risk of problematic opioid use.
- Enhance prescription monitoring to ensure appropriate prescribing (see additional information in Recommendation 2C).

What this will mean:

- More patients will feel supported to advocate for alternative methods of pain management.
- More patients and their health care provider will be well supported to avoid acute pain transitioning to chronic pain.
- More health care providers will have improved access to various pain management options and increased competencies to help people manage chronic pain.
- More British Columbians living with acute and chronic pain will be better supported to manage chronic pain through access to safe, high-quality care that includes both

pharmacotherapy and a full range of non-pharmacotherapy options (e.g., yoga, physiotherapy, counselling, mindfulness).

- More prescribers will be prescribing appropriately.

RECOMMENDATION 2C

Create a Provincial Prescription Monitoring Program

What do we know?

- Opioid prescribing practices may be a precursor for non-medical use and could contribute to diversion of prescription opioids into the illegal drug supply.
- Prescription monitoring enhances patient care and assists in the safe use of potentially harmful prescription drugs by monitoring prescribing and dispensing practices.^{xxviii}
- Prescription monitoring helps identify prescribers and pharmacists with a history of potentially problematic prescribing patterns who may benefit from further education or other initiatives.
- Prescription monitoring helps identify potentially problematic medication use by individuals, allowing for earlier intervention (e.g., prescription change and referral to substance use disorder treatment).
- Although they are beneficial, the existing programs established by B.C. Health Regulators do not constitute a comprehensive approach to prescription monitoring consistent with best practices.^{xxix}

What have we done so far?

- PharmaNet, jointly administered by the Ministry of Health and the College of Pharmacists of BC gathers information on every prescription filled in pharmacies and makes this information available for review by pharmacists, physicians, and other authorized health professionals. PharmaNet also uses a set of real-time audits to notify pharmacists and prescribers of potential drug-related issues such as drug allergies, drug interactions, duplications in therapy, and early prescription refills.
- The College of Pharmacists of BC established the Controlled Prescription Program to prevent prescription forgeries and reduce inappropriate prescribing of selected drugs (e.g., morphine, oxycodone, and methadone).
- The College of Physicians and Surgeons of BC developed the Prescription Review Program to identify high volume prescribers of opioids, stimulants, and sedatives, and use educational interventions to change prescribing behaviour.
- PharmaCare developed the Restricted Claimant Program to identify beneficiaries with a history of potential problematic use of prescription drugs and restricts their coverage to prescriptions written by one physician and/or filled by one pharmacy.

What are our priorities going forward?

- Formalize the role of the professional regulatory bodies such as the College of Physicians and Surgeons, College of Pharmacists, and College of Registered Nurses to build and support an enhanced prescription monitoring program, including adequate information system supports consistent with best practices (see Appendix G).
- Establish appropriate governance to oversee the enhanced prescription monitoring program. The structure should include representatives from the Ministry of Health,

Colleges whose registrants prescribe and dispense controlled substances, and the BC Centre on Substance Use.

- Ensure that Colleges whose registrants prescribe and dispense controlled substances have full access to the necessary data they require to perform their regulatory function. This includes providing prescribers and regulators with proactive, unsolicited feedback when it appears that established prescribing guidelines are not being followed.
- Work with the Colleges of Physicians and Surgeons and Registered Nurses of BC and the BC Centre on Substance Use to ensure the metrics monitored through the prescription monitoring program reflect and inform potential adjustments to the desired professional standards to support the appropriate use of medications.

What this will mean:

- By December 31, 2017, an enhanced provincial prescription monitoring program with adequate information system supports will be in place to allow for earlier identification of potential problematic prescribing and dispensing behaviours, resulting in:
 - fewer British Columbians experiencing harms related to their opioid prescription;
 - fewer British Columbians at risk for opioid-related overdose or overdose death;
 - more British Columbians identified for treatment of opioid-use disorder.

RECOMMENDATION 2D

Engage with Local Governments and the Federal Government

What do we know?

- As with natural disasters and other public emergencies, effective responses simply cannot be mounted without an unwavering commitment from communities and all levels of government.
- Local governments provide many front-line services (e.g., municipal police officers, fire fighters) and engage in important work at the community level.
- Continued engagement with local governments and the federal government is imperative to ensuring an integrated response that will address the complexity of the Public Health Emergency.

What have we done so far?

Local governments have:

- expressed support for supervised consumption services in communities.
- municipal police departments that have secured intranasal naloxone for use among members of the public who experience an overdose.
- provided local perspectives to help inform targeted information and resources.
- submitted community-level data.

The federal government has:

- reduced some legislative barriers.
- facilitated access to intranasal naloxone.
- provided legal protection for people who call 9-1-1 for help because of an overdose.
- bolstered authority for the Canada Border Services Agency to interdict small packages.
- provided \$10 million in one-time funding to B.C.

What are our priorities going forward?

- As circumstances related to the Public Health Emergency continue to change, new opportunities for engagement with the federal government arise (see Appendix H for a detailed list of priority areas of action for working with the federal government).
- Engage local governments to continue support of provincial initiatives to prevent and respond to illegal drug overdoses and harms related to problematic substance use.

RECOMMENDATION 2E

Strengthen Pill Press Regulation

What do we know?

- Increased restrictions on the acquisition of pill presses by non-legitimate users are a key issue for police in B.C. and Canada.
- Prior to passing Bill C 37, *Amendments to the Controlled Drugs and Substances Act*, there were no restrictions on purchasing or selling pill presses or tableting machines in Canada, making it very easy for drug traffickers to manufacture high volumes of pills illegally.
- Bill C-37:
 - requires designated devices, including pill presses, to be registered on import to Canada.
 - adds a new criminal sanction against the possession of substances and designated devices for the purposes of producing illegal drugs (this sanction is not well known among police agencies).
 - provides the federal Minister of Health with the authority to develop a system of administrative monetary penalties to fine a regulated party for a violation of certain provisions of the *Controlled Drugs and Substances Act* or its regulations without resorting to criminal prosecution, or suspending or revoking a license.

What have we done so far?

- To date, B.C. has called on the federal government to increase scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and Precursor Control Regulations, including pill presses, sorters, tableting machines and pill dies to permit monitoring and control of access to non-legitimate users.

What are our priorities going forward?

- Call upon Health Canada to:
 - better communicate and explain to police agencies the new provision in the *Controlled Drugs and Substances Act* related to the criminal sanctions against the possession of substances and equipment used to manufacture illegal drugs.
 - carefully monitor to ensure the provision is fulfilling its intended purpose.
 - establish the administrative monetary penalty scheme provided in the regulations to better control the importation and resale of pill presses and tableting devices.

What this will mean:

- Stricter regulation of pill presses and tableting machines will provide police with more tools to interdict illegal fentanyl and other illegal drugs.

RECOMMENDATION 2F

Protect Public Safety by Continuing to Interdict Illegal Drugs

What do we know?

- Increases in overdoses and overdose deaths are correlated with B.C.'s contaminated illegal drug supply.
- Carfentanil and fentanyl are extremely potent, synthetic-opioids that are typically manufactured and imported from China or made domestically in clandestine laboratories at low cost and sold at significant profit.
- Fentanyl is found in all illegal drugs (except for cannabis), which makes it complex to develop strategies that address the needs of the spectrum of people who use drugs chronically or recreationally.

What have we done so far?

- B.C. has provided funding, new equipment, and training for dedicated enforcement activities and investigating clandestine laboratories.
- The RCMP and Canada Border Services Agency have increased interdiction of fentanyl and analogues with numerous seizures and arrests.
- The RCMP is working with the Chinese Ministry of Public Security to stem the flow of illegal fentanyl and other illegal substances into Canada.

What are our priorities going forward?

- Enhance efforts to interdict illegal drugs by increasing resources and improving collaboration across sectors.
- Increase capacity of the criminal justice system to respond to the Public Health Emergency.
- Grow the expertise and capacity of public safety officials through workshops, symposiums on law enforcement practices, and the dissemination of best practices.

What this will mean:

- Public safety will be enhanced through the improved interdiction of illegal drugs.
- Individuals will be held accountable for their actions as the criminal justice system will be better able to prosecute crimes associated with illegal drug trafficking and other drug-related offences.

3. Ensure Seamless Leadership

Increasing the capacity of the province's response to this complex Public Health Emergency requires coordinated action across *all* sectors and levels of government. The Joint Task Force recommends B.C.:

- a. Support the continued functioning of an enhanced Joint Task Force during the next six months to ensure a seamless, coordinated transition to potential future leadership structures.

The collaboration of public health and public safety sectors through the establishment of the Joint Task Force has seen successes in mobilizing responses across systems that at one time

did not always work in tandem. Continuing to align law enforcement efforts with public health principles is a key component moving forward, and should focus on:

- Including both public safety and public health in planning and policy development.
- Working collaboratively across sectors to reduce stigma and increase understanding of the value of harm reduction and working with people with lived experience.

RECOMMENDATION 3A

Support the continued functioning of an enhanced Joint Task Force during the next six months to ensure a seamless, coordinated transition to potential future leadership structures.

What do we know?

- The risk of overdose and overdose death is linked directly with the broader circumstances in people's lives; therefore, a multi-sector approach will help align action for maximum impact.
- Expanding capacity to include all sectors will assist in shifting from a purely crisis-based response to a response that can help British Columbia get ahead of the curve.
- An enhanced structure that formally integrates First Nations and Aboriginal communities, education, social services, housing and law enforcement sectors is needed to address emerging priorities and complete unfinished business.

What have we done so far?

The Joint Task Force has engaged multiple partners to:

- Prevent overdoses at supportive housing and emergency shelter facilities by working with the Ministry Responsible for Housing, BC Housing, and housing providers to develop and implement overdose prevention services in these settings.^{xxx}
- Support at-risk youth by working with the Ministry of Children and Family Development to equip foster parents and social workers with necessary tools, including naloxone.
- Increase awareness of evidence-based approaches to engage youth by working with the Ministry of Education to develop and disseminate materials for educators and parents.
- Support community organizations working with at-risk populations by expanding access to overdose response supplies and training by making naloxone available at 558 locations across the province through the Take Home Naloxone program.^{xxxi}
- Launch a provincial psychosocial supports program for frontline workers, volunteers, and staff from community organizations that do not have access to employer-provided support programs.
- Supply naloxone kits to eligible inmates upon release from provincial correctional facilities, and work with the federal government to ensure the same in federal facilities.

What are our priorities going forward?

- Enhance the structure of the Joint Task Force by formally engaging additional sectors and populations (see Figure 4).

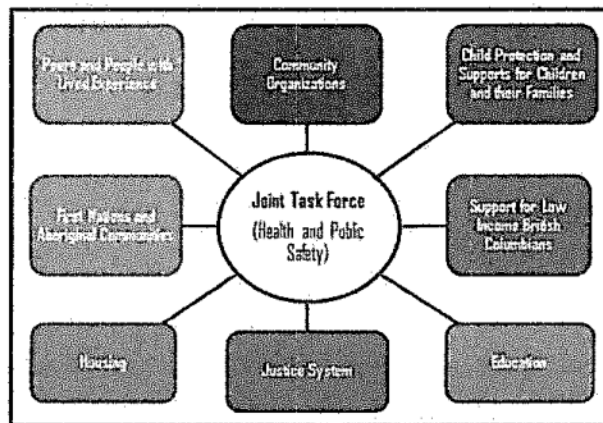


Figure 4: Enhanced Joint Task Force Structure

Conclusion

British Columbia continues to face a troubling Public Health Emergency related to illegal drug overdoses and overdose deaths. Families, communities, volunteers, peers, front line workers, first responders, public safety and community organizations across the province continue to take extraordinary action to respond and prevent harms. The efforts of these individuals and organizations, and the massive mobilization of human and financial resources across multiple sectors have saved the lives of tens of thousands of British Columbians.

Despite efforts, 967 people died from an apparent overdose in 2016, and trends suggest even more people will die in 2017. As the Public Health Emergency continues to evolve, actions completed since its declaration, and analysis of new data, provides a foundation for a renewed provincial response. The Joint Task Force continues to seek the best advice available to support improvements in the provincial response. The Michael Smith Foundation for Health Research has created a developmental evaluation approach that will provide continuous feedback to the Joint Task Force and its working groups.

Because risk of overdose and overdose death is linked directly with the broader circumstances in people's lives, a multi-sector approach will help align action for maximum impact. Expanding capacity to include all sectors will also assist in shifting from a crisis-based response to one that can help B.C. get ahead of the curve.

Going forward, the Joint Task Force makes the following recommendations:

1. Address emerging priorities:

- a. Reducing the disproportionate impact of the emergency among First Nations and Aboriginal people.
- b. Reducing the disproportionate impact of the emergency on people who use drugs alone.
- c. Investing in upstream and preventative approaches across the life course, starting in infancy.
- d. Investing in supporting families, peers, volunteers and staff with community organizations, and other first responders in dealing with the emotional toll of overdoses and overdose deaths.

2. Complete unfinished business from the July 2016 action plan:

- a. Ensuring rapid access to improved treatment services for people experiencing problems associated with opioid use.

- b. Improving the range of pain management services for people living with acute and chronic pain.
- c. Investing in a provincial prescription monitoring program.
- d. Engaging all levels of government.
- e. Strengthening pill press regulation.
- f. Protect public safety by continuing to interdict illegal drugs.

3. Ensure seamless leadership:

- a. Support the continued functioning of an enhanced Joint Task Force during the next six months to ensure a seamless, coordinated transition to potential future leadership structures.

Implementing these recommendations is beyond the current fiscal capacity of responsible ministries. This will require significant new and ongoing investment to ensure an expanded cross-sector response, scaled up and improved substance use treatment systems, and the exploration of promising new technologies and approaches across the spectrum of response.

Appendix A: Enhanced Surveillance at the BC Coroners Service

The BC Coroners Service performs a key surveillance function in furthering our understanding of the scope and context of the Public Health Emergency. Coroners routinely order post-mortem testing, including toxicology and autopsy, to assist in determining the cause and manner of death. Coroners have broad authorities to seize medical records, including prescription drug history, police records, and any other information that can help establish the facts surrounding the death.

Recently, the BC Coroners Service expanded its Unintentional Drug Overdose Investigative Protocol and created a focused Drug Death Investigation Team to enhance its ability to provide comprehensive aggregate data in support of evidence-based prevention efforts. The Drug Death Investigation Team is investigating or re-investigating each accidental illegal drug death since January 1, 2016, according to an enhanced investigative protocol. This will include a comprehensive review of medical and mental health history, housing status, prescription drug history, income, previous overdose history, previous treatment history, and the enhanced scene of death investigation. The analysis will provide an unprecedented summary of trends and patterns to support meaningful, evidence-based overdose prevention efforts. Initial results from the analysis are expected in the fall of 2017.

In addition to its front-line investigations and data analysis, the BC Coroners Service held an inquest into the fentanyl-involved death of a 20-year-old man in a drug treatment facility. The inquest jury issued 21 recommendations aimed at preventing future deaths in similar circumstances. Many of the actions related to the jury's recommendations have been completed or are in progress.

Appendix B: Cohort Analysis

What is the Cohort?

After the declaration of the Public Health Emergency, the Provincial Health Officer issued several orders to expedite the data collection related to suspected and confirmed overdose cases. These orders have allowed for enhanced data collection to improve our understanding of trends in overdose events, demographics of those affected, details regarding the severity of overdose events, and contextual information (e.g., drug use setting and type of drug used).

The BC Centre for Disease Control, in collaboration with the BC Coroners Service, Ministry of Health, First Nations Health Authority, and other provincial partners have conducted an analysis of linked administrative data on people who experienced at least one possible opioid overdose (i.e., the cohort) between January 1, 2015, and November 30, 2016. The analysis of data on histories of prescriptions, physician visits, emergency room visits, and hospital visits has provided characteristics of overdoses, risk factors, and rates of survival. The BC Centre for Disease Control will update the cohort analysis on an annual basis and will make the findings available to all partner organizations to inform and evaluate the response to the Public Health Emergency.

Cohort Analysis Priority Questions

Below is a list of questions presented in order of priority for analysis developed through a collaborative process by the Ministry of Health, health authorities, and other key partners involved in the response to the Public Health Emergency.

Priority	Topic	Questions
1	Characterizing Factors Related to Death and Survival	Are people who are overdosing the same as people who are dying?
		How do the people who overdose differ (e.g., by age, geography, the pattern of use, employment status, and prior involvement with the treatment system) from those we know to have died?
2	Characterizing Overdose Events in First Nations Populations	What are the rates of overdose and overdose death among status First Nations people, and what are the rates disaggregated by age, sex, and geography?
		How do these rates compare to other British Columbians? What factors (e.g., age, geography, employment status, housing status, and prior interactions with the health system) are associated with those who overdose and those who do not overdose within the First Nations population?
3	Describing the Prescribing Patterns among Those Who Overdose	What are the historic prescribing patterns among people who have overdosed?
		What, if any, differences in gender, sex, or First Nations ancestry exist in the historical prescribing patterns of those who overdosed?
		Of individuals who overdosed, including those who died,

Priority	Topic	Questions
		<p>what proportion had a prescription history that included opioids?</p> <p>How many people who overdosed had a prescription for opioids before the implementation of the College of Physicians and Surgeons of BC standards and guidelines? Of these people, what percentage had been weaned off or cut off their prescribed opioids before experiencing overdose?</p>
4	Identifying Risk Factors for Repeat Overdose Events	What are the risk factors associated with repeat overdose? Examples may include frequency and characteristics of drug use, housing status, geography, and prior connection to the treatment system.
5	Identifying Risk Factors for Opioid Overdose Events	What are the risk factors associated with opioid overdose events? Examples may include chronic pain, prescription history, and mental health challenges.
6	Factors Associated with Overdose among Individuals Receiving Opioid Agonist Treatment	What is the relationship between opioid agonist treatment prescription history and opioid overdose? Factors to consider include medication type (e.g., methadone and buprenorphine/naloxone), engagement patterns, and dosing patterns.
7	Identifying Patterns of Health Care Service Utilization	What are the service utilization (e.g., emergency department visits, hospitalization, mental health services, and pain clinics) patterns of people who overdosed? Do these patterns differ from those who die of an overdose? Do these patterns differ from the general population?
8	Characterizing the Patient Treatment Journey	<p>What proportion of people who overdose had prior involvement with the treatment system? Why types of treatment (e.g., buprenorphine/naloxone and methadone) had these individuals received? How long before the overdose event was the most recent prescription?</p> <p>Are there any demographic differences between those who engage in treatment and those who overdose? How many status First Nations people initiate opioid agonist treatment in an urban centre, but lose access to treatment when they return to their home community?</p>
9	Descriptive Epidemiology of Overdose in Supportive Housing	What are the incidence and geographic distribution of overdose in supportive housing settings? Does this vary according to the type and characteristics of the supportive housing setting (e.g., abstinence-based supportive housing)?
10	Areas with Less Access to Opioid Agonist Treatment	What areas and population groups have a lower penetration of opioid agonist treatment in the province?
11	Which Rural Communities Need More On-Call Staff	Which rural communities need more on-call staff based on more events and fewer services combined with longer ambulance response times?

Priority	Topic	Questions
12	Effect of Recent Incarceration	Of those who overdose, how many were released from prison recently?
		How many were receiving opioid agonist treatment while incarcerated?
		What other services did these individuals access during their period of incarceration?
13	Assessing Statistical Methods for Detecting Geographic Clusters	Assess statistical methods for detecting geographic clusters of overdoses.
14	Spatial Modelling of Overdose Patterns	Spatial modelling of overdose patterns to develop stable estimates of rates, particularly for small areas and small counts.
15	Developing a Composite Surveillance Indicator	Evaluate the constellation of indicators to determine a single composite measure that provides a sensitive signal of risk.
16	Relationship of Census Deprivation Area and Overdose Events	Analyze geographic patterns of overdose events in relation to (census-based) deprivation indices.
17	Correlation between First Nations/Aboriginal Indicators	Correlation between Interior Health Authority self-identified Aboriginal flag from emergency department data, ethnicity categorization by the BC Coroners Service, and the official (Status Indian) First Nations flag from the First Nations Client File.
18	Demographic Description of the Overdose Cohort	Characterize the overdose cohort by providing a detailed summary of some of the demographic characteristics of those included in the cohort.
19	Evaluate Long-Term Outcomes	Evaluate long-term outcomes in persons who have overdosed (e.g., anoxia, long hospital stay, brain and kidney function, neurocognitive damage).

Cohort Analysis Timeline

Task	July	Aug	Sept	Oct	Nov	Dec
Data team works with analysis teams to create datasets & variables						
Death vs. survival: descriptive analyses						
Death vs. survival: inferential analysis						
First Nations: descriptive analyses						
First Nations: inferential analysis						
Prescribing patterns: descriptive analyses						
Prescribing patterns: inferential analysis						

Appendix C: Progress on the July 2016 88-Point Action Plan

As of July 10, 2017, out of 88 actions, 78 actions have been completed; 7 are nearing completion, and 3 are in progress.

#	Actions In-Progress	Response Plan Component
1	Ensure linkage between Ministry of Health and College of Physicians and Surgeons of BC to work together on the expansion of prescription monitoring for controlled substances	Monitoring, surveillance and applied research
2	Support BC family practice residency programs to include opioid agonist treatment as a core competency	Preventing overdoses before they happen
3	Continue to promote trauma-informed practice to reduce stigma against people who use drugs and improve quality of care	Preventing overdoses before they happen

#	Actions Nearing Completion	Response Plan Component
1	Collaborate with public health and community partners to establish a service to detect composition and adulterants of street-acquired drugs prior to their use.	Immediate response to an overdose
2	Work with Ministry of Justice and federal justice department to enhance criminal sanctions for production, importation and trafficking	Improving federal enforcement and interdiction strategies
3	Work with police on local engagement strategies with at risk communities with a focus on youth	Enhancing the capacity of police to support harm reduction efforts related to street drugs
4	Direct Combined Forces Special Enforcement Unit of BC to increase enforcement on illicit labs	Improving federal enforcement and interdiction strategies
5	Develop common/standard template for Community Impact Statements	N/A
6	Explore policy options for expanding supervised injectable opioid agonist treatment medications and availability	Preventing overdoses before they happen
7	Develop entry-level, intermediate, and advanced core competency standards of practices for all nurses	Preventing overdoses before they happen

#	Actions Completed	Response Plan Component
1	Expand and measure reach and range of harm reduction supplies and services.	Immediate response to an overdose
2	Expand traditional concept of first responders and standardize protocols to indemnify first responders who administer naloxone.	Immediate response to an overdose
3	Develop a provincial policy that rationalizes response to overdose-related 911 calls, so police only respond in situations that require police intervention or they are requested to attend by paramedical staff.	Immediate response to an overdose
4	Remove regulatory burdens to the administration of naloxone in hospital settings.	Immediate response to an overdose
5	Ensure that WorkSafeBC is aware of regulatory changes to facilitate naloxone administration by anyone in any setting.	Immediate response to an overdose
6	Remove barriers to the administration of naloxone by Court Service Branch staff (e.g.,	Immediate response to an overdose

#	Actions Completed	Response Plan Component
	sheriffs) and some corrections staff in multiple non-health settings.	
7	Develop decision support tool for College of Registered Nurses of BC to allow naloxone distribution beyond a self-identified opioid user.	Immediate response to an overdose
8	Secure adequate funding to support the coordinated expansion of the BC Take Home Naloxone program.	Immediate response to an overdose
9	Expand BC Take Home Naloxone program eligibility to include those most likely to witness and respond to an overdose.	Immediate response to an overdose
10	Facilitate distribution of facility overdose response boxes.	Immediate response to an overdose
11	Develop and proliferate standardized overdose response training.	Immediate response to an overdose
12	Expand access to naloxone by making it available to MCFD staff working with vulnerable populations.	Immediate response to an overdose
13	Develop a strategy for intranasal naloxone where appropriate and cost effective.	Immediate response to an overdose
14	Create mobile naloxone dispensing units in high overdose areas.	Immediate response to an overdose
15	Standardization of risk assessments for non-health sectors.	Immediate response to an overdose
16	Create a consistent process for purchase of naloxone kits.	Immediate response to an overdose
17	Address surge capacity for naloxone administration training	Immediate response to an overdose
18	Expand access to overdose response education materials and first aid supplies (e.g., rescue breathing masks).	Immediate response to an overdose
19	Overdose Prevention Services	Preventing overdoses before they happen / Immediate response to an overdose
20	Develop operational guidelines for supervised consumption services	Immediate response to an overdose
21	Guidelines for supportive housing providers, homeless shelters, and regional health authorities on overdose prevention and response	Immediate response to an overdose
22	Pilot the efficacy of drug testing strips to detect the presence of fentanyl.	Preventing overdoses before they happen
23	Expand reach of supervised consumption services in each health region	Immediate response to an overdose
24	Weekly and monthly situation reporting	Monitoring, surveillance and applied research
25	Reporting on analysis priorities	Monitoring, surveillance and applied research
26	Participate in national Prescription Drug Abuse working group on prescription drug surveillance	Monitoring, surveillance and applied research
27	Review opportunities for First Nations data on overdose, including linking the First Nations Client File to the overdose cohort.	Monitoring, surveillance and applied research
28	Review opportunities for First Nations data on overdose, including: identifying specific frequencies in Interior Health emergency department data.	Monitoring, surveillance and applied research
29	Increase toxicology lab capacity to test for opioids/other new substances.	Monitoring, surveillance and applied research
30	Review opportunities for First Nations data on overdose, including identifying First Nations frequencies in coroner data	Monitoring, surveillance and applied research
31	Develop overdose cohort: linkage and analyses	Monitoring, surveillance and applied research
32	Morgue capacity support for the BC Coroners Service.	N/A

#	Actions Completed	Response Plan Component
33	Provide psychosocial support services for those who have lost a family member to a fatal overdose.	N/A
34	Coordinated psychosocial supports for community based agency and non-profit staff/volunteers that do not have access to these services through their employer	N/A
35	Provide public information on overdose prevention and response (HealthLinkBC, school-based resources for students, teachers)	Public education and awareness
36	Provincial social marketing campaign to reduce stigma and ensure target groups are aware of risks and how to prevent overdose	Public education and awareness
37	Provincial marketing campaign of "Recovery is Possible"	Public education and awareness
38	Educational resources for schools, parents, caregivers, & organizations that work with youth: Adaptation of Alcohol Sense resources	Public education and awareness
39	Educational resources for schools, parents, caregivers & orgs that work with youth: Additional iMinds modules and guidebook resources	Public education and awareness
40	Report out on progress regularly to media and the public	Public education and awareness
41	Improved BC Ambulance response to areas experiencing high volumes of overdoses by ensuring additional transportation options (ATVs, bikes) are available	Immediate response to an overdose
42	Real time information provided to BC Ambulance supervisors to redeploy resources as needed	Immediate response to an overdose
43	Increase in paramedics (both full-time and part-time)	Immediate response to an overdose
44	Activation of mobile medical unit to treat multiple overdose victims without having to admit to hospital	Immediate response to an overdose
45	Work with Public Safety Canada and RCMP to increase restrictions and enforcement on precursors	Improvement to federal legislation (CDSA and Precursor Control Regulations)
46	Training of police officers and other 1st responders for safe fentanyl identification and handling practices	Enhancing capacity of police to support harm reduction efforts related to street drugs
47	Increase timely sharing of information related to problematic substances in communities	Public education and awareness
48	Work with ECOMM on messaging for 9-1-1 calls	Immediate response to an overdose
49	9-1-1 policy for police to not attend overdose calls unless requested to do so	Immediate response to an overdose
50	Greater police partnership with CBSA to improve interdiction of products	Improving federal enforcement and interdiction strategies
51	Obtain commitment of the Canada Border Services Agency for measurable expansion of interdiction efforts	Improving federal enforcement and interdiction strategies
52	Explore options to restrict pill presses in BC	Improving federal enforcement and interdiction strategies
53	Improvements to the <i>Controlled Drugs and Substances Act</i> and Precursor Control Regulations, including scheduling of equipment and precursors used in manufacture of illicit pills; greater criminal sanctions associated with manufacturing street drugs; improved process for safe destruction of seized substances.	Improvement to federal legislation (CDSA and Precursor Control Regulations)
54	Increase capacity of CLEAR team and clan lab capacity	Improving federal enforcement and interdiction strategies
55	Improve connections to harm reduction and problematic substance use services for	Preventing overdoses before they happen

#	Actions Completed	Response Plan Component
	inmates incarcerated in and being discharged from provincial correctional facilities.	
56	PharmaCare implementation of Slow Release Oral Morphine for OAT as per new BC Centre on Substance Use Guideline	Preventing overdoses before they happen
57	Direct licensed care facilities to stock naloxone kits and have staff trained to administer in the event of an overdose	Immediate response to an overdose
58	Network of HA Addictions Clinical and operations Leads	Preventing overdoses before they happen
59	PainBC Provincial Pain Summit	Preventing overdoses before they happen
60	Update and release of Opioid Use Disorder Treatment Guidelines	Preventing overdoses before they happen
61	Development of a tiered pharmacy service payment plan and reduction/removal of patient deductible for methadone and suboxone	Preventing overdoses before they happen
62	University of Victoria's Centre for Addictions Research Patient to Patient Opioid Agonist Treatment Handbook	Preventing overdoses before they happen
63	Promote knowledge and use of a practice support program module on pain management	Preventing overdoses before they happen
64	Expansion and promotion of the Rapid Access to Consultative Expertise line – addictions medicine expertise	Preventing overdoses before they happen
65	Rural Education Action Plan Program	Preventing overdoses before they happen
66	College of Registered Nurses of BC fast-track scope of practice for Nurse Practitioners to include Suboxone prescribing	Preventing overdoses before they happen
67	Release of provincial guidelines for biopsychosocialspiritual withdrawal management services for adults and youth	Preventing overdoses before they happen
68	Detox safety bulletin	Preventing overdoses before they happen
69	Conduct and apply findings from research on innovations in addiction treatment, including extended release naltrexone and buprenorphine	Preventing overdoses before they happen
70	Additional capacity for public treatment beds	Preventing overdoses before they happen
71	"Did you know" factsheet on Slow Release Oral Morphine for physicians	Preventing overdoses before they happen
72	Expand access to opioid agonist treatment through primary care and other physicians with addictions training by offering more suboxone training sessions	Preventing overdoses before they happen
73	Expand access to opioid agonist treatment through primary care and other physicians with addictions training, by raising physician awareness of OAT and supports available.	Preventing overdoses before they happen
74	Support health care providers to improve skills in caring for people living with problematic substance use by establishing interdisciplinary addiction medicine training programs	Preventing overdoses before they happen
75	College of Registered Nurses of BC fast-track scope of practice for Nurse Practitioners to include Suboxone prescribing	Preventing overdoses before they happen
76	Expand existing access to opioid agonist treatment via telehealth	Preventing overdoses before they happen
77	Support health care providers to improve skills in caring for people living with problematic substance use establishing an online diploma program	Preventing overdoses before they happen
78	Support creation of a Practice Support Program module focused on addiction.	Preventing overdoses before they happen

Appendix D: Moving Upstream – B.C. Program Descriptions

The Public Health Emergency provides an opportunity to focus our efforts on evidence-based preventative actions. In particular, we know that targeted interventions to support expecting mothers, infants, and young children can improve health outcomes and prevent problematic substance use. Examples of evidence-based initiatives in British Columbia include:

BC Nurse–Family Partnership

An evidence-based program for young, vulnerable first-time mothers and their children whereby public health nurses provide intensive, consistent and supportive home visitation starting in pregnancy and continuing until the child reaches two years of age. Multiple long-term evaluations of the program have found it reduces substance use by 53% among children of clients at age 12 – 15 years.^{xxxii} The program also results in improved prenatal health behaviours, child health and behavioural outcomes, women's economic self-sufficiency and reductions in childhood injuries, maltreatment and women's experiences of intimate partner violence.^{xxxiii-xxxiv-xxxv} Over 1,100 women and their children have been involved in the project to date. Additional investment is required to expand the reach of this program across the province.

Preventure

This school-based program has shown very positive outcomes in Canadian randomized control trials, and a rigorous scientific evaluation is currently under way in British Columbia. Students are screened by teachers and others, and those at elevated risk of serious future problems provided with specific skills and opportunities for learning

Helping Schools Initiative

An initiative hosted by the Centre for Addictions Research of BC intended to help students understand and address issues related to substance use. Components of the Helping Schools Initiative include the iMinds drug literacy lesson plans, resources and template school policies, and resources for parents and educators.

Healthy Schools BC

Healthy Schools BC works with schools to implement a comprehensive school health approach focused on supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. Healthy Schools BC is a key component of British Columbia's health promotion plan.

Healthy Minds | Healthy Campuses

An initiative to assess and address the factors related to substance use on post-secondary campuses. Co-led by the Canadian Mental Health Association BC Division and the Centre for Addictions Research of BC, Changing the Culture of Substance Use on Campus is a key part of the Healthy Minds | Healthy Campuses initiative.

Resources for Parents and the Public

The Ministry of Health has developed extensive parent resources publicly available at gov.bc.ca/overdose. This website contains information on preventing and responding to an overdose and resources for parents to engage in conversations with their children about substance use. Supporting parents is important because youth with higher self-esteem and supportive relationships are less likely to engage in substance use. The Vancouver Police Department has developed educational materials through the "Know your Source" initiative and community activities.

Appendix E: Situation Tables

In many communities, 60 - 70% of calls for service that the police receive are for social and mental health issues. Situation tables are a multidisciplinary approach to bringing health and social service agencies and police together to collaboratively and proactively address these situations of elevated risk.⁵

For many vulnerable people, risk factors tend to cluster and prevent a person from addressing any single risk (e.g., losing housing may affect a person's participation or retention in treatment for a substance use disorder). Situation tables require front line workers to meet regularly (once to twice a week) to identify and discuss common clients and deliver collaborative interventions within 24-48 hours of a meeting. By leveraging existing community assets and resources, situation table partners are able to design interventions that address all known risk factors in a vulnerable person's life.

Key facts:

- Situation tables tend to involve local, provincial, and federal agencies and organizations.
 - Most situation tables involve local and/or First Nations government, agencies responsible for corrections, income assistance, child and family development, housing/shelters, school boards, emergency services, and police.
 - Participants must be able to respond to a situation on short notice (24-48 hours).
- Situation tables tend to have a geographic focus (e.g., a community or neighbourhood); however, the model can be adjusted to target a specific issue (e.g., poverty reduction, mental health and substance use).
- As per provincial and federal privacy legislation (the *Freedom of Information and Protection of Privacy Act*, the *Personal Information and Privacy Act*, and the *Privacy Act*), information sharing agreements must be signed by all participants to facilitate the disclosure, indirect collection, and use of information shared at the table.
 - In order to balance personal privacy with harm reduction, situation tables have a special information sharing protocol that ensures that front line workers only share personal information once the partners have agreed that there is an imminent risk.
- The first situation table in Canada was the Prince Albert HUB in Saskatchewan. A five-year evaluation of this model associated the HUB with a reduction in the number of police calls associated with social and mental health issues, declines in property and violent crimes, and cost savings to society and victims of over \$150,000 a month.
- As of November 2016, there were 60 situation tables operating in Canada, including one in British Columbia (the Surrey Mobilization and Resilience Table).
- The Ministry of Public Safety and Solicitor General is piloting a situation table in the Cariboo-Chilcotin Region (Williams Lake and surrounding area) and the District of Mission will launch a situation table (Mission Active Support Table) during the summer of 2017.
 - Program evaluations in Saskatchewan and Ontario have linked situation tables with increased awareness and use of harm reduction, social, and mental health services amongst vulnerable people, alongside reduced risk of victimization and criminality.

⁵ Definition of acutely elevated risk: the individual in question has known risk factors that extend beyond the mandate of any two table participating agencies, conditions have reached a point with a crisis is foreseeable, and recent developments indicate that there is an escalation in the risks that they are managing.

Appendix F: Improving the Treatment System in B.C.

An improved treatment system that meets the needs of all people living with an opioid use disorder requires significant investment beyond the capacity of current health budgets.

Topic	Action
Reaching and Engaging Vulnerable Populations	Develop tailored treatment approaches for vulnerable individuals based on cohort analysis, with an initial focus on First Nations People who use illegal drugs and people who die in private residences.
Expanding Reach of Treatment Services	Improve reach of on-demand opioid agonist treatment by connecting people to treatment through emergency departments, walk-in clinics, and Rapid Access Addiction Clinics
	Expand low-barrier treatment services through outreach, mobile options, telehealth, and intensive case management.
	Expand treatment options tailored to the needs of women and families.
	Build capacity to respond when people reach out and request support. This work is guided by a tiered framework that aligns substance use services with levels of need (see Figure 5).
Broadening the Spectrum of Treatment	Continue to expand access to additional treatment options, including injectable hydromorphone, with an immediate focus on Vancouver Coastal Health and Fraser Health Authorities.
Strengthening Capacity of Primary and Community Care	Identify and reach individuals at risk before they require high-intensity intervention.
	Provide training and develop guidance for primary care physicians and teams to screen for substance use and risk factors and provide early intervention, connection care, and follow up.
Providing Education and Guidance to Support Evidence-Based Care	Promote best practices in addiction treatment by supporting providers to enrol in the Online Addiction Medicine Diploma Program through the BC Centre on Substance Use.
	Develop comprehensive online training for methadone and buprenorphine/naloxone prescribers.
	Incorporate addictions medicine as a core competency in medical schools and family practice residency programs.
	Increase the capacity of physicians and other providers across the province to address gender-based violence and to provide trauma-informed and culturally safe care that acknowledges relationships between violence, trauma, mental health, substance use and chronic pain.
Improving Connections to Care and Transitions between Care Settings	Identify a collection of standardized community services, evidence-based care pathways, and transitional supports to be made available to people living with opioid use disorder.
	Reach and retain more people using a cascade of prevention and care approach to measure reach, engagement, and retention across the continuum of services for opioid use disorder.

Cascade of Prevention and Care

Creating a system that reaches and engages people in care (as opposed to passively waiting for people to identify their need for services) requires an ability to measure engagement at all steps of the continuum from prevention to treatment, care and support.

The Cascade of Prevention and Care approach has been used in B.C. and globally for almost a decade, and has led to systematic improvements in engagement, retention and improved health outcomes. For example, identifying that people disengage from HIV care after diagnosis but before treatment led to the development of a specific intervention (peer navigators) to help to reach people as soon as they got a test result and support them to their first specialist appointment, connection to medications and social supports, and engagement in a peer network.

The Cascade of Prevention and Care approach has been central to improving responses to complex diseases – particularly those with associated stigma – by helping health system partners understand the steps involved in a patient's journey from prevention to treatment and support. It measures success in keeping people engaged over time and identifies where, when, and how people disengage from care to inform program planning. A Cascade of Prevention and Care also identifies:

- populations that are more likely to disengage from services
- modifiable barriers
- what interventions are needed to prevent people from being lost to care
- what interventions are needed to re-engage people back into care and support

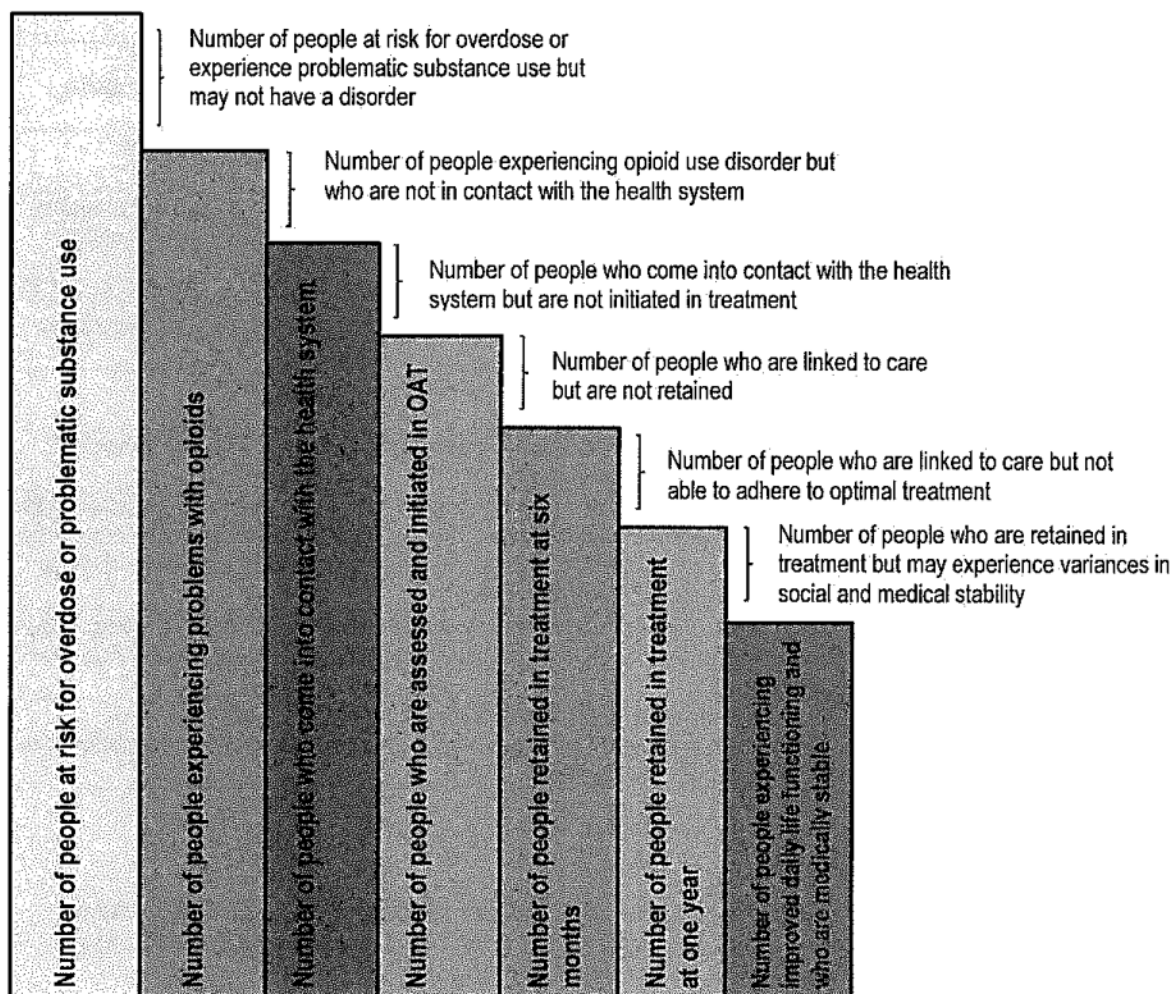


Figure 5: Cascade of Prevention and Care for Opioid Use Disorder

Treatment Services in Provincial Correctional Facilities

BC Corrections maintains a zero-tolerance policy regarding illegal drug use in provincial correctional centres. All inmates receive a comprehensive physical and mental health assessment within 24 hours of intake. Many inmates enter correctional facilities with a substance use disorder.

Those receiving treatment for opioid use disorder with methadone or buprenorphine/naloxone maintain treatment under the direction of the facility physician. Those not engaged in treatment may receive a referral for an assessment for methadone or buprenorphine/naloxone treatment. There are approximately 2,740 inmates in ten BC Corrections facilities throughout the province. Roughly 606 inmates receive buprenorphine/naloxone treatment each day while an additional 283 receive methadone.

The Provincial Health Services Authority will assume responsibility for the delivery of medical services at B.C.'s 10 provincial correctional centres on October 1, 2017. Improving continuity of care for inmates as they move between correctional centres and the community is a key goal.

Appendix G: Prescription Drug Monitoring

In recent years, the number of people with long-term opioid prescriptions in British Columbia has steadily increased.^{xxxvi} Evidence shows the number of overdose deaths associated with prescription opioids has increased in Canada with an increased risk linked to higher prescribed daily doses.^{xxxvii, xxxviii} There are also concerns that people who use prescription opioids are at risk of transitioning to the illegal drug supply once their prescription runs out or their dose is reduced.

The monitoring of the prescription and disbursement of potentially harmful medications is a core element of a broader health surveillance system. Prescription monitoring supports interventions to reduce or prevent the harms associated with the use of these drugs, including the diversion of prescription opioids into the illegal drug supply.

In 2011, the College of Pharmacists of BC established the Controlled Prescription Program to prevent prescription forgeries and reduce inappropriate prescribing of selected drugs, including methadone and oxycodone. Under the program, selected drugs may only be prescribed in writing using personalized and numerically recorded forms that cannot be exchanged between providers.^{xxxix} The College of Physicians and Surgeons of BC operates the Prescription Review Program to assist physicians with prescribing opioids, benzodiazepines, stimulants, and other potentially harmful medications. Under this program, a medical consultant conducts a review of a prescriber's practices using PharmaNet. The program takes a quality improvement approach rooted in providing prescribers with educational support to improve prescribing practices.^{xl}

In 2013, a pan-Canadian strategy *First Do No Harm: Responding to Canada's Prescription Drug Crisis* was launched to address challenges associated with the problematic use of opioids and other medications. The strategy includes a recommendation that each province and territory establish a comprehensive approach to prescription monitoring.^{xli} A best practice review of prescription drug monitoring programs across Canada highlighted evidence-based recommendations for designing and operating a monitoring program including:

- focusing on all prescription drugs associated with problematic use or substance use disorder,
- creating unique identifiers to link patient, prescriber, and pharmacist records.

- making full patient profiles available in real time to clinicians at the point of care.
- sending proactive, unsolicited reports to stakeholders.
- standardizing data collection methods to optimize sharing and analyze trends.
- incorporating robust safeguards to protect patient privacy.
- evaluating program effectiveness to detect both intended and unintended consequences.
- making available encrypted information to public or private entities for statistical research or education purposes.^{xlii}

Appendix H: Priority Areas of Action for Working with the Federal Government

The federal government continues to be a key partner in the province's response to the Public Health Emergency. While the federal government has moved quickly to remove certain barriers, such as passing Bill C-37 that amends certain cumbersome federal legislation, and accelerating access to intranasal naloxone, many actions can still be taken to support both B.C. and other jurisdictions in Canada in addressing illegal drug overdoses and overdose deaths. These actions are noted in the table below.

Topic	Action
Modernizing Legislation	Expedite the implementation of legislation not yet in force
	Delegate responsibility for implementing supervised consumption services to provinces and territories
	Develop guidelines to expedite approval and establishment of supervised consumption services
	Consider how to improve a focus on health and reduction of harms of the criminalization of drug possession among those living with a substance use disorder
Funding	Provide unrestricted funding to B.C. to address and evaluate response to the Public Health Emergency
	Enhance RCMP and Canada Border Services Agency partnership funding to interdict the importation of illegal drugs
	Reinstate federal RCMP resources to interdict illegal opioids and reduce importation and trafficking
	Increase equipment and training funding for RCMP Clandestine Laboratory Enforcement and Response Team
Treatment	Remove the requirement for a <i>Controlled Drugs and Substances Act</i> Section 56 exemption for physicians to prescribe methadone for the treatment of opioid use disorder
	Expand the indication of hydromorphone and slow-release oral morphine to include their uses as opioid agonist treatment medications (and do so proactively, without the necessity of a manufacturer making an application for these); modernize the federal regulations that restrict the use of diacetylmorphine
	Support the development of national guidance for the provision of injectable opioid

	treatment therapies
	Support policy initiatives to improve access to non-pharmacologic pain management modalities
	Improve and expand the reach of health professional education and guidance on opioid use disorder treatment, including stigma reduction
	Facilitate physician and patient access to the full range of opioid use disorder treatment options
Surveillance and Research	Accelerate development of a national drug observatory to enhance surveillance activities
	Expand the capacity of drug analysis laboratory services to provide public health information and support and provide drug testing services to non-traditional clients (e.g., health authorities, community organizations, and research centres)
	Create regulatory mechanisms for provincially-operated or private analytic laboratories to provide street drug checking services
	Provide targeted research funding to the Canadian Research Initiative on Substance Misuse to develop new or expand current clinical trials for innovative treatment options for opioid use disorders
Public Engagement	Enhance public engagement through national social marketing campaigns targeted at affected groups as well as the general public to prevent harms and reduce the stigma associated with substance use
	Collaborate on a national campaign on anti-stigma and focusing on youth and people who use drugs alone
Enforcement	Increase enforcement activities on drug trafficking by working collaboratively with police nationally
	Examine expanded authority for interdiction of incoming products used in the production of illegal drugs

Although B.C. continues to experience an unprecedented number of overdoses and overdose deaths, the province has modest influence on federal legislation related to controlled drugs and substances; the federal government ultimately must respond to the needs of all Canadians, not just British Columbians. This means engaging in dialogue on drug policy as decriminalizing, legalizing, or amending controlled drug or substance related policy or legislation is beyond the control of the province. We must continue to informally and formally bring this forward to the federal government as a priority for British Columbia.

Figure 6 identifies seven regulatory approaches that could be applied to controlled drugs and substances. Health and social harms associated with substances are at their maximum when their management is dominated by either extreme – i.e., criminal prohibition or commercialization. Health and social harms are best contained where public health measures have been fully implemented.

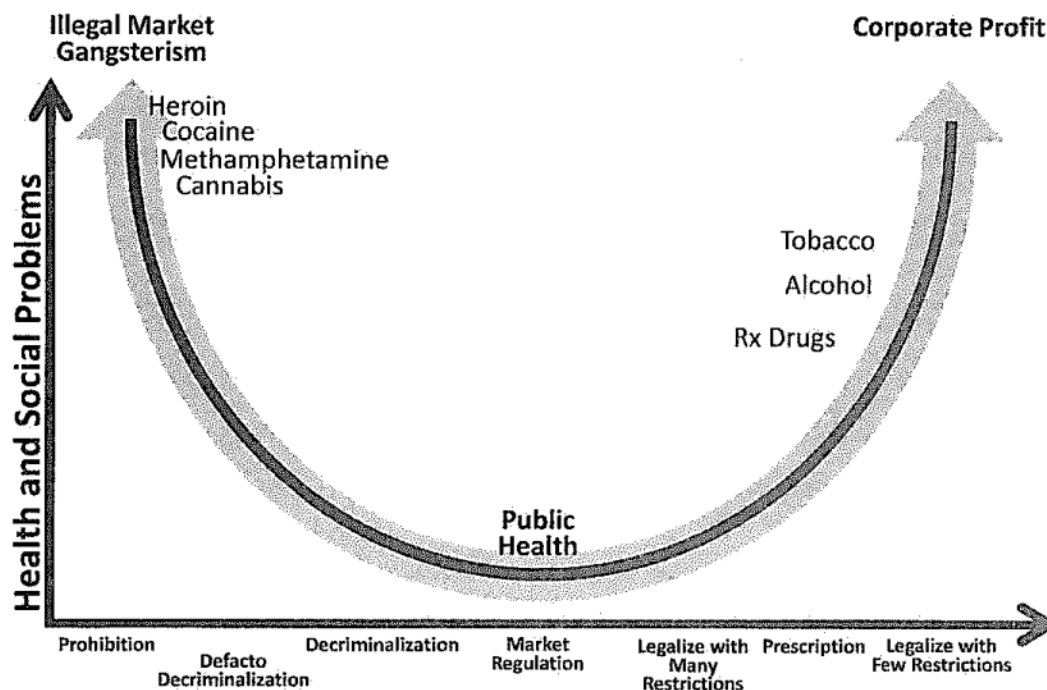


Figure 6: The Paradox of Prohibition

Term	Definition
Prohibition	Cultivation, manufacture, and/or sale (and sometimes the use) of a psychoactive drug are forbidden (although pharmaceutical sales are usually permitted)
Decriminalization	Removes an activity or behaviour from the reach of the criminal justice system. Decriminalization is typically focused on possession of drugs. Decriminalization does not preclude fines or administrative penalties from being applied, and does not establish a system for controlling the production, distribution and sale of a substance
De facto decriminalization	Not enforcing certain existing laws such that an activity or behaviour is in effect decriminalized
Market Regulation	A process of establishing formal legal rules for psychoactive substances growth, production, wholesaling, distribution, retailing, promotion and other related activities that relies primarily on administrative and civil law rather than criminal law as the primary legal instruments. A regulatory framework can include criminal law as a component for actions where others are harmed by an individual's or company's actions. This process is currently underway for cannabis in Canada, a number of US states, and Uruguay.
Prescription	Health professionals provide access to drugs, with intent to maximize the medical benefits and minimize the harms associated with substances.
Legalization (or, de jure legalization ⁶)	Removes criminal prohibitions and establishes a system for the production, sale, use, distribution and possession of a substance. There could still be restrictions for the supply and demand side of the market with some criminal penalties for violating the restrictions.

⁶ De jure legalization: explicit laws that permit use; De facto legalization: prohibition with an expediency principle—laws are not enforced at select stages

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2017/18 ESTIMATES NOTE**Fentanyl****Suggested Response:**

- Drug-related overdoses and deaths have become a very serious concern all across the country. It is critical that we take an integrated approach to address this crisis and prevent future tragedies.
- The number of overdose deaths in BC for 2016 (978 deaths) is unacceptable, and 2017 is expected to be even worse as there are already 876 deaths as of the end of July.
- The overdose crisis is a very complex issue involving many social factors, including housing, public safety, policing, border control, public health, harm reduction, and addiction and recovery treatment, as well as legislation that crosses many jurisdictional boundaries.
- There is no quick and easy solution to the overdose crisis, but we are mobilizing across all sectors to do everything we can to respond and save lives.
- As part of the response, law enforcement is working at all levels of government to intercept and block the supply of toxic drugs, and health officials are working to address the immediate and longer-term health needs.
- The BC Coroners Service, which investigates fatalities in the province to help prevent future deaths, continues to provide specific support for public health measures and the overdose crisis, through its Drug-Death Investigation Team.
- To continue the great efforts made in response to the overdose crisis through initiatives within the Ministry of Public Safety and Solicitor General, an additional \$31.3 million over three years is being approved through the September 2017 budget:
 - \$2.00 M for Naloxone kits and training for police;
 - \$1.20 M for situation tables;
 - \$1.04 M to support the development of legislation to regulate pill presses and an administrative sanction scheme for motor vehicles used in trafficking;
 - \$1.00 M towards drug equipment and training for key departments and the federal Clandestine Laboratory and Enforcement Response Team (CLEAR);
 - \$14.00 M for a new Operational Task Force of dedicated police agencies to target mid-level drug traffickers; and
 - \$5.00 M for the Combined Forces Special Enforcement Unit BC (CFSEU- BC) to undertake Provincial Tactical Enforcement Priority (PTEP) projects targeting high level drug traffickers;
 - \$7.06 M in additional funding is for the Coroners Service to resolve backlog, expand the Drug Investigations Team, and increase capacity to meet the significant increase in workload and requirements for laboratory testing.

Background:

- In 2016, 978 people died of an apparent unintentional illegal drug overdose in BC, or 3.6 times the number dying in 2012 (269 deaths). The Coroners Service reports 876 deaths in the first 7 months of 2017, or 5.3 times the number of deaths that occurred over the same period in 2012.
- The increase in overdoses and deaths for illicit drug users is correlated with changes in the composition of the illicit drug supply in which highly toxic fentanyl and increasingly carfentanil are present.
- Addressing the fentanyl crisis is referenced in the Minister of Public Safety and Solicitor General's mandate letter. Specifically, he is called upon to:
Provide more support to police efforts to disrupt the supply chain and advocate for increased penalties for drug dealers who knowingly distribute death-dealing drugs.
- The Province has dedicated over \$44.5M in funding since the declaration of the crisis (2016/17 – 2019/20) for activities that fall within the Ministry of Public Safety and Solicitor General (further funding provided to the Ministry of Health / Ministry of Mental Health and Addiction).
 - This includes an immediate financial response of \$3.3 million allocated to the public safety sector in both 2016/17 and 2017/18; as well as,
 - \$5.58 million increase to the budget for 2017/18, \$12.91 million in 2018/19 and \$12.81 million in 2019/20 to address the ongoing emergency.

Financial Summary of Opioid Emergency Funding for the Ministry of Public Safety and Solicitor General

(\$ millions)	16/17	17/18	18/19	19/20	TOTAL
NEW OPIOID FUNDING (PSSG) * Sept 2017 Budget					
Naloxone Kits & Training		-	1.00	1.00	2.00
Situation Tables		0.20	0.50	0.50	1.20
Creation and Implementation of Legislation		0.38	0.38	0.28	1.04
Drug Equipment & Training		-	0.50	0.50	1.00
Operational Task Force		2.50	5.75	5.75	14.00
Dedicated Enforcement Activity		1.00	2.00	2.00	5.00
Coroners - Front-line service for current volumes		1.20	1.67	1.67	7.06
Coroners - Expansion of Drug Investigations Team		0.26	0.59	0.59	
Coroners - Resolve backlog & capacity constraints		0.04	0.52	0.52	
Subtotal		5.58	12.91	12.81	31.3
PREVIOUS OPIOID FUNDING (PSSG)					
Naloxone Kits & Training	1.10	0.78	0.50	0.50	2.88
Coroners Closure of Overdose Death Files	0.45	0.45	0.45	0.45	1.80
Community Outreach & Awareness Strategies	0.50	0.84	0.75	0.75	2.84
Drug Equipment & Training	0.60	0.23	0.60	0.60	2.03
Dedicated Enforcement Activity	0.65	1.00	1.00	1.00	3.65
Subtotal	3.30	3.30	3.30	3.30	13.20
TOTAL FUNDING	\$ 3.30	\$ 8.88	\$16.21	\$16.11	\$44.50

- On April 14, 2016, Provincial Health Officer, Dr. Perry Kendall, declared a public health emergency under the *Public Health Act*. On July 27, 2016, the Joint Task Force on Overdose Response (Joint Task Force) was created with Dr. Kendall and Clayton Pecknold, Assistant Deputy Minister, Policing and Security Branch and Director of Police Services serving as co-chairs. The Task Force is supported by six task groups responsible for seven key areas.
- The Joint Task Force's 7 areas of focus include:
 - Immediate response to an overdose by expanding naloxone availability and the reach of supervised consumption services in the province. Specifics include:
 - Rapid expansion of the Take Home Naloxone program.
 - Creation of overdose prevention sites and expanding supervised consumption services.

- Take-Home-Naloxone (THN) kits provided to inmates requesting them upon release from correctional centres (initiative started September 2015).
 - Health care staff in BC correctional centres equipped with injectable naloxone to treat suspected opioid overdoses.
 - Corrections staff trained and equipped to administer naloxone spray to inmates in the rare event no medical personnel are available.
2. Preventing overdoses before they happen by improving treatment options for people with opioid use disorder, exploring drug checking services and improving health professional education and guidance. Specifics include:
- Guidelines on treating opioid use disorder updated and released.
 - Opioid substitution treatments (methadone and Suboxone™) 100% covered for individuals with financial barriers.
 - 500 new substance use beds opened as of March 31, 2017.
 - BC Corrections policy regarding methadone and Suboxone updated to reflect current best practices in the community.
3. Public education and awareness about overdose prevention and response through public awareness campaigns. Specifics include:
- Public campaigns continue on multiple mediums and the province's microsite, www.gov.bc.ca/overdose, is regularly updated.
4. Monitoring, surveillance, and applied research by improving timely data collection, reporting and analysis to inform action, evaluating implementation, and applied research.
- BC Centre for Disease Control releases surveillance data and provides analysis on a regular basis.
 - Highlights from the analysis of individuals who have suffered from non-fatal and fatal overdose shows:
 - majority of deaths occur indoors in private residences;
 - 10% of people who died were status First Nations people (2.6% of BC's population are status First Nations);
 - overdose events are evenly distributed among all economic groups while overdose deaths disproportionately impact the most socially vulnerable; and
 - ratio of overdoses to deaths is 10 to 1.
 - Developmental evaluation of BC's response to overdose crisis is underway.
5. Improving the scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and the Precursor Control Regulations by regulating drug manufacturing equipment such as pill presses, and regulating precursors. Specifics include:
- Engaging the federal government to strengthen the public safety response.

- Bill C-37, an Act to amend the Controlled Drugs and Substances Act received Royal Assent on May 18, 2017. Amendments include:
 - requirements to register designated devices such as pill presses upon importation into Canada;
 - prohibitions on use of anything in the production or trafficking of illegal substances; and
 - removal of minimum weight requirement for Canada Border Services Agency to open packages.

Note: police agencies not satisfied with changes related to pill presses.

6. Improving federal enforcement and interdiction strategies by working with the Canada Border Services Agency to increase enforcement activities to interdict the importation of illegal drugs. Specifics include:
 - RCMP and the Canada Border Services Agency working cooperatively to interdict the flow of fentanyl and other opioids with numerous successful seizures and arrests. See Appendix on police and Canada Border Services Agency activities.
 - RCMP working with the Chinese Ministry of Public Security to stem the flow of illegal fentanyl and other opioids into Canada.
 - Additional funding provided for dedicated enforcement activities, including CFSEU-BC PTEP to target high level organized crime groups.
7. Enhancing the capacity of police to support harm reduction efforts related to street drugs including training for police and other first responders to support safe fentanyl identification and handling practices. Specifics include:
 - Funding purchase of 7,800 naloxone kits and training 7450 sworn and civilian RCMP and municipal police members. As of August 1, 2017 RCMP and municipal police have recorded 230 successful overdose reversals.
 - Funding outreach and awareness strategies, including holding community dialogues through the Centre for Addictions Research of BC.
 - Enhancing the “Know your Source” campaign.
 - Sponsoring four fentanyl workshops for first responders through the Justice Institute of BC.
 - Creation of an award winning fentanyl safety microsite.

Police Response

- Assistant Deputy Minister and Director of Police Services, Clayton Pecknold, also leads a monthly call with the police leadership in the province to share information and discuss challenges and opportunities around this crisis.
- Moving into the second fiscal year of the overdose response, the Ministry continues to fund or deliver police related initiatives which commenced in 2016. These include:

- Replenishment of naloxone supplies and specialized training for RCMP and municipal police departments;
 - Increase enforcement against high level organized crime importers and traffickers through the PTEP led by the CFSEU-BC;
 - Outreach activities including a police information forum as well as community outreach funding to the Centre for Addictions Research BC to support Community Dialogues, including those with First Nations communities;
 - Training for RCMP Clandestine Laboratory Enforcement and Response team members and funding for municipal police departments to purchase drug detection equipment such as ion scanners; and
 - Policing and Security Branch continues to provide ongoing policy analysis, briefing and support to the Overdose Response Task Force, as well as overseeing administration of grants and funding transfers.
- In addition to what's already being done, new or enhanced initiatives include:
 - The establishment of a dedicated, multi-police agency Operational Task Force (22 member plus support staff) focused on mid-level fentanyl traffickers, to disrupt the drug supply line at the local level and increasing drug dealers arrested and prosecuted;
 - Additional increases to support BC police with Naloxone supply and training;
 - s.13;s.15
 - Situation tables to employ a multidisciplinary approach by bringing mental health, social service agencies and police together to collaboratively and proactively address situations of elevated risk.

Coroners Response

- The B.C. Coroners Service continues to provide timely and accurate data on a monthly basis to support evidence-based interventions into illicit drug overdose deaths.
- As part of the continued overdose response, a dedicated Drug-Death Investigation Team has been created to support the increased volume of overdose related death investigations.
- A death review panel on illicit drug deaths will be held in October of this year to identify additional actions that can be taken to help curb the rate of overdose deaths in B.C.

Calls for Federal Government Action

- The Province continues to call for federal government leadership on the overdose response including:

- s.13;s.16

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Contact: Corrie Campbell (PSB)	Phone: 250-387-6950	Mobile: 250-744-7844
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Appendix 3: Fentanyl

Canada Border Services Agency

s.15;s.16

RCMP and Municipal Enforcement Activities

August 10, 2017: Victoria Police Department officers discovered carfentanil mixed with heroin in a sample of drugs seized as part of an arrest. The carfentanil was discovered as investigators scanned samples of drugs seized during the arrest of two men in a joint investigation involving West Shore RCMP and VicPD's Strike Force and Crime Reduction Unit. The substances were analyzed with a newly acquired ion scanner, which is commonly used to screen airline passengers for explosives and drugs. The ion scanner showed that this packet contained a potentially fatal combination of heroin mixed with carfentanil. This is the first confirmation that carfentanil is present in Victoria. <http://www.vicpd.ca/node/1671>

July 6, 2017: Abbotsford Police Department published a news release regarding a lengthy investigation called Purple Rain that started in January 2017 and occurred over several months, which specifically targeted those dealing in fentanyl and carfentanil. This investigation led to five arrests with the charges laid including drug trafficking in fentanyl, carfentanil and cocaine, possession for the purpose of trafficking and firearms-related offences. <http://www.abbypd.ca//files/File/myAssets/1858/17-262%20Five%20LMGC%20Charged%20with%2033%20drug%20and%20firearm%20related%20offences.pdf>

June 30, 2017: The Abbotsford Police Department Gang Task Force made their third arrest in the past two weeks of young people connected to the Lower Mainland Gang Conflict. Police located \$2000 cash, a bag containing 70 pre-packaged pieces of fentanyl, other drugs including cocaine and 5 cell phones. One man, 18, was charged with one count of trafficking in fentanyl and two counts of possession for the Purpose of Trafficking. Another man, age 21, is charged with five counts of Trafficking in fentanyl, four counts of possession for the Purpose of Trafficking, and two counts of breaching his conditions.

<http://www.abbypd.ca//files/File/myAssets/1858/17-21077%20Flores%20and%20McClain%20GTF.pdf>

June 20, 2017: Charges were laid in connection with a Williams Lake investigation from May 2017 where a search warrant was executed on Sunday May 28th, 2017. The individual has been charged with 5 counts of Possession for the Purpose of Trafficking contrary to section 5.2 of the Controlled Drug & Substances Act (CDSA). The various drugs have been identified as heroin, cocaine, methamphetamine; cannabis and fentanyl. Two of those five charges have been directly related to Fentanyl. <http://williamslake.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2129&languageId=1&contentId=51551>

May 5, 2017: Surrey RCMP executed multiple search warrants in mid-April at properties alleged to be involved in the street level drug trade. The searches resulted in 13 arrests and the seizure of numerous weapons and significant quantities of drugs. With assistance from the Surrey RCMP's Bike Team, Lower Mainland District's Emergency Response Team, Police Dog Services, and Transit Police, officers arrested a total of 13 persons at these locations. A number of weapons were seized including multiple handguns and crossbows, along with varying amounts of drugs, including 1,100 doses of crystal methamphetamine, 400 doses of heroin/suspected fentanyl, and 9 kilograms of cannabis marijuana. <http://surrey.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2126&languageId=1&contentId=51003>

April 2017: Several search warrants were executed throughout Surrey and New Westminster after an investigation was initiated by New Westminster Police Department's Street Crime Unit. From those, a number of vehicles, a large quantity of cash, multiple firearms, replica firearms, and a large amount of drugs including heroin containing lethal levels of fentanyl and pure fentanyl were seized. The total amount of drugs from the seizure had an estimated street value of approximately \$300,000. Numerous people were arrested and the New Westminster Police Department will be recommending several charges, including: multiple counts of Trafficking in a Controlled Substance and multiple counts of Conspiracy to Commit an Indictable Offence. <http://www.nwpolice.org/blog/2017/04/24/new-westminster-police-department-street-crime-unit-seizes-fentanyl/>

April 6, 2017: A four-month long investigation led by Ridge Meadows RCMP's Street Enforcement Unit resulted in five people being charged with selling fentanyl. All were arrested from the Maple Ridge area. <http://bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2087&languageId=1&contentId=50688>

March 9, 2017: In February 2017, the Gangs and Drugs Unit of the Abbotsford Police Department seized drugs suspected to contain fentanyl and sent them for analysis. The result of analysis has determined that both fentanyl and carfentanil were present in the samples. <http://www.abbypd.ca//files/File/myAssets/1858/2017-03-09%20Carfentanil%20Discovered%20in%20Drugs%20Seized%20by%20APD.pdf>

February 8, 2017: Lab results from Health Canada have confirmed carfentanil is in Nanaimo. This powder was seized by investigators as part of an ongoing investigation following the execution of a search warrant. <http://nanaimo.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=876&languageId=1&contentId=49985>

February 1, 2017: Surrey RCMP arrested three individuals and seized thousands of dosages of street level drugs, including fentanyl, and approximately \$16,000 in Canadian currency as a result of a two month long drug investigation. On January 13, 2017 a search resulted in the seizure of approximately 240 doses of suspected heroin/fentanyl, 21 doses of methamphetamine packaged for sale, and approximately \$13,000 in Canadian currency. A 30 year old Surrey man was arrested. On January 26 a search warrant resulted in the seizure of 3,600 doses of suspected heroin/fentanyl, 500 doses of methamphetamine, and 410 doses of crack cocaine all packaged for street level sale. Also seized was approximately \$3,000 in Canadian currency. A 54 year old man was also charged with three counts of possession of a controlled substance for the purpose of trafficking. <http://surrey.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2126&languageId=1&contentId=49927>

January 26, 2017: On the evening of January 25th, 2017, 2017 members of Cranbrook RCMP Crime Reduction Unit, General Investigation Section, and General Duties, executed a search warrant at an apartment. During the search a 22 year old male was arrested and a substantial amount of cocaine, heroin, marijuana and a sizeable amount of cash were seized. <http://cranbrook.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2130&languageId=1&contentId=49798>

January 23, 2017: An investigation led by the Kelowna RCMP Downtown Enforcement Unit (DEU) led to the discovery of a drug house that when searched led to the arrest of a man and two women as well as the seizure of over 100 grams of suspected cocaine, over 1.15 grams of suspected heroin, over 280 grams of marijuana, nearly half a gram of suspected methamphetamine and just over 300 various illicit pills. This seizure occurred on January 20,

2017. <http://kelowna.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2087&languageId=1&contentId=49772>

January 20, 2017: VPD announced that they are investigating an incident that occurred on the morning of the 20th in which an occupied police vehicle was hit by a driver suspected to be impaired by opioids. The driver began to lose consciousness and was placed on the ground. Another officer began to perform CPR on the driver, while a third officer sought help from a passerby and from a nearby support worker who provided naloxone kits. The driver was given three doses of naloxone, while a second man overdosing in the passenger seat of the truck was given two doses. The passenger regained consciousness, but the driver required a fourth dose from paramedics.

<http://mediareleases.vpd.ca/2017/01/20/police-investigate-driver-impaired-by-opioids/>

January 19, 2017: BC RCMP announced that over the past few months a drug trafficking investigation, focussed on a criminal network working within the South Fraser to Fraser Valley area, has resulted in a series of seizures. One of those seizures included a quantity of heroin, cocaine, methamphetamine and a small plastic bag of then unknown white powder (around 40 grams). A sample of the unknown powder was submitted to Health Canada for analysis and it has now been confirmed to be W-18. W-18 is a potent and potentially harmful synthetic compound that could have effects even in small amounts.

<http://bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2087&languageId=1&contentId=49719>

January 16, 2017: On Friday January 13th, 2017, the Prince George RCMP's Street Crew Unit stopped a vehicle on 15th Avenue near Nicholson Street. Two adult males were arrested and a quantity of cocaine was seized. As a result of this traffic stop, the Street Crew Unit executed a Controlled Drugs and Substances Act search warrant on a residence. During the search, officers located and seized significant quantities of cocaine, methamphetamine, heroin and prescription pills, as well as drug trafficking paraphernalia and cash. 8 people were arrested. The investigation is continuing.

<http://princegeorge.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2113&languageId=1&contentId=49682>

January 10, 2017: West Vancouver PD released a warning regarding the dangers of fentanyl with a link to knowyoursource.ca for further information.

<https://wvvpd.ca/index.php/breaking-stories/1248-3policing-for-parents-fentanyl>

January 10, 2017: Vernon/North Okanagan RCMP conducted an Undercover Operation targeting several local drug trafficking groups over the course of several days in November and December 2016. A total of 19 persons have been charged with 30 counts of trafficking in a controlled substance. The project saw undercover operators purchase various quantities from the street level to half ounces of cocaine, methamphetamine, heroin and fentanyl.

<http://bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2087&languageId=1&contentId=49604>

January 9, 2017: West Shore RCMP seized over 600 pills and made three arrests in Langford on January 6, 2017. According to other news sources, the pills are being tested before they can be confirmed to be fentanyl.

[http://westshore.bc.rcmp-](http://westshore.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2127&languageId=1&contentId=49597)

[grc.gc.ca/ViewPage.action?siteNodeId=2127&languageId=1&contentId=49597](http://westshore.bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2127&languageId=1&contentId=49597)

January 5, 2017: On November 25, 2015, officers from the CBSA Criminal Investigations Section, in the Lower Mainland Area, executed search warrants and arrested two men, as a result of an ongoing investigation. This investigation began in March 2014 after border services officers noted multiple shipments containing anabolic steroids and other import controlled substances at the CBSA Vancouver International Mail Centre and Vancouver International Airport – Air Cargo Operations. An estimated 1,800 capsules – including 321 fentanyl pills and over 33 kilograms of raw powder (anabolic steroids and prescription drugs) and 22 litres of liquid containing steroids and other import-controlled substances were seized in the investigation. The next court of appearance of the accused is January 20, 2017.

<http://news.gc.ca/web/article-en.do?nid=1175299&tp=1>

January 4, 2017: Victoria PD sent out a news release that includes Staff Sgt. Connor King's op-ed in the Times Colonist on December 28, 2016, in which he shares his view of the opioid overdose crisis.

<https://vicpd.ca/node/1349>

December 12, 2016: the Victoria PD announced that a Woman is in Custody after \$100,000 worth of property was seized, including fentanyl pills. The investigation began in August 2016 and the seizure occurred two months later [October 2016].

<https://vicpd.ca/node/1333>

December 9 2016: A 2-month investigation by the Kelowna RCMP led to seven people being arrested and the seizure of 1.32 kilograms of suspected fentanyl-laced heroin, 2.1 kilograms of suspected methamphetamine; 10 ounces of cocaine; other suspected drugs; over \$100,000 in Canadian currency; un-restricted firearms; and thousands of dollars in stolen property. This occurred on November 30, 2016.

<http://bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2087&languageId=1&contentId=49207>

December 7, 2016: Campbell River RCMP Street Crime Unit arrested two individuals on December 2, 2016. The arrests coincided with the seizure of several types of drugs, including 130 grams of fentanyl.

<http://bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2087&languageId=1&contentId=49184>

December 2, 2016: On the morning of December 2, 2016, a Prince George RCMP officer arrived on the scene of a man who was unresponsive and non-breathing. After recognizing the symptoms of an opiate overdose, the officer administered naloxone and the man was almost immediately revived and then transported to the hospital.

<http://bc.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2100&languageId=1&contentId=49128>

December 1, 2016: Multi-agency investigation (VicPD and CBSA) beginning in mid-October resulted in the seizure of 1.45 kilograms of fentanyl. The specific date of the seizure is not mentioned or confirmed.

<https://news.gov.bc.ca/stories/multi-jurisdictional-investigation-results-in-major-fentanyl-seizure>

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Copyright

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, October 6, 2017 9:23 AM
To: Smith, Loretta PSSG:EX
Subject: RE: Offer to sell Carfentanil from China
Attachments: RE: Letter offering sale of carfentanil from China. Please advise

Hi Loretta – I checked with Tonia too so we are OK on this.

From: Smith, Loretta PSSG:EX
Sent: Friday, October 6, 2017 9:17 AM
To: Campbell, Corrie L PSSG:EX
Subject: FW: Offer to sell Carfentanil from China

Fyi, you were right, sorry I led you astray!

From: Steenvoorden, Tom PSSG:EX
Sent: Friday, October 6, 2017 9:10 AM
To: Smith, Loretta PSSG:EX
Subject: RE: Offer to sell Carfentanil from China

Just FYI for the future, CP does not want staff, other than Tonia, yourself and myself reporting issues to the police. We are to review any potential complaint and if we feel there is a public safety issue then we move it onto the police of jurisdiction.

Tom

From: Smith, Loretta PSSG:EX
Sent: Friday, October 6, 2017 8:57 AM
To: Steenvoorden, Tom PSSG:EX
Subject: RE: Offer to sell Carfentanil from China

yes

From: Steenvoorden, Tom PSSG:EX
Sent: Friday, October 6, 2017 8:52 AM
To: Smith, Loretta PSSG:EX
Subject: FW: Offer to sell Carfentanil from China

Did Corrie speak to you about this prior to sending it to the RCMP?

From: Campbell, Corrie L PSSG:EX
Sent: Friday, October 6, 2017 8:49 AM
To: 'Julie DEDECKER'
Cc: Smith, Loretta PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: Offer to sell Carfentanil from China

Hi Julie – we received the correspondence below offering sale of carfentanil from China. I am referring to the RCMP for necessary Action.

Regards

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

From: King, Kim J M JAG:EX
Sent: Thursday, September 28, 2017 1:26 PM
To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

Redirecting to your ministry on behalf of the AG's office.

Many thanks,

Kim Jung Mee King | Correspondence Coordinator | CCU
and Program Assistant | Office of the Deputy Attorney General
Ministry of Attorney General | Phone: 250-356-0149 | Fax: 250-387-6224



Please consider the environment before printing.



Where ideas work

From: Minister, AG AG:EX
Sent: Thursday, September 28, 2017 1:24 PM
To: King, Kim J M JAG:EX
Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From: 22 [mailto:22]
Sent: Sunday, September 3, 2017 8:19 PM
To: Darcy.MLA, Judy LASS:EX
Cc: Minister, AG AG:EX; brcmp@rcmp-grc.gc.ca
Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Copyright

Thanks

Bev Yaworski
Ladner BC

Dean, Danielle PSSG:EX

From: Enger, Tonia PSSG:EX
Sent: Friday, October 6, 2017 7:26 AM
To: Campbell, Corrie L PSSG:EX
Subject: RE: Letter offering sale of carfentanil from China. Please advise

No that is fine, ensure we let them all know it has been redirected. Track through correspondence too.

thanks

Tonia

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, October 5, 2017 4:04 PM
To: Enger, Tonia PSSG:EX
Subject: Letter offering sale of carfentanil from China. Please advise

s.13;s.15;s.16

Thx

Corrie

From: King, Kim J M JAG:EX
Sent: Thursday, September 28, 2017 1:26 PM
To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

Redirecting to your ministry on behalf of the AG's office.

Many thanks,

Kim Jung Mee King | Correspondence Coordinator | CCU
and Program Assistant | Office of the Deputy Attorney General
Ministry of Attorney General | Phone: 250-356-0149 | Fax: 250-387-6224



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Where ideas work

From: Minister, AG AG:EX
Sent: Thursday, September 28, 2017 1:24 PM
To: King, Kim J M JAG:EX
Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From: s.22 [mailto:s.22]
Sent: Sunday, September 3, 2017 8:19 PM
To: Darcy.MLA, Judy LASS:EX
Cc: Minister, AG AG:EX; bccrcmp@rcmp-grc.gc.ca
Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Copyright

Thanks

s.22

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, October 10, 2017 10:13 AM
To: Davison, Carolyn J HLTH:EX; Perkin, Kathleen M HLTH:EX
Subject: FW: fentanyl & oxycodone. - carfentanil sale from China

Hi there – the email from below has been redirected to our ministry from the AG, but looks like it originated from your minister. s.13; s.15; s.16

s.13;s.15;s.16


Thanks!!

From: King, Kim J M JAG:EX
Sent: Thursday, September 28, 2017 1:26 PM
To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

Redirecting to your ministry on behalf of the AG's office.

Many thanks,

Kim Jung Mee King | Correspondence Coordinator | CCU
and Program Assistant | Office of the Deputy Attorney General
Ministry of Attorney General | Phone: 250-356-0149 | Fax: 250-387-6224

 Please consider the environment before printing.



Where ideas work

From: Minister, AG AG:EX
Sent: Thursday, September 28, 2017 1:24 PM
To: King, Kim J M JAG:EX
Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From: S.22 [mailto:s.22]
Sent: Sunday, September 3, 2017 8:19 PM
To: Darcy.MLA, Judy LASS:EX
Cc: Minister, AG AG:EX; bccmp@rcmp-grc.gc.ca
Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Thanks

s.22

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s.15; s.13; s.16

To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

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From: Minister, AG AG:EX
Sent: Thursday, September 28, 2017 1:24 PM
To: King, Kim J M JAG:EX
Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From: S.22 [mailto:S.22]
Sent: Sunday, September 3, 2017 8:19 PM
To: Darcy.MLA, Judy LASS:EX
Cc: Minister, AG AG:EX; brcmp@rcmp-grc.gc.ca
Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Copyright

Thanks
s.22

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, October 10, 2017 4:32 PM
To: Davison, Carolyn J HLTH:EX
Cc: Perkin, Kathleen M HLTH:EX
Subject: RE: fentanyl & oxycodone. - carfentanil sale from China

Hi there – s.13;s.15;s.16
Cheers

From: Davison, Carolyn J HLTH:EX
Sent: Tuesday, October 10, 2017 3:03 PM
To: Campbell, Corrie L PSSG:EX
Cc: Perkin, Kathleen M HLTH:EX
Subject: RE: fentanyl & oxycodone. - carfentanil sale from China

Hi there
s.13
Carolyn

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, October 10, 2017 10:13 AM
To: Davison, Carolyn J HLTH:EX; Perkin, Kathleen M HLTH:EX
Subject: FW: fentanyl & oxycodone. - carfentanil sale from China

Hi there – the email from below has been redirected to our ministry from the AG, but looks like it originated from your minister. s.13;s.15;s.16
s.13;s.15;s.16


Thanks!!

From: King, Kim J M JAG:EX
Sent: Thursday, September 28, 2017 1:26 PM
To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

Redirecting to your ministry on behalf of the AG's office.

Many thanks,

Kim Jung Mee King | Correspondence Coordinator | CCU
and Program Assistant | Office of the Deputy Attorney General
Ministry of Attorney General | Phone: 250-356-0149 | Fax: 250-387-6224

 Please consider the environment before printing.



Where ideas work

From: Minister, AG AG:EX
Sent: Thursday, September 28, 2017 1:24 PM

To: King, Kim J M JAG:EX

Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From S.22 [mailto:S.22]

Sent: Sunday, September 3, 2017 8:19 PM

To: Darcy.MLA, Judy LASS:EX

Cc: Minister, AG AG:EX; bcrcmp@rcmp-grc.gc.ca

Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Copyright

Thanks
s.22

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, October 11, 2017 10:08 AM
To: Enger, Tonia PSSG:EX
Cc: Sandbeck, Sabrina J PSSG:EX; Butterfield, Nicole PSSG:EX
Subject: PLEASE APPROVE - FW: CLIFF ID 523932-S.22 - Reply Direct- Due Date: 2017-10-25
-
Attachments: 523932.msg; 523932S.22 docx; Re: Offer to sell Carfentanil from China

Hi Tonia – please approve the attached response. See attached

- 523932.msg – incoming offer to sell fentanyl/carfentanil;
- 523932S.22.docx - the proposed response;
- Re: Offer to sell carfentanil from China - the email I received from S.13;S.15;S.16
S.13;S.15;S.16

From: Legh, Melisa PSSG:EX
Sent: Thursday, October 5, 2017 10:29 AM
To: Campbell, Corrie L PSSG:EX
Subject: CLIFF ID 523932-S.22 Reply Direct- Due Date: 2017-10-25

Hi Corrie,

The attached has come to us for Reply Direct.

CLIFF ID 523932-S.22 Reply Direct- Due Date: 2017-10-25

Thank you

Melisa Legh
A/Correspondence Coordinator
Policing and Security Branch
Ministry of Public Safety and Solicitor General
250 387-2711

Dean, Danielle PSSG:EX

From: King, Kim J M JAG:EX
Sent: Thursday, September 28, 2017 1:26 PM
To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

Redirecting to your ministry on behalf of the AG's office.

Many thanks,

Kim Jung Mee King | Correspondence Coordinator | CCU
and Program Assistant | Office of the Deputy Attorney General
Ministry of Attorney General | Phone: 250-356-0149 | Fax: 250-387-6224



Please consider the environment before printing.



Where ideas work

From: Minister, AG AG:EX
Sent: Thursday, September 28, 2017 1:24 PM
To: King, Kim J M JAG:EX
Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From: s.22 [mailto:s.22]
Sent: Sunday, September 3, 2017 8:19 PM
To: Darcy.MLA, Judy LASS:EX
Cc: Minister, AG AG:EX; bccrmp@rcmp-grc.gc.ca
Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Copyright

Thanks
s.22

Thank you for your email of September 3, 2017 in which you advise the Honourable Judy Darcy, Minister of Mental Health and Addictions of the information circulating on LinkedIn relating to sale of fentanyl and carfentanil from China. The email has been forwarded to the Policing and Security Branch for response.

Importation of fentanyl and carfentanil from China is a key concern for law enforcement in their efforts to address the current opioid crisis. Accordingly, we have forwarded the information you provided to the RCMP for follow up. We were advised that a member would be in touch with you to gather further information.

Additionally, it may interest you to note that the issue of importation of fentanyl from China has been the subject of attention by the RCMP at a national level. In November of 2016, the RCMP and the Chinese Ministry of Public Security committed to work together to reduce the flow of illicit fentanyl and other opioids into Canada. Parties agreed to coordinate actions to disrupt the supply of fentanyl and synthetic opioids.

Thank you once again for bringing this email to the attention of government.

Sincerely

CP

Dean, Danielle PSSG:EX

From: Julie DEDECKER <julie.dedecker@rcmp-grc.gc.ca>
Sent: Tuesday, October 10, 2017 3:43 PM
To: Campbell, Corrie L PSSG:EX
Cc: Smith, Loretta PSSG:EX; Steenvoorden, Tom PSSG:EX
Subject: Re: Offer to sell Carfentanil from China

Hello Corrie,
s.13;s.15;s.16

Thank you
Julie

Insp. Julie de Decker
Government Liaison Officer
Operations Strategy Branch
"E" Division
office (778) 290-2877
cell (604) 839-5565
Inspecteur Julie de Decker
Officier responsable, Relation intergouvernementales
Service divisionnaire de la stratégie opérationnelle
Division "E"
Téléphone : 778-290-2877
Tél. cell: 604-839-5565

>>> "Campbell, Corrie L PSSG:EX" 2017/10/06 8:49 AM >>>

Hi Julie -- we received the correspondence below offering sale of carfentanil from China. I am referring to the RCMP for necessary Action.


Regards

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch |
Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

From: King, Kim J M JAG:EX
Sent: Thursday, September 28, 2017 1:26 PM
To: Minister, PSSG PSSG:EX
Subject: FW: fentanyl & oxycodone.

Redirecting to your ministry on behalf of the AG's office.

Many thanks,
Kim Jung Mee King | Correspondence Coordinator | CCU
and Program Assistant | Office of the Deputy Attorney General
Ministry of Attorney General | Phone: **250-356-0149** | Fax: 250-387-6224

 *Please consider the environment before printing.*

From: Minister, AG AG:EX

Sent: Thursday, September 28, 2017 1:24 PM

To: King, Kim J M JAG:EX

Subject: Hi Kim - we need to redirect, but not sure who to??? Thanks Candice FW: fentanyl & oxycodone.

From: S.22 [mailto:S.22]

Sent: Sunday, September 3, 2017 8:19 PM

To: Darcy.MLA, Judy LASS:EX

Cc: Minister, AG AG:EX; brcmp@rcmp-grc.gc.ca

Subject: fentanyl & oxycodone.

Hello Judy:

I thought you should be made aware of a Chinese Drug company <https://lanjingbio.en.ec21.com/> selling dangerous drugs online. ie: fentanyl & oxycodone. Here is the very disturbing info that has been circulating on LinkedIn. Can you, the police or the Attorney General look into this &/or do something to shut down or block their website, etc?

Copyright

Thanks

S.22

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, October 11, 2017 11:15 AM
To: Legh, Melisa PSSG:EX
Subject: FW: PLEASE APPROVE - FW: CLIFF ID 523932-**S.22** Reply Direct- Due Date: 2017-10-25 -
Attachments: FW: fentanyl & oxycodone.; Re: Offer to sell Carfentanil from China; 523932 **S.22** Ter.docx

Hi Melisa – please use the attached incorporating Tonia’s edits.
Thanks

From: Enger, Tonia PSSG:EX
Sent: Wednesday, October 11, 2017 11:13 AM
To: Campbell, Corrie L PSSG:EX
Cc: Sandbeck, Sabrina J PSSG:EX; Butterfield, Nicole PSSG:EX
Subject: RE: PLEASE APPROVE - FW: CLIFF ID 523932-**S.22** Reply Direct- Due Date: 2017-10-25 -

Hi Corrie, please see edits.
Thanks
Tonia

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, October 11, 2017 10:08 AM
To: Enger, Tonia PSSG:EX
Cc: Sandbeck, Sabrina J PSSG:EX; Butterfield, Nicole PSSG:EX
Subject: PLEASE APPROVE - FW: CLIFF ID 523932-**S.22** - Reply Direct- Due Date: 2017-10-25 -

Hi Tonia – please approve the attached response. See attached

- **523932.msg** – incoming offer to sell fentanyl/carfentanil;
- **523932-S.22 docx** - the proposed response;
- **Re: Offer to sell carfentanil from China** - the email I received from Julie Dedecker indicating ISOC/FSOC were following up with the complainant.

From: Legh, Melisa PSSG:EX
Sent: Thursday, October 5, 2017 10:29 AM
To: Campbell, Corrie L PSSG:EX
Subject: CLIFF ID 523932-**S.22** - Reply Direct- Due Date: 2017-10-25

Hi Corrie,

The attached has come to us for Reply Direct.

CLIFF ID 523932-**S.22** - Reply Direct- Due Date: 2017-10-25

Thank you

Melisa Legh
A/Correspondence Coordinator

Policing and Security Branch
Ministry of Public Safety and Solicitor General
250 387-2711

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, October 12, 2017 2:24 PM
To: Davison, Carolyn J HLTH:EX
Subject: FW: 523932 6 22 sent

Importance: Low

FYI

From: Legh, Melisa PSSG:EX
Sent: Thursday, October 12, 2017 1:44 PM
To: Campbell, Corrie L PSSG:EX
Cc: Van Swieten, Catherine PSSG:EX
Subject: FYI: 523932 6 22 sent
Importance: Low

FYI: Please be advised that the correspondence has been sent.

Thank you

Melisa Legh
A/Correspondence Coordinator
Policing and Security Branch
Ministry of Public Safety and Solicitor General

From: Legh, Melisa PSSG:EX **On Behalf Of** JAG Policing and Security Branch JAG:EX
Sent: Thursday, October 12, 2017 1:43 PM
To: 6 22
Subject: A response to your email dated September 3, 2017

Dear 6 22

Thank you for your email dated September 3, 2017 in which you advised the Honourable Judy Darcy, Minister of Mental Health and Addictions of the information circulating on LinkedIn relating to the sale of fentanyl and carfentanil from China. Your email has been forwarded to the Ministry of Public Safety and Solicitor General, Policing and Security Branch for response.

Importation of fentanyl and carfentanil from China is a key concern for law enforcement in their efforts to address the current opioid crisis. Accordingly, we have forwarded the information you provided to the British Columbia RCMP for follow up. We were advised that a member may be in touch with you to gather further information required for their investigation.

Additionally, it may be of interest to you to note that the issue of importation of fentanyl from China has been the subject of attention by the RCMP at a national level. In November of 2016, the RCMP and the Chinese Ministry of Public Security committed to work together to reduce the flow of illicit fentanyl and other opioids

into Canada. Both parties have agreed to coordinate actions to disrupt the supply of fentanyl and synthetic opioids.

Thank you for writing.

*Policing and Security Branch
Ministry of Public Safety & Solicitor General
PO Box 9285, Stn Prov Govt
Victoria BC V8W 9J7
CLIFF# 523932*

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, October 11, 2017 11:17 AM
To: Enger, Tonia PSSG:EX
Cc: Sandbeck, Sabrina J PSSG:EX; Butterfield, Nicole PSSG:EX
Subject: RE: PLEASE APPROVE - FW: CLIFF ID 523932- 6 22 Reply Direct- Due Date: 2017-10-25 -

thx

From: Enger, Tonia PSSG:EX
Sent: Wednesday, October 11, 2017 11:13 AM
To: Campbell, Corrie L PSSG:EX
Cc: Sandbeck, Sabrina J PSSG:EX; Butterfield, Nicole PSSG:EX
Subject: RE: PLEASE APPROVE - FW: CLIFF ID 523932- 6 22 Reply Direct- Due Date: 2017-10-25 -

Hi Corrie, please see edits.

Thanks
Tonia

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, October 11, 2017 10:08 AM
To: Enger, Tonia PSSG:EX
Cc: Sandbeck, Sabrina J PSSG:EX; Butterfield, Nicole PSSG:EX
Subject: PLEASE APPROVE - FW: CLIFF ID 523932- 6 22 Reply Direct- Due Date: 2017-10-25 -

Hi Tonia – please approve the attached response. See attached

- **523932.msg** – incoming offer to sell fentanyl/carfentanil;
- **523932 6 22 .docx** - the proposed response;
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Subject: CLIFF ID 523932- 6 22 Reply Direct- Due Date: 2017-10-25

Hi Corrie,

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CLIFF ID 523932- 6 22 Reply Direct- Due Date: 2017-10-25

Thank you

Melisa Legh
A/Correspondence Coordinator
Policing and Security Branch
Ministry of Public Safety and Solicitor General

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Importance: Low

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Melisa Legh
A/Correspondence Coordinator
Policing and Security Branch
Ministry of Public Safety and Solicitor General

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into Canada. Both parties have agreed to coordinate actions to disrupt the supply of fentanyl and synthetic opioids.

Thank you for writing.

*Policing and Security Branch
Ministry of Public Safety & Solicitor General
PO Box 9285, Stn Prov Govt
Victoria BC V8W 9J7
CLIFF# 523932*

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Friday, October 20, 2017 4:26 PM
To: Smith, Loretta PSSG:EX
Subject: RE: RCMP China query

Great- have fun at your event.

From: Smith, Loretta PSSG:EX
Sent: Friday, October 20, 2017 4:25 PM
To: Campbell, Corrie L PSSG:EX
Subject: FW: RCMP China query

Done:

From: Smith, Loretta PSSG:EX
Sent: Friday, October 20, 2017 4:25 PM
To: 'Jim GRESHAM'
Subject: FW: RCMP China query

Good Afternoon Jim,

Tonia suggested I reach out to you directly on this.

s.13;s.16

I regret that I have been given a DD of Monday for this information. Your ability to meet that DD is greatly appreciated.

Thank you
Loretta

Loretta Smith
A/Director, Policing Operations Support
Policing and Security Branch
Ministry of Public Safety and Solicitor General
405-815 Hornby St.
Vancouver, BC
V6Z 2E6
T: 778-628-8420
F: 604-660-2606

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Monday, October 23, 2017 8:59 AM
To: Smith, Loretta PSSG:EX
Subject: RE: FW: RCMP China query

K – good.

Hope you had a nice weekend.

From: Smith, Loretta PSSG:EX
Sent: Monday, October 23, 2017 8:58 AM
To: Campbell, Corrie L PSSG:EX
Subject: RE: FW: RCMP China query

I think so.

From: Campbell, Corrie L PSSG:EX
Sent: Friday, October 20, 2017 4:33 PM
To: Smith, Loretta PSSG:EX
Subject: RE: FW: RCMP China query

s.13;s.16

From: Smith, Loretta PSSG:EX
Sent: Friday, October 20, 2017 4:31 PM
To: Campbell, Corrie L PSSG:EX
Subject: FW: FW: RCMP China query

From: Smith, Loretta PSSG:EX
Sent: Friday, October 20, 2017 4:31 PM
To: 'Jim GRESHAM'
Subject: RE: FW: RCMP China query

Thank you Jim, have a pleasant weekend.

From: Jim GRESHAM [<mailto:Jim.Gresham@rcmp-grc.gc.ca>]
Sent: Friday, October 20, 2017 4:28 PM
To: Smith, Loretta PSSG:EX
Subject: Re: FW: RCMP China query

I will reach out to NHQ.

Thanks

Jim

>>> "Smith, Loretta PSSG:EX" <Loretta.Smith@gov.bc.ca> 2017/10/20 4:24 PM >>>

Good Afternoon Jim,

Tonia suggested I reach out to you directly on this.

s.13;s.16

I regret that I have been given a DD of Monday for this information. Your ability to meet that DD is greatly appreciated.

Thank you

Loretta

Loretta Smith

A/Director, Policing Operations Support
Policing and Security Branch
Ministry of Public Safety and Solicitor General
405-815 Hornby St.
Vancouver, BC
V6Z 2E6
T: 778-628-8420
F: 604-660-2606

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
POLICING AND SECURITY BRANCH
BRIEFING NOTE**

PURPOSE: For **DECISION** for the Honourable Mike Farnworth, Minister of Public Safety and Solicitor General.

ISSUE: A delegation of senior officials from Yunnan Province has requested a meeting with the Minister in December 2017 to discuss law enforcement cooperation.

DECISION REQUIRED/ RECOMMENDATION: Accept invitation to meet with the Yunnan delegation to discuss law enforcement cooperation with British Columbia.

SUMMARY:

- A delegation from China's Yunnan Province has requested a meeting with the Minister to discuss law enforcement cooperation.
- There is strategic value in meeting with the Yunnan delegation given direct pertinence to the ongoing opioid overdose crisis in British Columbia.

BACKGROUND:

- Yunnan Province, in the southwest region of China on the border of Southeast Asia's 'Golden Triangle', represents the front-lines of the global war against illicit drugs.
- Yunnan is the world's 2nd largest illegal drug production region (after Afghanistan). It accounts for 1/4 of the world's illicit opioids and 87/94/97% of China's total heroin/methamphetamine/opium production.
- Yunnan law enforcement agencies are currently waging an extensive campaign against illegal drugs distribution. Efforts include enhanced border patrols and inspections of domestic and international cargo shipments, resulting in ongoing seizures of significant quantities of illicit drugs and precursor chemicals.
- In October 2017 Mr. Zhang Taiyuan, Secretary General of Political and Law Committee of Yunnan, contacted the Office of the Speaker of the Legislature, expressing interests leading a 6 person delegation of senior law enforcement officials to British Columbia in December 2017.
- The focus of the delegation's visit is to discuss interjurisdictional law enforcement cooperation. In addition to meeting with the Minister, the delegation plans to meet with British Columbia police agencies and Public Safety Canada.

- While Canada's *Controlled Drugs and Substances Act* (CDSA) is a federal responsibility, police agencies within British Columbia enforce the CDSA and other federal and provincial legislation within their jurisdiction. The provincial government has assumed a leadership role in British Columbia through its proactive, wide-ranging and multi-Ministry holistic response to the opioid crisis.
- Strategically, there is significant value to be derived from meeting with the Yunnan delegation given the direct pertinence to the province's response to the ongoing opioid overdose crisis within British Columbia:
 - China is the primary source for fentanyl, its precursors and similar substances (e.g., Carfentanil).
 - The majority of pill presses and related equipment used for counterfeiting illegal drugs come from China.
 - s.13;s.16

- PSB has had initial communication with the Intergovernmental Relations Secretariat (IGRS) regarding planning and protocol for the Yunnan delegation's visit.
- The Premier is likely to visit China in the next few months. While Yunnan is not on the draft itinerary, fentanyl and other law enforcement issues may come up during the visit.
- The members of the delegation are listed in Appendix A. Appropriate due diligence was conducted.

OPTIONS:

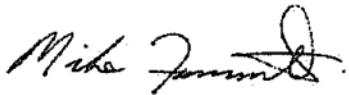
- Accept invitation to meet with Yunnan delegation to discuss law enforcement cooperation with British Columbia (**Recommended**).
- Decline invitation.

OTHER MINISTRIES IMPACTED/CONSULTED:

- Intergovernmental Relations Secretariat (Office of the Premier).

RECOMMENDED OPTION APPROVED

DATE:



November 9, 2017

Hon. Mike Farnworth
Minister of Public Safety and
Solicitor General

Prepared by:

Rob Ferrier
Sr. Program Manager
Police Operations Support
Policing and Security Branch
(250) 356-6522

Approved by:

Tom Steenvoorden
Director
Police Operations Support
Policing and Security Branch
(250) 387-0076

Approved by:

Tonia Enger
Executive Director
Policing and Law Enforcement
and Deputy Director of Policing
604 660-6031

Approved November 7, 2017 by:

Clayton Pecknold *(via eApproval)*
Assistant Deputy Minister
and Director of Police Services
Policing and Security Branch
250 387-1100

Attachment

- APPENDIX: Names of Yunnan Delegation representatives.

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, November 2, 2017 3:39 PM
To: Enger, Tonia PSSG:EX
Cc: Smith, Loretta PSSG:EX
Subject: FW: FW: RCMP China query

Hi Tonia – see response below from Jim Gresham re RCMP and progress with their agreement with China. Recall a couple of weeks ago we were putting together information for IGRS in the premier's office. The analyst was putting together a brief on China BC issues generally (so not specifically about the opioid file). OK to send the highlighted bits?

From: Smith, Loretta PSSG:EX
Sent: Wednesday, November 1, 2017 8:31 AM
To: Campbell, Corrie L PSSG:EX; Talbott, Lance PSSG:EX
Subject: FW: FW: RCMP China query

Corrie,

The info you sought.

Loretta

From: Jim GRESHAM [<mailto:Jim.Gresham@rcmp-grc.gc.ca>]
Sent: Wednesday, November 1, 2017 7:33 AM
To: Smith, Loretta PSSG:EX
Cc: Keith FINN
Subject: RE: FW: RCMP China query

Here you go :

s.13;s.16

Additionally (Open Source) :

<http://www.rcmp-grc.gc.ca/en/news/2016/24/rcmp-and-chinese-ministry-public-safety-commit-combat-the-flow-fentanyl-canada>

Copyright

Thanks

Jim

>>> Jim GRESHAM 2017/10/20 4:41 PM >>>

You too.

Jim

>>> "Smith, Loretta PSSG:EX" <Loretta.Smith@gov.bc.ca> 2017/10/20 4:30 PM >>>

Thank you Jim, have a pleasant weekend.

From: Jim GRESHAM [<mailto:Jim.Gresham@rcmp-grc.gc.ca>]

Sent: Friday, October 20, 2017 4:28 PM

To: Smith, Loretta PSSG:EX

Subject: Re: FW: RCMP China query

I will reach out to NHQ.

Thanks

Jim

>>> "Smith, Loretta PSSG:EX" <Loretta.Smith@gov.bc.ca> 2017/10/20 4:24 PM >>>

Good Afternoon Jim,

Tonia suggested I reach out to you directly on this.

s.13;s.16

I regret that I have been given a DD of Monday for this information. Your ability to meet that DD is greatly appreciated.

Thank you

Loretta

Loretta Smith

A/Director, Policing Operations Support

Policing and Security Branch

Ministry of Public Safety and Solicitor General

405-815 Hornby St.

Vancouver, BC

V6Z 2E6

T: 778-628-8420

F: 604-660-2606

Butterfield, Nicole PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, November 2, 2017 4:01 PM
To: Butterfield, Nicole PSSG:EX
Subject: FW: RCMP China query

Hi Nicole – please confirm with Clayton that we can provide the content highlighted below to IGRS in the Premier's office. A couple of weeks ago we were putting together information for them and we reached out to Jim Gresham for highlights. The analyst was putting together a brief on China BC issues generally (so not specifically about the opioid file). OK to send the highlighted bits?

Approved by: Clayton Becknold, ADM

Date:

17/11/03

From: Enger, Tonia PSSG:EX
Sent: Thursday, November 2, 2017 3:46 PM
To: Campbell, Corrie L PSSG:EX
Cc: Smith, Loretta PSSG:EX
Subject: Re: RCMP China query

Yes thru Clayton/Nicole though.

Tonia

On Nov 2, 2017, at 3:38 PM, Campbell, Corrie L PSSG:EX <Corrie.Campbell@gov.bc.ca> wrote:

Hi Tonia – see response below from Jim Gresham re 12-0-16

13-0-16

1 The analyst was putting together a brief on China BC issues generally (so not specifically about the opioid file). OK to send the highlighted bits?

From: Smith, Loretta PSSG:EX
Sent: Wednesday, November 1, 2017 8:31 AM
To: Campbell, Corrie L PSSG:EX; Talbott, Lance PSSG:EX
Subject: FW: FW: RCMP China query

Corrie,

The info you sought.

Loretta

From: Jim GRESHAM [<mailto:Jim.Gresham@rcmp-grc.gc.ca>]
Sent: Wednesday, November 1, 2017 7:33 AM
To: Smith, Loretta PSSG:EX
Cc: Keith FINN
Subject: RE: FW: RCMP China query

Here you go :

s.13;s.16

Additionally (Open Source) :

<http://www.rcmp-grc.gc.ca/en/news/2016/24/rcmp-and-chinese-ministry-public-safety-commit-combat-the-flow-fentanyl-canada>

Copyright

Thanks

Jim

>>> Jim GRESHAM 2017/10/20 4:41 PM >>>

You too.

Jim

>>> "Smith, Loretta PSSG:EX" <Loretta.Smith@gov.bc.ca> 2017/10/20 4:30 PM >>>

Thank you Jim, have a pleasant weekend.

From: Jim GRESHAM [<mailto:Jim.Gresham@rcmp-grc.gc.ca>]

Sent: Friday, October 20, 2017 4:28 PM

To: Smith, Loretta PSSG:EX

Subject: Re: FW: RCMP China query

I will reach out to NHQ.

Thanks

Jim

>>> "Smith, Loretta PSSG:EX" <Loretta.Smith@gov.bc.ca> 2017/10/20 4:24 PM >>>

Good Afternoon Jim,

Tonia suggested I reach out to you directly on this.

s.13;s.16

s.13;s.16

I regret that I have been given a DD of Monday for this information. Your ability to meet that DD is greatly appreciated.

Thank you
Loretta

Loretta Smith

A/Director, Policing Operations Support
Policing and Security Branch
Ministry of Public Safety and Solicitor General
405-815 Hornby St.
Vancouver, BC
V6Z 2E6
T: 778-628-8420
F: 604-660-2606

Action that has been taken with the Federal government on the Importing of Fentanyl from Asia

• s.13;s.16

- The RCMP in B.C. created Project EPLAN, a provincial strategy targeting packages coming into the mail and cargo centres at the Vancouver airport.
- A key part of the RCMP's national opioid strategy is the new Organized Crime Joint Operations Centre (OC-JOC). The centre allows the RCMP to work closely with Canada Post and the Canadian Border Services Agency to keep fentanyl out of Canada
- Bill C-37 amended the Controlled Drugs and Substances Act (CDSA), the Customs Act and other related acts, to better equip both health and law enforcement officials to reduce the harms associated with drug and substance use in Canada. The legislation:
 - restricts possession sale, importation or trafficking of anything that it is intended to be used to produce a controlled substance;
 - creates a regulatory scheme for the importation of pill presses and encapsulators into Canada. The combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses;
 - removes the minimum weight of 30 grams from the Customs Act so Canadian Border Services Agency can open international mail suspected of containing controlled substances; and
 - adds new provisions that permit the Minister of Health Canada to quickly schedule and controlled dangerous new substances on a temporary basis.

The Province has provided the Ministry the following funding over three years:

- \$5 million for the Combined Forces Special Enforcement Unit BC (CFSEU- BC) to undertake Provincial Tactical Enforcement Priority (PTEP) projects targeting high level drug traffickers.
- \$14 million for a new Operational Task Force of dedicated police agencies to target mid-level drug traffickers. Under the 70/30 Provincial and Federal cost share agreement this equates to \$20 million.
- \$1 million towards drug equipment and training for key departments including the federal Clandestine Laboratory and Enforcement Response Team (CLEAR);
- \$1.04 million to support the development and implementation of legislation to regulate pill presses.

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, November 8, 2017 9:04 AM
To: Derksen, Cameron IGRS:EX
Subject: RE: Update

Thanks Cameron for letting us know.
Cheers

From: Derksen, Cameron IGRS:EX
Sent: Wednesday, November 8, 2017 8:48 AM
To: Campbell, Corrie L PSSG:EX
Subject: RE: Update

Hi Corrie,

Thanks for your email. The Premier met with Ambassador McCallum on October 30 and they discussed the fentanyl issue. Ambassador McCallum s.13;s.16
s.13;s.16

Regards,

Cameron

From: Campbell, Corrie L PSSG:EX
Sent: Tuesday, November 7, 2017 8:05 PM
To: Derksen, Cameron IGRS:EX
Cc: Smith, Loretta PSSG:EX
Subject: RE: Update

Hi Cameron - per my email of a few weeks back, we requested an update from the RCMP on the China RCMP agreement to address fentanyl. The content below was provided.

s.13;s.16

Additionally (Open Source) :

<http://www.rcmp-grc.gc.ca/en/news/2016/24/rcmp-and-chinese-ministry-public-safety-commit-combat-the-flow-fentanyl-canada>

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Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

From: Campbell, Corrie L PSSG:EX
Sent: Friday, October 20, 2017 3:42 PM
To: Derksen, Cameron IGRS:EX
Subject: Update

Hi Cameron

I have been asked to check in with RCMP directly to see what updates they can provide on recent activity with China.

Cheers

Corrie Campbell | Director, Legislative Initiatives and Police Accountability | Policing and Security Branch | Ministry of Public Safety and Solicitor General | Phone 250-387-6950 | Cell 250-744-7844

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Wednesday, November 8, 2017 3:31 PM
To: Talbott, Lance PSSG:EX
Subject: CPPC Presentation - Fall 2017 CC@Nov 8, 2017.pptx
Attachments: CPPC Presentation - Fall 2017 CC@Nov 8, 2017.pptx

Hi Lance – see comment boxes throughout. I like some of the new ways of presenting data.

For what we are doing, suggest keeping focus on c 12

s.13

Could also add a slide about the new Ministry of MMHA who is assuming a leadership role.

British Columbia's Response to the Opioid Overdose Emergency

Presentation to Crime Prevention and Policing Committee
Location ?
Date, 2017

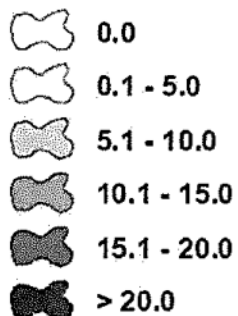
Clayton Pecknold, Assistant Deputy Minister
and Director of Police Services
Ministry of Public Safety and Solicitor General





BC Centre for Disease Control
AN OFFICE OF THE MINISTRY OF HEALTH SERVICES

Rate per 100,000
population by HSDA

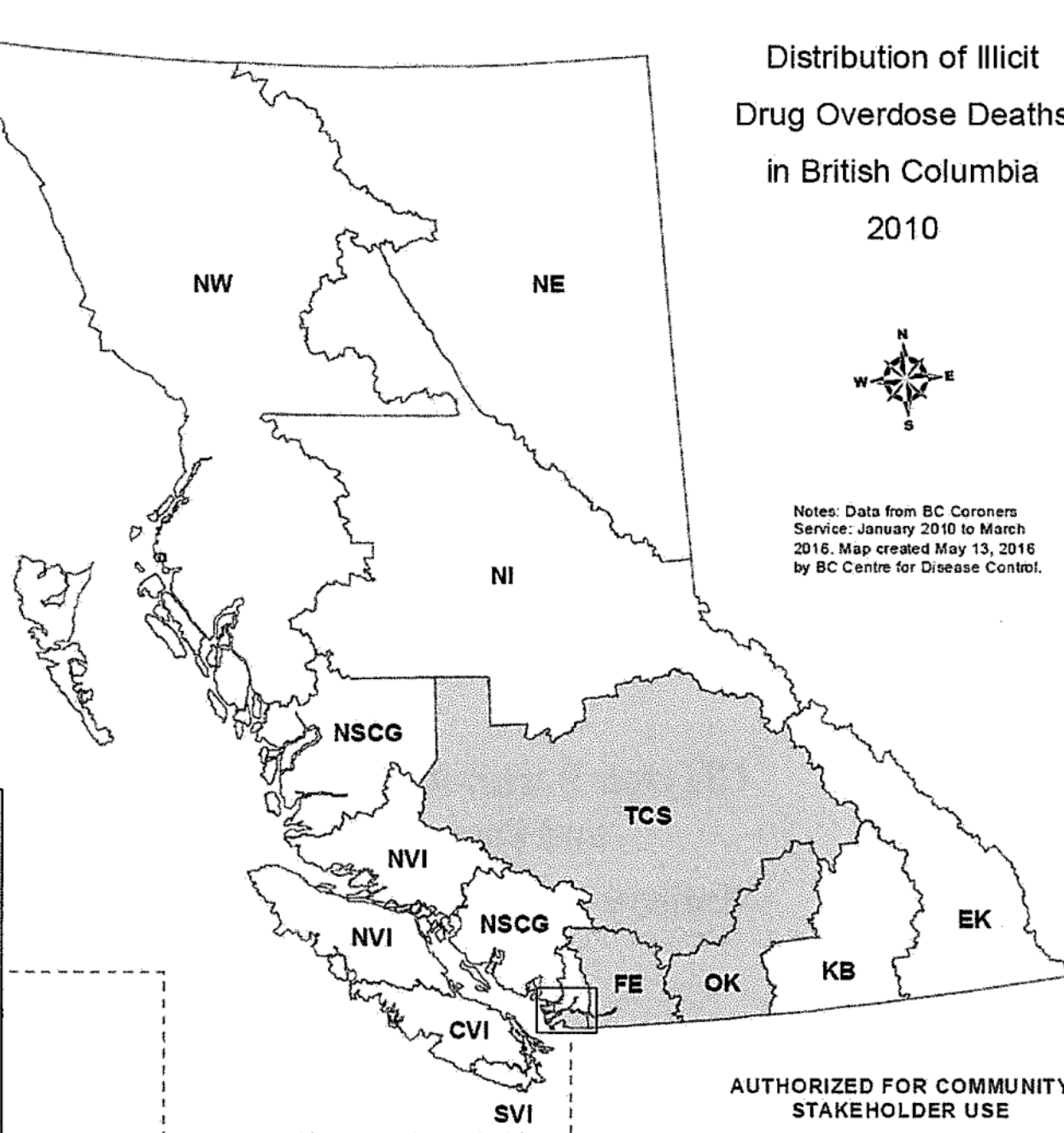
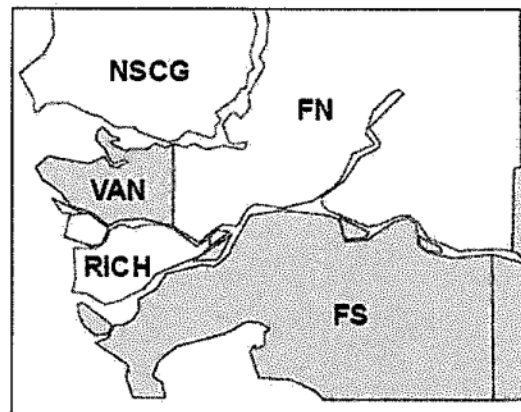


Distribution of Illicit Drug Overdose Deaths in British Columbia 2010



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

Greater Vancouver Inset

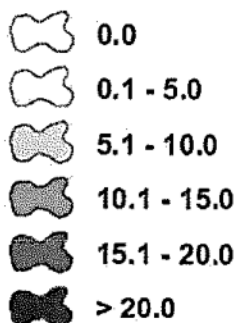


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STAKEHOLDER USE



BC Centre for Disease Control
AN AFFILIATE OF THE PRINCE OF GEORGE HEALTH SERVICES

Rate per 100,000
population by HSDA

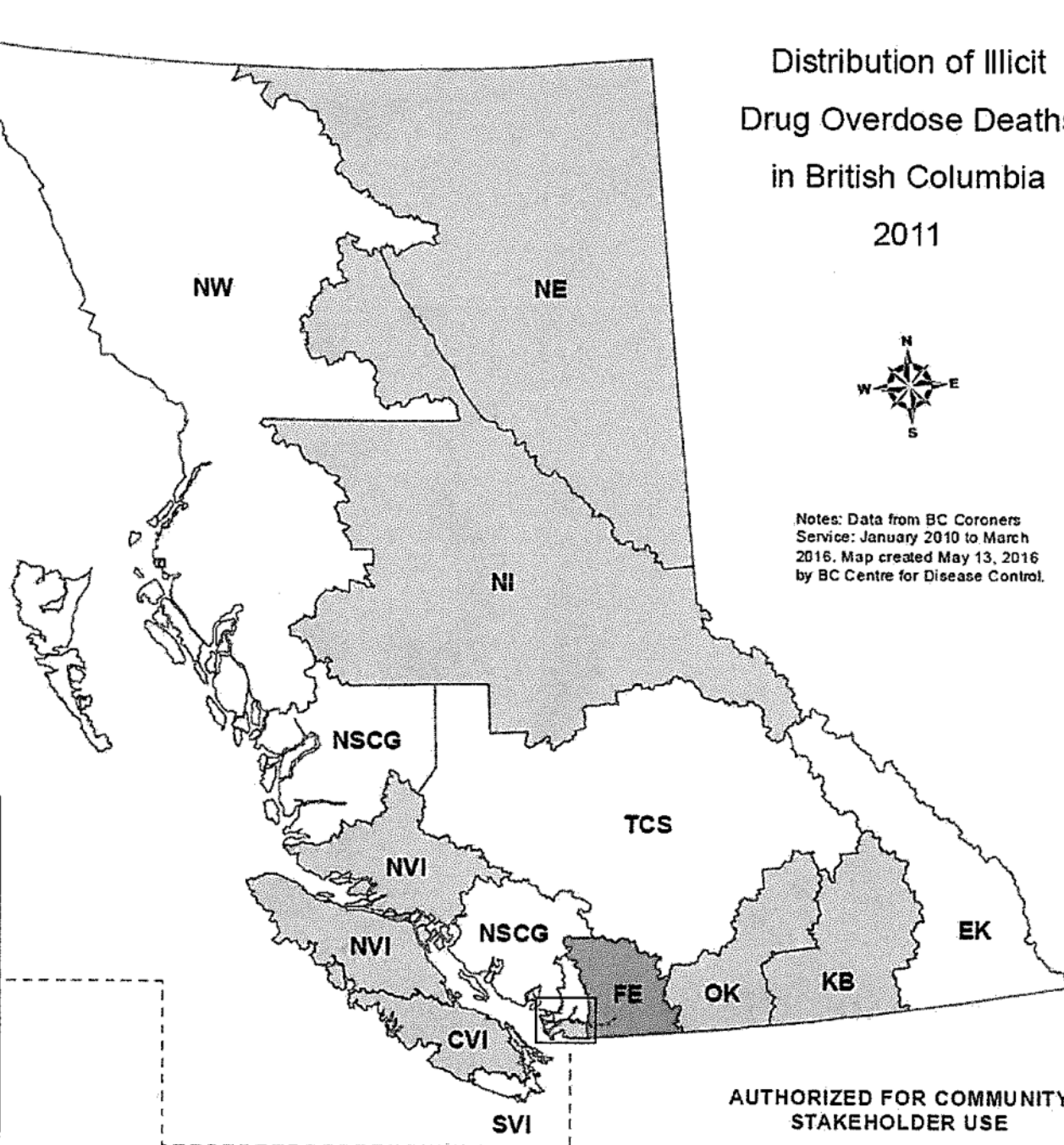
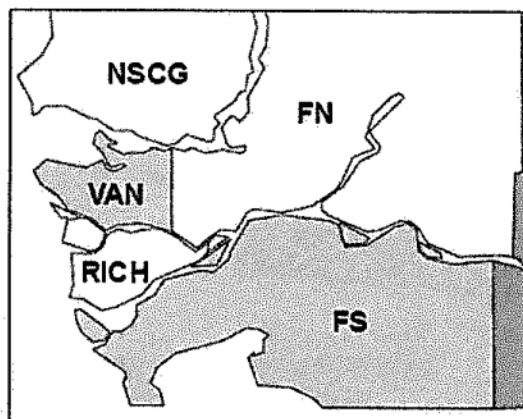


Distribution of Illicit Drug Overdose Deaths in British Columbia 2011



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

Greater Vancouver Inset

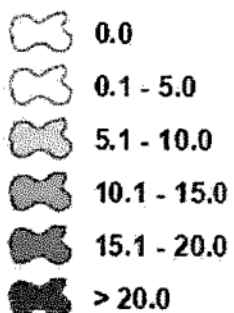


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
1000 West Mall, Vancouver, BC V6Z 1Y6

Rate per 100,000
population by HSDA

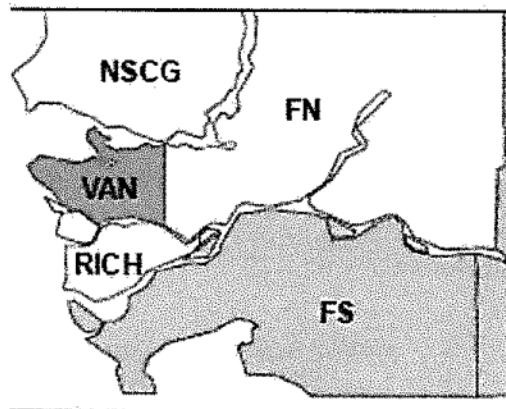


Distribution of Illicit Drug Overdose Deaths in British Columbia 2012



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

Greater Vancouver Inset

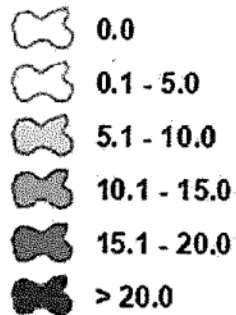


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE

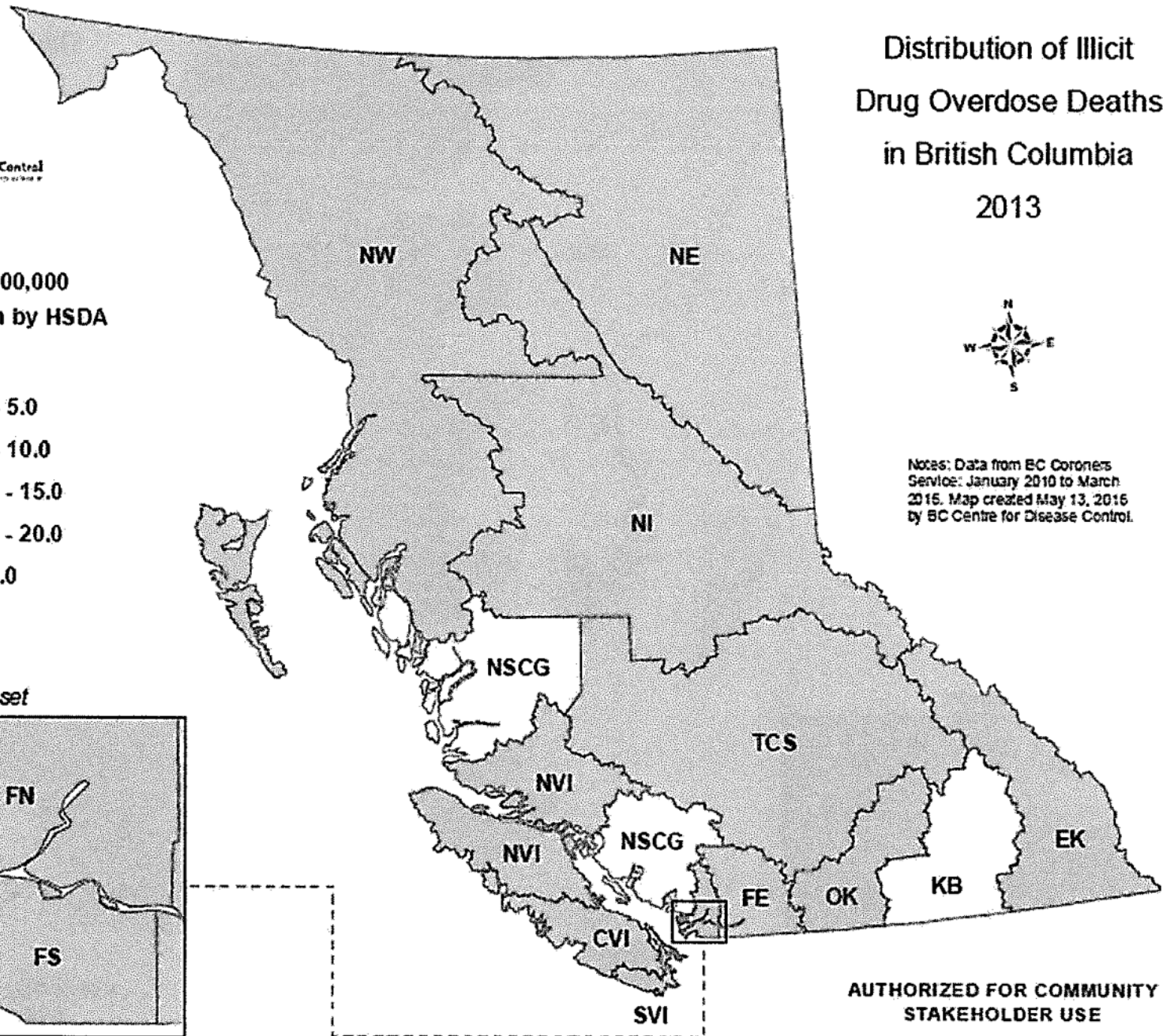
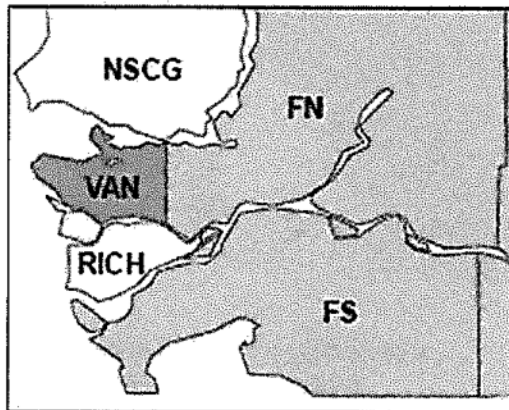


BC Centre for Disease Control
Prevention and Control of Infectious Diseases and Immunization Services

Rate per 100,000
population by HSDA



Greater Vancouver Inset



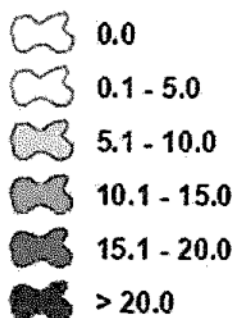
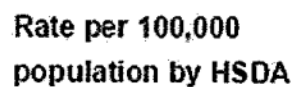
Distribution of Illicit Drug Overdose Deaths in British Columbia 2013



Notes: Data from BC Coroners
Service: January 2010 to March
2015. Map created May 13, 2016
by BC Centre for Disease Control.

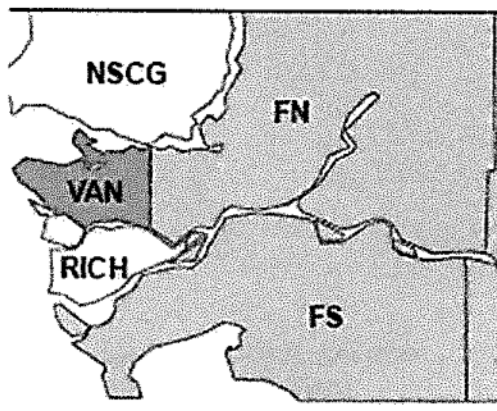
AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE

**Distribution of Illicit
Drug Overdose Deaths
in British Columbia
2014**



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

Greater Vancouver Inset

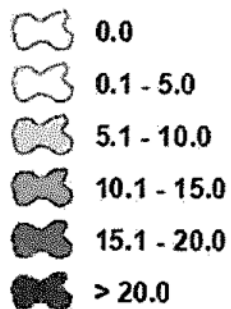


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STAKEHOLDER USE**

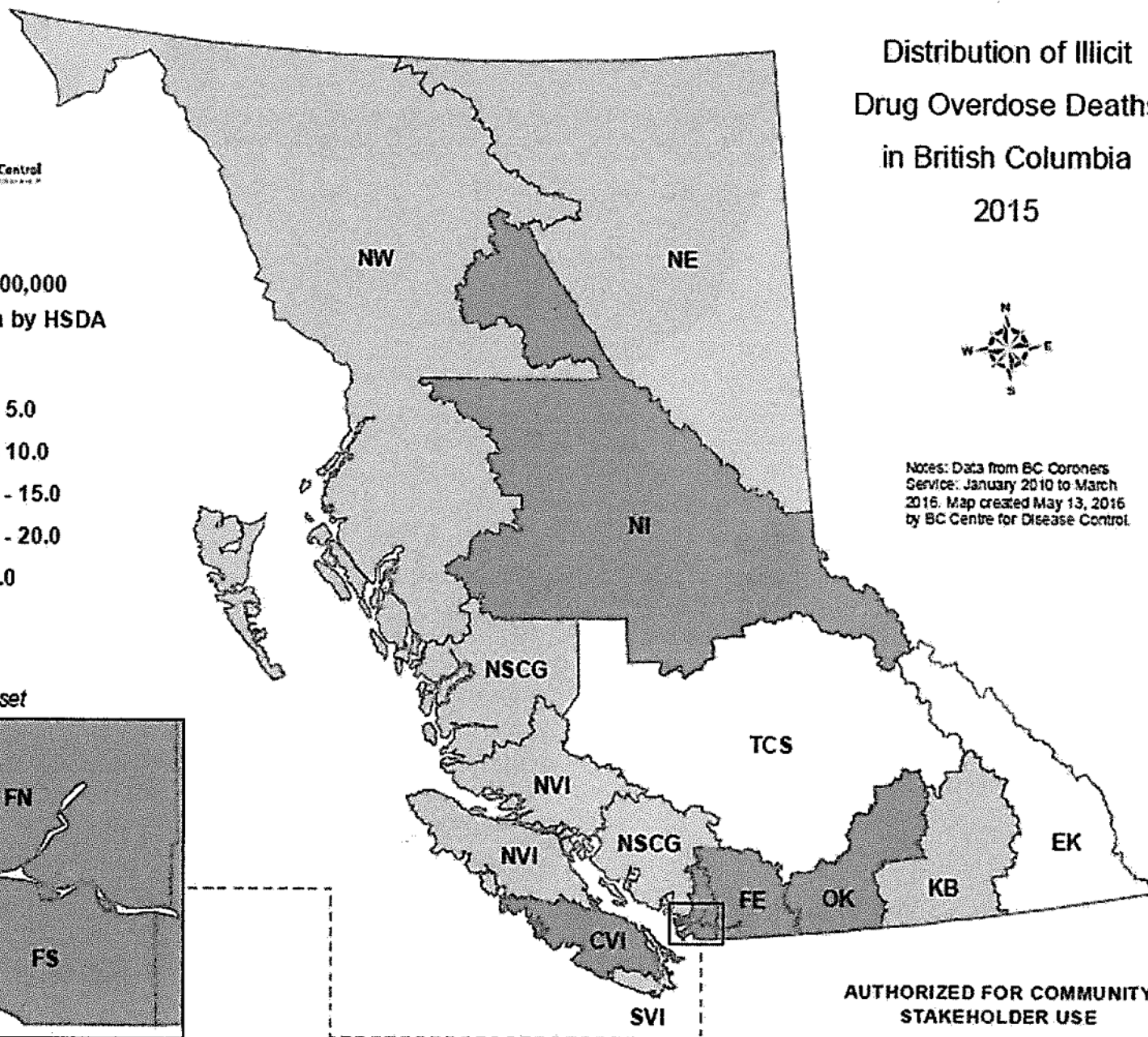
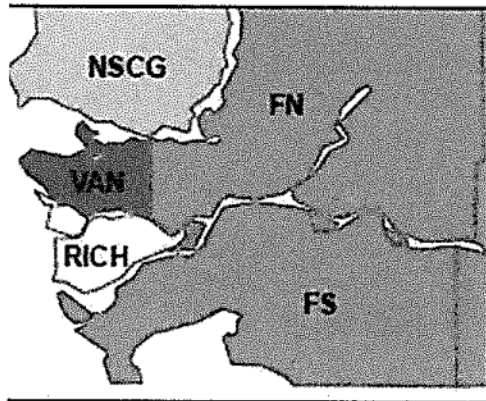


BC Centre for Disease Control
4600 Keele Street, Burnaby, BC V3J 3K1

Rate per 100,000
population by HSDA



Greater Vancouver Inset



Distribution of Illicit Drug Overdose Deaths in British Columbia 2015



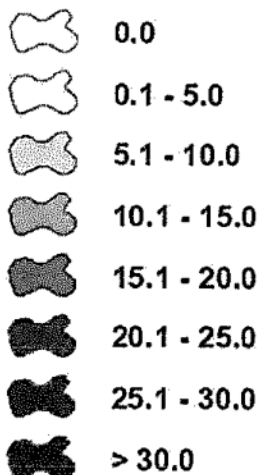
Notes: Data from BC Coroners
Service: January 2010 to March
2016. Map created May 13, 2016
by BC Centre for Disease Control.

AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
PROTECTING BC FROM HARMFUL HEALTH RISKS

Rate per 100,000
population by HSDA



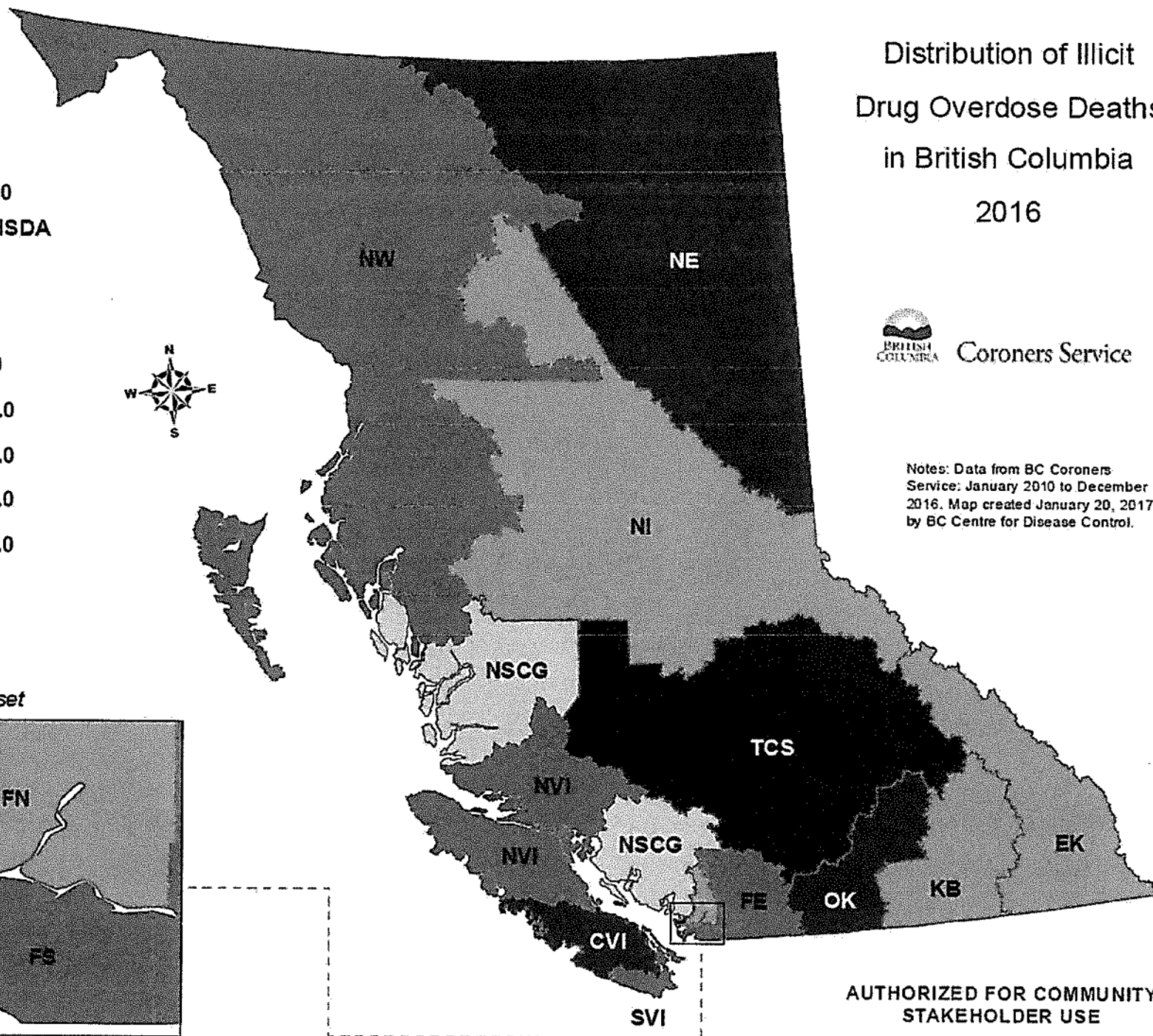
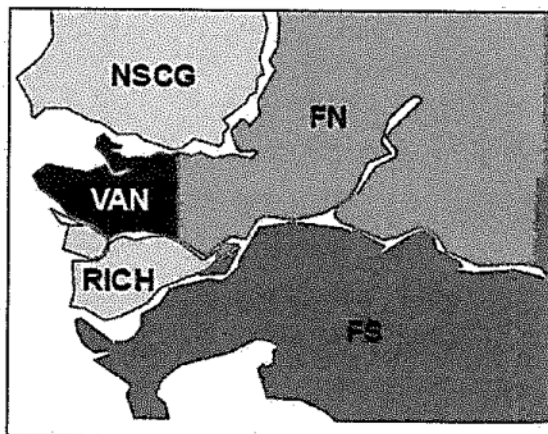
Distribution of Illicit Drug Overdose Deaths in British Columbia 2016



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to December
2016. Map created January 20, 2017
by BC Centre for Disease Control.

Greater Vancouver Inset

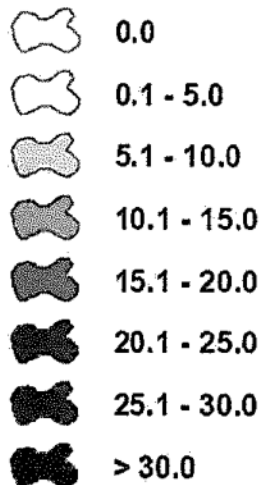


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE DEPARTMENT OF HEALTH SERVICES

Rate per 100,000
population by HSDA



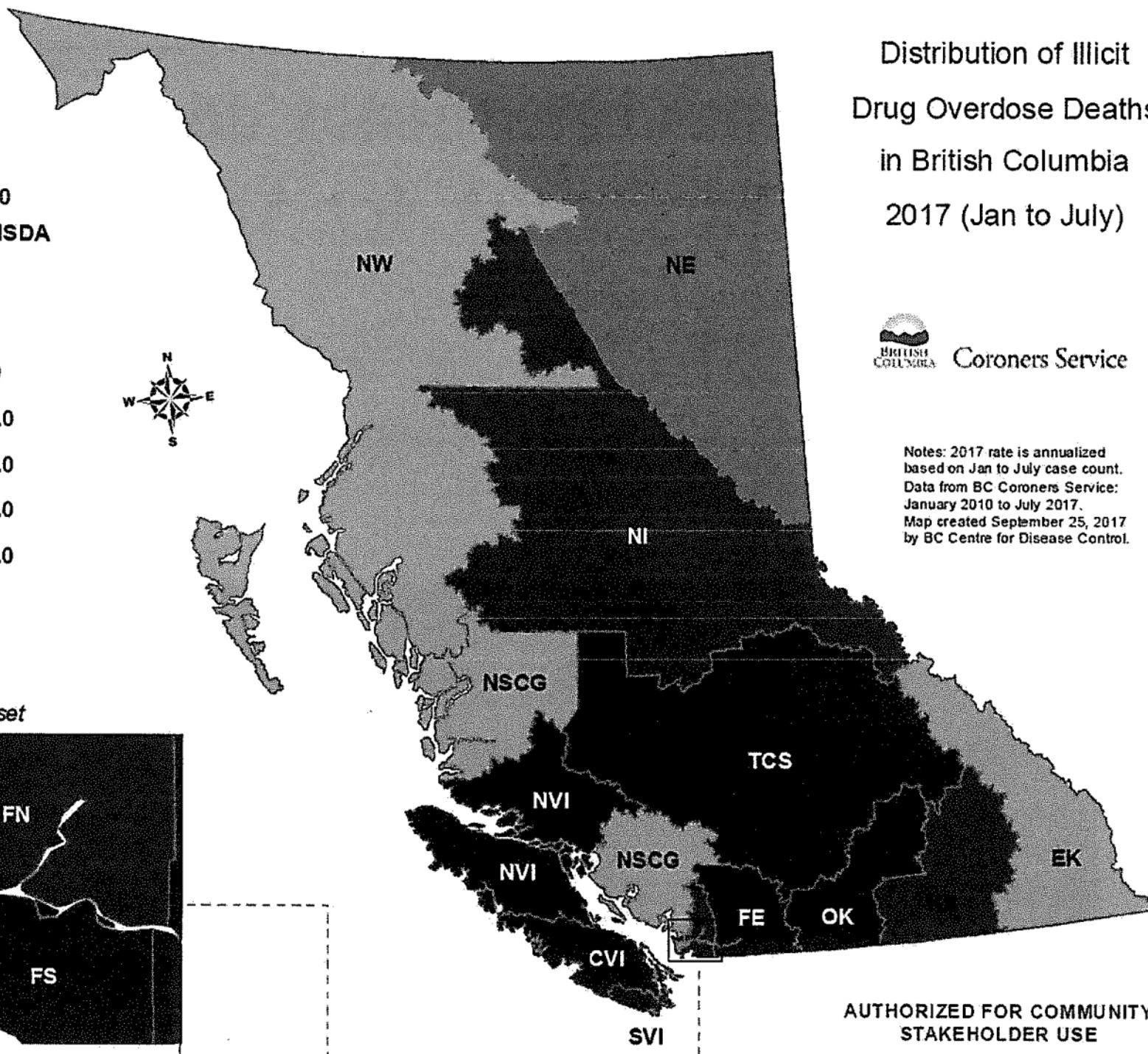
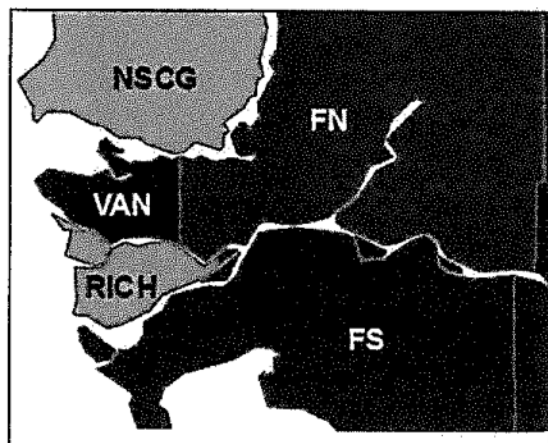
Distribution of Illicit Drug Overdose Deaths in British Columbia 2017 (Jan to July)



Coroners Service

Notes: 2017 rate is annualized
based on Jan to July case count.
Data from BC Coroners Service:
January 2010 to July 2017.
Map created September 25, 2017
by BC Centre for Disease Control.

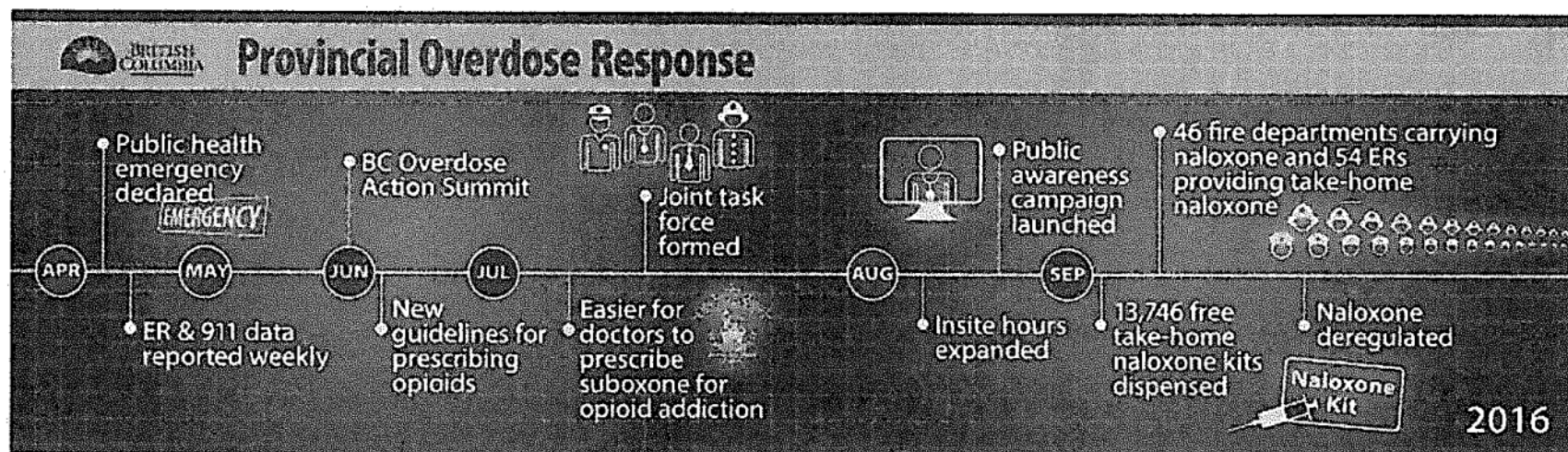
Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE

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



Slide 10

CCLJ1

Suggest removing the timeline. We haven't used it in a while. and items in it getting stale
Campbell, Corrie L. JAG:EX, 2017-11-08

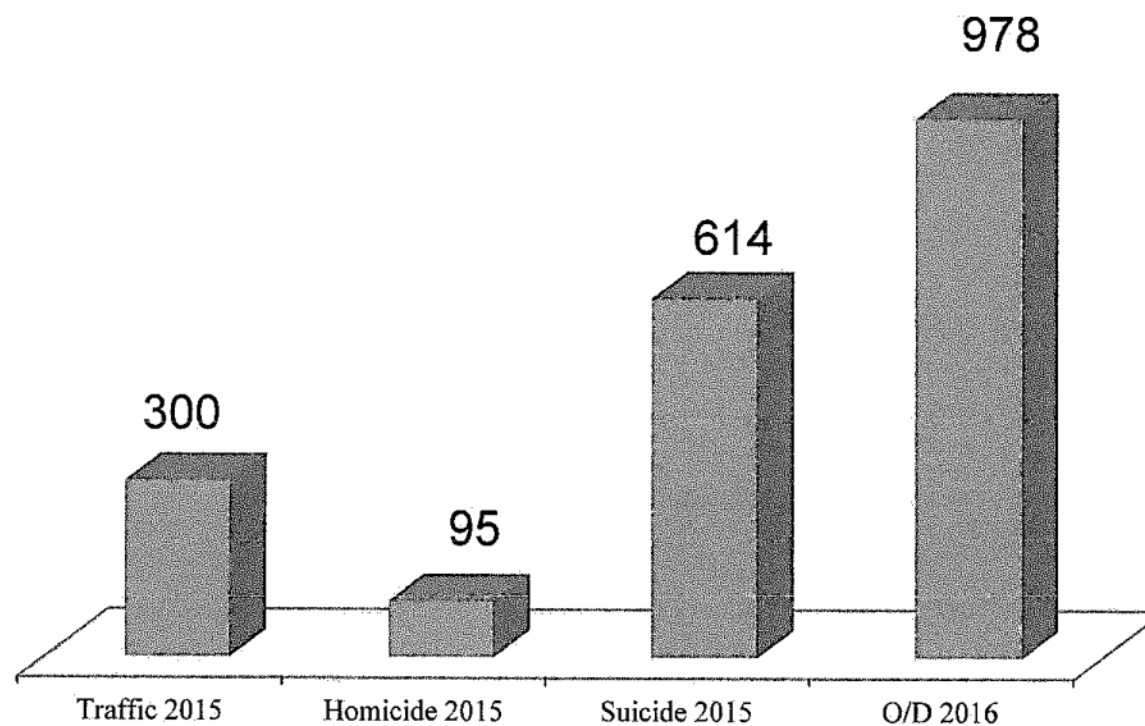
Increase in Opioid Overdoses

- Fatalities from illicit drug overdoses in British Columbia continue to rise – 823 of the 1,013 year to Aug.31st, 2017 had fentanyl detected.
- Fentanyl detection rising rapidly, detected in 81% of overdose deaths year to August 31st. This is a 151% increase over the same period in 2016 (328).

Slide 11

CCLJ2 update with latest coroner numbers
Campbell, Corrie L JAG:EX, 2017-11-08

Context of Opioid Health Emergency



Deaths in British Columbia

Slide 12

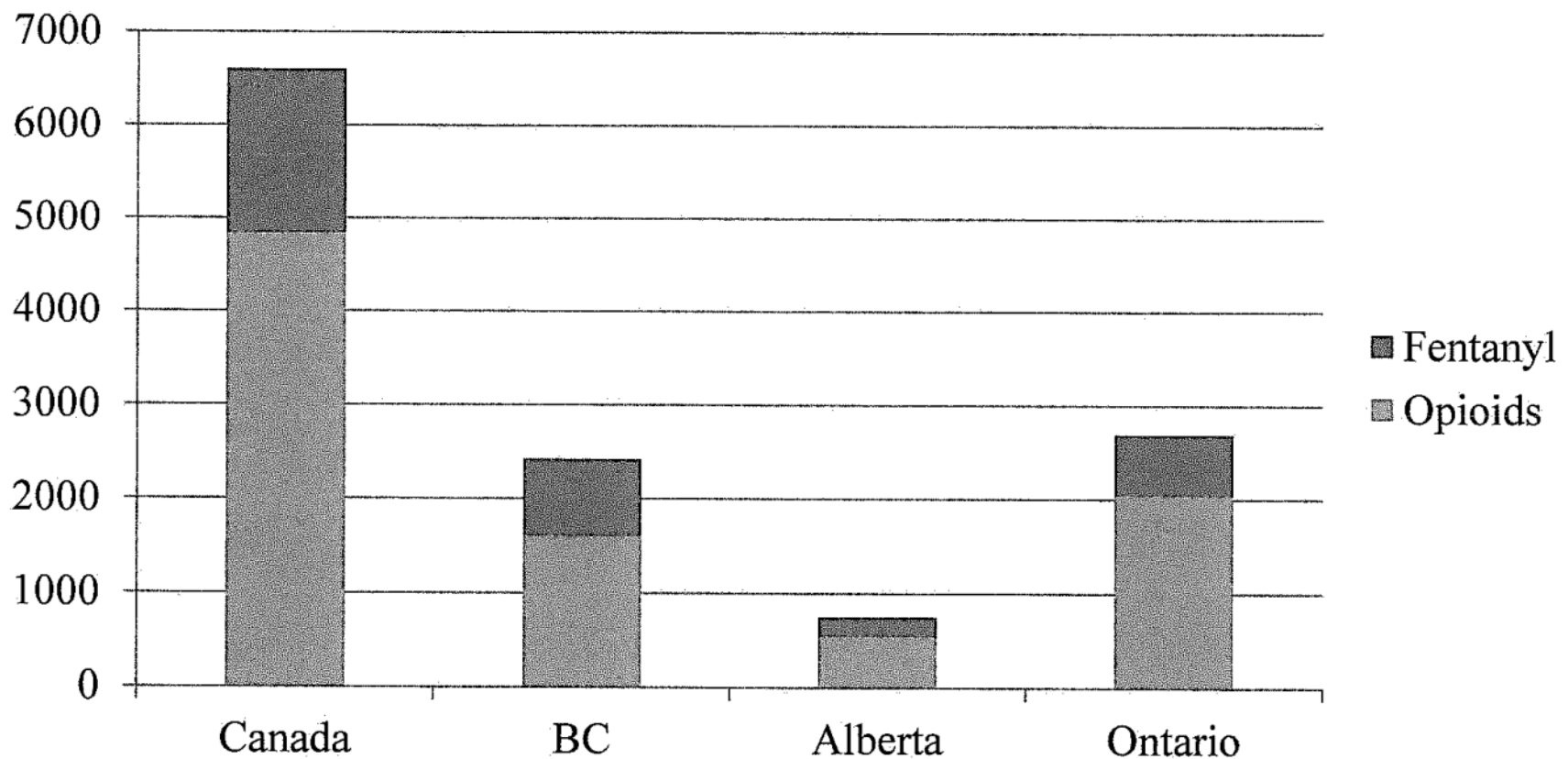
CCLJ3

Suggest tomorrow we ask Carolyn to get us leading cause of natural death for men age 20 to 60. too
Campbell, Corrie L JAG:EX, 2017-11-08

Health Canada – Drug Situation Report

3rd Qtr. 2017

Opioid submissions for analysis



Continued response in BC

1. Expanding Naloxone availability
2. Preventing overdoses - improving treatment
3. Public education and awareness campaigns
4. Monitoring, surveillance and applied research

2017/18 Public Safety Funding

- New Operational Task Force of dedicated police agencies – mid level drug traffickers
- Additional Naloxone kits for police
- Situation tables
- Legislation to regulate pill presses and an administrative sanction scheme for motor vehicles used in trafficking.

2017/18 Public Safety Funding contd.

- Specialized equipment for use in clandestine laboratory enforcement
- Combined Forces Special Enforcement Unit – BC to target high level drug traffickers
- Additional funding for Coroner's Service to resolve backlog and expand the Drugs Investigations Team

1. Immediate ^{CCLJ5}Response to Overdoses

Accomplished:

- As of September 1, 2017, BC's Take Home Naloxone program had distributed 54,394 naloxone kits dispensed. This is compared to 14,743 distributed 12 month prior.
- 590 locations are currently distributing naloxone kits. Additional distribution sites are being planned.
- Between December 2016 and September 2017 405,703 visits to 24 overdose prevention sites took place with 2,029 overdoses reversed and zero deaths.
- By August 2107, fentanyl checking services in Vancouver were expanded to all overdose preventions sites.

Slide 17

CCLJ5

Hmm - maybe too much on the health side? for next several slides, suggest don't include them. Can talk about public safety accomplishments though
Campbell, Corrie L JAG:EX, 2017-11-08

Ending the stigma

1. Immediate Response to Overdoses

Supervised Consumption Services

Accomplished:

- Vancouver Coastal Health expanded to 24-hour operation of Insite Wednesdays through Fridays during weeks that income and disability payments are issued

Next Steps:

- Regional health authorities are developing Health Canada applications for exemptions to expand services
- Ministry of Health continued engagement with Health Canada to streamline application approval

Slide 19

CCLJ6

again too much on the health side
Campbell, Corrie L JAG:EX, 2017-11-08

2. Preventing Overdoses Before They Happen

Treatment - Accomplished:

- College of Physicians and Surgeons of BC removed requirement for physicians to have a federal exemption in order to prescribe Suboxone
- Suboxone added as a regular coverage benefit under PharmaCare
- Interdisciplinary addiction medicine training to date: 14 clinical fellows, 113 medical students/residents, 5 intensive preceptorships
- Health Canada re-established access to diacetylmorphine (prescription heroin) through Special Access Programme as a treatment for opioid use disorder in cases where other treatments have not worked
- New treatment guidelines for safe prescribing of opioids from the College of Physicians and Surgeons

2. Preventing Overdoses Before They Happen

- Establishment of the BC Centre on Substance Use (physician, nurse, social worker training; clinical support for primary care; supporting evidence-based practice through guidelines, applied research)
- Building bridges between the substance use treatment sector and the recovery community, including community programs focused on abstinence as a requirement for participation

- Next Steps:

- Health Authorities continue to open substance use treatment beds: by 2017, 500 new beds to be opened
- Health Canada making new treatments for opioid use disorder (Vivitrol® & Probuphine®) available through Special Access

2. Preventing Overdoses Before the Happen

- BC College of Registered Nurses expanding scope of practice for Nurse Practitioners to include suboxone prescription initiation (December 2016), methadone prescription (2017).
- Opioid agonist treatment patient handbook—developed by patient groups in collaboration with the Centre for Addictions Research of BC—scheduled for release November 2016.
- New opioid use disorder treatment guidelines for opioid agonist treatment planned release October 31
- Increase access to opioid use disorder treatment via primary care
- Enhancing prescription monitoring to ensure appropriate use of prescription opioids and other controlled medications

2. Preventing Overdoses Before They Happen

Drug Checking

Accomplished:

- Fentanyl detection pilot project underway at Insite

Next Steps:

- Drug checking technical, operational and logistical scoping work (including mass spectrometre) undertaken by Urban Health Research Initiative
- Confirm regulatory approval options with federal partners through federal *Controlled Drugs and Substances Act*

3. Public and Professional Awareness

Accomplished:

- Multi-pronged provincial awareness campaign launched on International Overdose Awareness Day (August 31, 2016), website: www.gov.bc.ca/overdose and paid media on Facebook with messages highlighting the dangers and life-saving supports

Next Steps:

- Resources for parents and community members who work with youth being released in November 2016
- Curriculum resources for teachers and schools being finalized by CARBC in conjunctions with the education and public safety sectors
- Materials to support those who work with youth at risk also being finalized.

3. Public and Professional Awareness

- Additional outreach with targeted materials to reach both people who use illicit drugs regularly and those who use occasionally:
 - videos
 - poster campaigns
 - handout materials for clinics, bars and other public venues
 - social media and public service announcements

4. Surveillance, Prescription Monitoring and Applied Research

Accomplished:

- Ambulance and emergency rooms reporting data on non-fatal overdoses
- Weekly reporting by the BC Centre for Disease Control on overdose data
- Three applied research projects underway (OPTIMA, TASA, Emergency Department Opioid Overdose Treatment Study)
- BCCDC providing regular enhanced surveillance reports in response to decision-maker queries

Next Steps:

- BC Centre for Disease Control detailed monthly data reporting
- BC Coroners Service working to collect more detailed information on illicit drug overdose deaths to inform response

5. Improvements to federal legislation

Accomplishments:

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

Next Steps:

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

Slide 27

CCLJ7

This slide out of date.
Campbell, Corrie L JAG:EX, 2017-11-08

6. Improving federal enforcement and interdiction strategies

Accomplishments:

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

Slide 28

CCLJ8

This slide out of date - don't include
Campbell, Corrie L JAG:EX, 2017-11-08

6. Improving federal enforcement and interdiction strategies

Next Steps:

- Support measurable expansion of interdiction efforts, including the co-ordination of efforts to intercept, detect and investigate illegally imported fentanyl and precursors
- Continue to advocate that the federal government increase penalties under the Controlled Drugs and Substances Act and the Criminal Code for those who import and traffic fentanyl and related compounds

Slide 29

CCLJ9

Suggest including remark from minister's mandate letter. on enhanced penalties.
Campbell, Corrie L JAG:EX, 2017-11-08

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

Accomplishments:

- Funding has been provided to the Justice Institute of BC to create a website with safety information for first responders, including training materials, for safe fentanyl identification and handling practices
- A training workshop for police officers, paramedics, firefighters, Canada Border Services Agency agents, coroners and other first responders was held June 14-15, 2016 to focus on the dangers of fentanyl and to provide information on the safe handling and investigation of the drug
- Enhanced and ongoing communication among law enforcement agencies

Slide 30

CCLJ10 SUGGEST - focus on police forum, and number of naloxone reversals. Things ongoing for this year.

Could reference CARBc funding for \$650,000 for community outreach dialogues
Campbell, Corrie L JAG:EX, 2017-11-08

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

Accomplishments:

- Local police have contributed to the Know your Source campaign and will continue engaging at-risk communities in awareness building on the dangers of fentanyl

Next Steps:

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

\$5M Further Investment in BC's Overdose Response

- Funds announced September 23, 2016 to support enhanced actions by the Joint Task Force on Opioid Overdose Response:
 - ❑ Intranasal naloxone kits and training for police to respond to individuals overdosing, and for officer protection from accidental exposure
 - ❑ Supervised consumption services
 - ❑ Drug identification equipment
 - ❑ Enhanced public health surveillance
 - ❑ Targeted enforcement of fentanyl traffickers
 - ❑ Equipment and supplies for the clandestine laboratory response team
 - ❑ Joint community outreach and awareness by health authorities & police
 - ❑ BC Coroner's Service to increase their response to overdose death files

Slide 32

CCLJ11 delete this slide
Campbell, Corrie L JAG:EX, 2017-11-08

Call for federal action

Health

- Amend or repeal Bill C-2 to reduce unnecessary burden on organizations applying for s.56 exemptions under the *Controlled Drugs and Substances Act* to operate supervised consumption services.
- Timely approval of two s.56 exemption applications for supervised consumption services in BC, just submitted
- Make it easier for health care providers and their patients to access the full spectrum of evidence-based medications for treating opioid use disorder, including new and emerging treatments such as long-acting injectable and implanted formulations.

Slide 33

CCLJ12 Campbell, Corrie L JAG:EX, 2017-11-08

CCLJ13 don't use this slide
Campbell, Corrie L JAG:EX, 2017-11-08

Call for federal action

Joint Health and Law Enforcement

- Establish a national hub for surveillance of drug-related harms.

CCLJ14

Law Enforcement

- Instate federal RCMP resources and increase CBSA resources to better interdict the importation and trafficking of illicit opioids such as Fentanyl..
- Expeditiously establish an agreement with China similar to the US-China agreement on fentanyl announced September 3rd 2016.

Slide 34

CCLJ14 slide out of date. Carolyn can tell us where national surveillance Hub.
Campbell, Corrie L JAG:EX, 2017-11-08

Questions and comments?

Contact us:

- Clayton Pecknold
Clayton.Pecknold@gov.bc.ca
 - Tonia Enger
Tonia.enger@gov.bc.ca
-

Slide 35

CCLJ15 Hi Lance - my thought is really to focus on the funding buckets as that is what we are doing going forward.
 Hope my comments are helpful.
 Campbell, Corrie L JAG:EX, 2017-11-08

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, November 9, 2017 4:10 PM
To: Talbott, Lance PSSG:EX
Cc: Ferrier, Rob L PSSG:EX
Subject: RE: Opioids -- from draft Annotated Agenda
Attachments: Naloxone Risk Assessment - BC Government and Public Sector Orgs.pdf; Naloxone Risk Assessment - Non-Governmental Sectors.pdf

Please see attached the two risk assessment tools mentioned that we are to provide.

Rob can you clarify what you still need wrt to summary of the proposed presentation?

From: Talbott, Lance PSSG:EX
Sent: Wednesday, November 8, 2017 3:32 PM
To: Campbell, Corrie L PSSG:EX
Subject: FW: Opioids -- from draft Annotated Agenda

FYI

From: Ferrier, Rob L PSSG:EX
Sent: Friday, November 3, 2017 8:48 AM
To: Talbott, Lance PSSG:EX
Subject: Opioids -- from draft Annotated Agenda

3. Working Lunch / Opioids/Fentanyl (PSC/All) – 12:20 – 1:20 p.m. (60 min)

(NOTE: BC & Alberta to co-lead this Agenda Item with PSC)

BACKGROUND:

- BC has seen a dramatic increase in overdose deaths related to Fentanyl:
 - 823 illicit drug overdose deaths where fentanyl was detected over Jan- Aug 2017 (151% increase over the same period in 2016).
 - The increases correlate to changes in composition of the illicit drug supply in which highly toxic fentanyl (and increasingly carfentanyl) are present.
- The PSSG Minister has dedicated support for police to disrupt the supply chain and advocate for increased penalties for drug dealers who knowingly distribute deadly drugs.
- In April 2016 BC's Provincial Health Officer declared a public health emergency.
- In July 2016 BC created the Joint Task Force on Overdose Response supported by 6 task groups responsible for 7 areas of focus, including:
 1. Expanding naloxone availability and the reach of supervised consumption services:
 - Rapid expansion of the Take Home Naloxone program.
 - Creating overdose prevention sites and expanding supervised consumption services.
 - Take-Home-Naloxone kits provided to correctional inmates on release.
 - Equipped medical staff in BC correctional centres with naloxone to treat overdoses.

- Trained corrections staff to administer naloxone spray if medical staff are unavailable.
- 2. Preventing overdoses by improving treatment options for affected people, exploring drug checking services, and improving education for health professionals:
 - Guidelines on treating opioid use disorder updated and released.
 - 100% coverage for low income people needing opioid substitution treatment.
 - 500 new substance use beds opened.
 - BC Corrections policy re: methadone/Suboxone revised per current best practices.
- 3. Public education and awareness campaigns on overdose prevention and response via multiple mediums and provincial government websites
- 4. Monitoring, surveillance, and applied research to improve timely reporting, data collection, analysis, inform action and evaluate progress:
 - BC Centre for Disease Control releases regular surveillance data.
 - Analysis of individuals who suffered from non-fatal and fatal overdose shows:
 - majority of deaths occur indoors in private residences;
 - 10% of deaths were First Nations (2.6% of BC's population is First Nations);
 - While overdose events are evenly distributed among all economic groups, overdose deaths disproportionately impact the most vulnerable.
 - Ratio of overdoses to deaths is 10 to 1.
 - Developmental evaluation of BC's response to overdose crisis is underway.
- 5. Improving scheduling under the *Controlled Drugs and Substances Act* and the *Precursor Control Regulations* by regulating manufacturing equipment and precursors:
 - required registration for designated devices (pill presses) imported into Canada;
 - prohibitions on anything used in producing or trafficking of illegal substances;
 - removal of minimum weight requirement for CBSA to open packages.

**** NOTE: police agencies are not satisfied with changes related to pill presses****
- 6. Improving federal enforcement strategies by working with CBSA to increase enforcement activities around importation of illegal drugs:
 - RCMP/CBSA are working to interdict imports fentanyl (numerous seizures, arrests).
 - RCMP working with China's Ministry of Public Security to reduce flow of opioids.
 - Additional funding for enforcement by CFSEU to target high level organized crime.
- 7. Enhancing police capacity for illegal drugs harm reduction efforts including funding for:
 - training first responders to safely identify and handle fentanyl;
 - 7800 naloxone kits and training for 7450 sworn/civilian police members (as of August 2017 230 overdoses were successfully reversed by police in BC);
 - outreach & awareness (incl. community forums by Centre for Addictions Research);
 - enhancing the "Know your Source" campaign;
 - fentanyl workshops for first responders (through the Justice Institute of BC).
 - creating an award winning fentanyl safety website.
- PSSG's ADM and Director of Police Services leads monthly calls with police leaders to share information and discuss challenges and opportunities around the opioids crisis.

- Over the 2nd fiscal year of the overdose response PSSG continues will continue initiatives commenced in 2016, including funding for:
 - Replenishment of naloxone supplies for RCMP and municipal police departments.
 - Outreach activities including a police information forum
 - Centre for Addictions Research BC to support Community Outreach Dialogues.
 - Training members of RCMP's Clandestine Laboratory Enforcement Response Team,
 - Funding for municipal police for drug detection equipment (ion scanners).
 - CFSEU-BC PTEP projects.
 - PSB continues to provide ongoing policy analysis, briefing and support to the Overdose Response Task Force and oversees administration of grants and funding.
- Other public safety initiatives include:
 - Estimated \$1.5 million spent by police responding to fentanyl in 2016/17.
 - Provided CFSEU funding for two new 10 member teams to focus on high level organized crime groups involved in importing and trafficking opioids.
 - Many opioid seizures by police and CBSA and multiple arrests and charges.
 - BC Coroners Service enhanced protocols for investigating opioid related deaths to provide comprehensive information to health and public safety sector partners. They have established a 12 member team to address opioid-related deaths.
 - BC Ambulance adopted a policy of only calling police to attend overdoses when there is a public safety risk (addresses concerns that drug users may avoid calling 911 for an overdose out of fear of arrest).
- As overdose deaths set to exceed 2016 numbers several new initiatives are moving forward:
 - Establishing a 22 member Operational Task Force of police and partner agencies dedicated to target mid-level fentanyl traffickers
 - Increased CFSEU-BC funding to target high-level gangs trafficking in illegal opioids.
 - Further funding increases for naloxone and training for police.
 - Establishment of multi-agency tables focused on addressing high risk situations.
 - Exploring use of statutory tools such as pill press laws and administrative sanctions on equipment (i.e. vehicles) involved in illegal drug distribution.

DISCUSSION:

- At the September CPPC meeting:
 - Members agreed to provide their best practices to the federal ADM Working Group.
 - PSC and PTs shared information and experiences on efforts related to combatting the fentanyl crisis.
 - BC committed to share Naloxone Risk Assessment Tool for Public and Non-Public Sector Organizations.
 - PSC will continue to provide updates on the work plan with the US and Mexico.

BC POSITION:

- BC continues to call for federal government leadership on overdose response including:

- Create a national surveillance hub providing ongoing active surveillance of illegal and prescribed fatal and non-fatal overdose and other drug-related harms in Canada. (A Request for Proposal for a feasibility study is currently underway).
- Provide greater support for enhanced RCMP/CBSA partnership funding.
- Reinstate the BC federal RCMP resources levels to interdict illicit opioids such as fentanyl and interdict the importation and trafficking of illicit opioids.
- Increase funding for equipment and training for the Federal RCMP Clandestine Laboratory Enforcement and Response Team.

Rob Ferrier

Sr. Program Manager

Policing Operations Support

Ministry of Public Safety & Solicitor General

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NALOXONE RISK ASSESSMENT TOOL – FOR PUBLIC SECTOR ORGANIZATIONS

Prepared for the Joint Task Force on Overdose Response

May 2017



Intended audience: Provincial Government ministries and other provincial public sector organizations in BC.

Introduction:

BC is currently experiencing a public health emergency related to the unprecedented increase in opioid overdoses across the province. Ministries and other public sector organizations within the Government of British Columbia are assessing whether their staff should carry or stock naloxone in the event employees, clients, or members of the public experience an overdose. This assessment provides tools for decision making including a template (Appendix A), a reporting template (Appendix B), and background information on naloxone and the public health emergency response. (Appendix C).

Purpose

The purpose of this risk assessment tool is to support decision-making regarding:

Part 1: whether your organization should obtain naloxone to respond to potential overdoses in employees/staff, and clients/public;

Part 2: what formulation (i.e., intramuscular or intranasal) your organization may wish to obtain; and

Part 3: how to procure naloxone and access training.

Organizations that are considering whether to implement a naloxone policy are also encouraged to examine proactive measures to protect staff, clients, and members of the public from harms associated with an overdose. Examples of proactive measures include increased overdose prevention and response training, public awareness and education, and access to personal protective equipment, where appropriate. These measures may help mitigate some of the risks that naloxone is intended to address.

Naloxone

Naloxone is a drug that can reverse an opioid overdose (rather than exposure). Opioids are a class of drug or medication which includes heroin, morphine, fentanyl, methadone, and codeine. Naloxone is available in intramuscular (i.e., injectable) and intranasal (i.e., nasal spray) formulations. Naloxone is available without a prescription to anyone in British Columbia for emergency use to reverse opioid overdose, and regulatory changes have made it possible for anyone to administer naloxone in any formulation with the appropriate training.

Naloxone can reverse the effects of an overdose within three to five minutes. Additional doses may be needed if the first dose does not restore normal breathing after three to five minutes. The effects of naloxone last 20 to 90 minutes, so it only reverses the overdose temporarily; immediate medical attention must be sought, and subsequent doses may be needed. Naloxone does not reverse non-opioid overdoses, but will not cause harm if administered to someone who has taken a non-opioid drug. Naloxone should be part of the response to an unresponsive person who has overdosed, in accordance with the SAVE ME protocol, particularly if they are breathing slowly or not at all.

While anyone in BC can administer naloxone with adequate training, BC Government Ministries and other public agencies should clarify their expectations for employees that are trained to

administer naloxone as part of their duties and use existing mechanisms for assessing occupational health and safety considerations.

Part 1 – Determining if you should stock naloxone in your setting

This section outlines some of the considerations for determining whether your organization should obtain naloxone to administer to employees, clients, or members of the public who have overdosed. The decision as to whether your organization should obtain naloxone should be based on the likelihood that staff will encounter an individual who has overdosed and the potential consequence of not having naloxone available.

If you are part of the BC Government, the Public Service Agency is able to assist with occupational health and safety concerns regarding the administration of naloxone. Please contact Coreen Wolanski, Occupation Safety Advisor Coreen.Wolanski@gov.bc.ca.

Evidence to date in BC:

1) Risk of overdose in employees during their regular duties:

BC's Provincial Health Officer has noted that the risk of unintended fentanyl and fentanyl-analogue exposures to those providing emergency care to someone who has overdosed is extremely low. There have been no reported cases of secondary exposures of fentanyl to individuals administering naloxone, despite thousands of overdose reversals in the field throughout the province. Also, there have been very few instances of contact toxicity, and of those, all have been primarily in policing or as a result of being in closed/confined spaces with large quantities of powdered fentanyl and not related to contact due to providing treatment to someone who has overdosed.

2) Risk of overdose in clients/members of the public:

Determining the likelihood of an overdose in your setting requires you to think about what you know about people accessing services in your setting, and what information you may not have. You may not know if people who use drugs (particularly heroin or other opioids, and stimulants such as cocaine, crack cocaine, and crystal methamphetamine) access your services. While the rate of overdose events and death in BC varies by region and setting, people who use drugs are at risk of overdose across the province and in multiple settings.

Likelihood of Encountering an Individual who has overdosed

- Do staff regularly encounter people who have overdosed? or
- Do staff regularly encounter people who may use drugs? or
- Do staff regularly encounter people in recovery from a drug use disorder? or
- Do staff regularly encounter illegal drugs or unknown substances?

If you determine the likelihood of encountering someone experiencing an overdose is high, naloxone should be considered.

However, if the likelihood is low, it is next important to consider the consequences of not having naloxone available in your setting should someone experience an overdose.

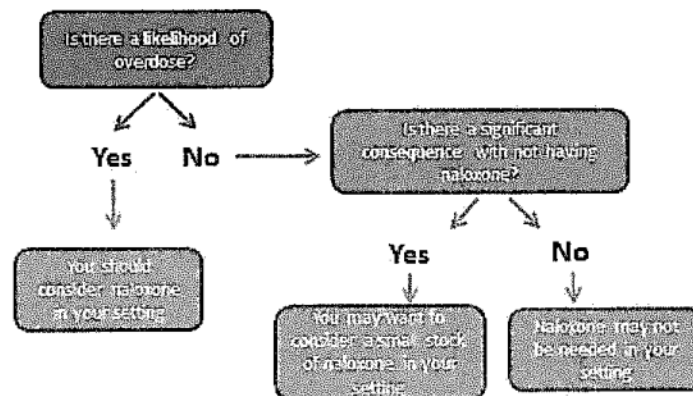
Administering naloxone is only one aspect of an effective response to an opioid overdose.
People responding to a suspected overdose should first call 911 and then work through the SAVE ME protocol, which includes providing rescue breaths (see Appendix C) while waiting for first responders to arrive.

Potential Consequence of Not Having Naloxone Available

- Does your organization have a mandated duty to provide care for clients? For example, children in the care of the Ministry of Children and Family Development or adults held in custody by Corrections or Court Services.
- If naloxone were not available in this setting, what would the consequences be if an overdose were to occur?
- Does your organization operate in an area(s) that first responders can access easily and in a timely way?

Weighing likelihood and consequence

Using your assessment likelihood of someone witnessing an opioid overdose and the consequence of not having naloxone available will allow you determine if your organization should consider stocking naloxone in your setting.



Likelihood High: You should consider naloxone

- Your assessment has indicated that the likelihood of an overdose occurring in settings where your staff operate is high.
- Staff should receive training to understand the signs of an overdose, be trained to administer naloxone as part of a response to someone experiencing an overdose.

Likelihood Low / Consequence High: You may want to consider naloxone

- Your assessment has indicated that the likelihood of overdose occurring in settings where your staff operate is low, but that the consequences of naloxone not being available should an overdose occur, are high.

- In this case, naloxone may be warranted *in small quantities* to ensure that any overdose could be reversed.

Likelihood Low / Consequence Low: Naloxone may not be needed in this setting

- Your assessment has indicated that the likelihood of overdose occurring in settings where your staff operate is low and that the consequences of naloxone not being available are low.
- Staff should still receive training to understand the signs of an overdose and the importance of calling for first responders without delay.

Please use Appendix A to detail your decision making on naloxone.

NOTE: Monitoring Naloxone Administration

If you decide that naloxone is required in your setting, your organization should develop reporting protocols to track naloxone use. Appendix B includes a sample reporting template for internal Ministry tracking.

Part 2 – Formulation Considerations

Naloxone is available in both intramuscular (i.e., injectable) and intranasal (i.e., nasal spray) formulations. The Ministry of Health recommends the intramuscular naloxone formulation for the reasons detailed below and does not provide funding for intranasal naloxone. Organisations looking to purchase *intranasal* naloxone should a) be able to justify why, and b) cover the costs without drawing down on other operating budgets.

Any naloxone supply requires a process for rotating nearly expired product and for replacing the expired product.

Considerations for the intramuscular formulation:

- **Effectiveness** - the intranasal formulation must be absorbed through the blood vessels in the nose, so it *may not be as effective for some* people with a history of cocaine or methamphetamine use, scar tissue in the nose, or other congestion.
- **Cost:** As of March 2017, intranasal naloxone is more than five times the cost per dose than the intramuscular formulation.
- **Existing training supports:** The intramuscular formulation is used almost exclusively by hospitals, paramedics and other first responders, and other health professionals as well as community-based service providers. People with a history of drug use and those members of the public most likely to witness and respond to an overdose are eligible to receive an overdose response kit that contains intramuscular naloxone through the publicly-funded Take Home Naloxone program. The BCCDC provides overdose response training and intramuscular naloxone to eligible community organizations at no charge through the Facility Overdose Response Box program. Eligible sites must work with clients at risk of opioid overdose and may include shelters, supportive housing, friendship centres, and licensed and non-licensed non-profit community care facilities. As a result, many people have received training on this administration route.
- **Availability:** Intramuscular naloxone and overdose response training are available at many locations throughout the province including at community pharmacies and through the Take Home Naloxone program at no-cost for people likely to overdose or witness and respond to an overdose.
 - **Additional Supplies/Kit:** Most methods for procuring intramuscular naloxone include a kit with the drug, syringes, gloves, and a breathing mask to ensure people can provide breaths when responding to an overdose, something not provided for intranasal formulations.
- **Staff comfort and safety:** Overdose response kits containing intramuscular naloxone include automatically retracting needles, which virtually eliminates the risk of needle-stick injuries in the context of normal first aid use.
 - While there is a risk that someone may be combative when recovering after being given naloxone, this may happen regardless of the formulation as both forms require close contact. There have been no reported needle-stick injuries, and the needles are manufactured specifically to mitigate risk of injury.

Considerations for the intranasal formulation:

- **Staff Comfort:** People may feel more comfortable with the idea of administering an intranasal product. Intranasal does not require disposal in a container for injection equipment.
- **Ease of Access:** Intranasal naloxone must be purchased directly from the supplier, either directly or through a pharmacy or distributor, and is not widely available in the province.
 - *Overdose response supplies such as gloves and breathing masks must be sourced separately.
 - **Training must be sourced separately.

Part 3 – Where to Access Naloxone

If your assessment shows that your organization should stock naloxone and that staff should receive overdose response training, you can access naloxone through the following channels:

NALOXONE AND KITS

Intramuscular Naloxone

Government of BC Product Distribution
Centre (PDC)

Contact Jennifer Vitelli, Accounts Manager, PDC
Jennifer.vitelli@gov.bc.ca

Training Resources

In October 2016, regulations under the *Health Professions Act* and the *Emergency Health Services Act* were amended to enable anyone to administer naloxone when used to reverse opioid overdoses, regardless of the administration route. This allows people to respond to an overdose in settings where health care workers or emergency responders are not regularly employed or available. These regulatory changes were made to prevent further loss of life, to the extent possible, by enabling anyone to administer naloxone to someone appearing to be suffering from an overdose, in effect, making this a public domain activity. In light of these regulatory changes, WorkSafeBC has rendered an opinion that occupational first aid attendants can administer intramuscular naloxone to someone who has overdosed. However, in accordance with these regulatory changes, training on responding to an overdose and administering naloxone must be provided to anyone expected to use naloxone.

Intramuscular formulation

If you purchase intramuscular naloxone from a community pharmacy, training is provided by a pharmacist on site at that time of purchase in accordance with the guidance provided by the College of Pharmacists of British Columbia. A guide that provides information on overdose prevention, recognition, and response (including how to administer intramuscular naloxone) is available at www.towardtheheart.com.

Intranasal formulation

Those accessing the intranasal formulation must also seek overdose recognition and response training, in accordance with legislative changes made by Health Canada.

- Training on identifying an overdose and the SAVE ME protocol is available at www.towardtheheart.com.
- Training on intranasal administration is available from the company that produces the intranasal product at <https://www.youtube.com/watch?v=hGVSaO1oxpg>.

FOR INFORMATION: If you have clients that would like to have a naloxone kit, they can access kits and training in the following ways:

Intramuscular Naloxone	
Are you an individual likely to experience or witness an overdose? (Not available for use by health staff, private business, or for OH&S purposes).	Take Home Naloxone (THN) program: Visit the Toward the Heart site locator or call 811 anytime day or night to find a site near you.
Are you an organization that works with clients likely to experience an overdose?	Facility Overdose Response Box program: Find program criteria at http://towardtheheart.com/naloxone/forb/ .
Are you an organization that people likely to experience an overdose are comfortable accessing service from AND operating in a region without a THN program?	Consider becoming a Take Home Naloxone site: Contact your local Harm Reduction Coordinator to find out more at http://towardtheheart.com .
Are you an individual or organization that does not qualify for the THN program or Facility Response box program, but assessment shows you should stock and train staff for naloxone?	Purchase from a pharmacy: Find a list of participating pharmacies at http://www2.gov.bc.ca/gov/content/overdose/where-can-i-get-a-naloxone-kit
Are you a health authority clinical program?	Connect with HA leadership and see your organizational access protocols.
Intranasal Naloxone	
Would you like to acquire intranasal naloxone for yourself or organization?	Purchase from pharmacy or distributor.

Appendix A: Decision-Making Template

This template provides a way to assess the need for your organization to stock naloxone and train staff. The Public Service Agency may be able to support ministry staff to determine what other safety policies and protocols should be implemented as part of an organizational naloxone policy.

Organization:	Date:
Risk: [list all staff, client groups, and members of the public who may be at risk of an overdose]	
Risk Identification and Mitigation Strategies: [provide an overview of risk for staff or clients/members of the public, and risk mitigation strategies as well as gaps that may exist]	
Likelihood of overdose in this setting: High/Low (circle one) Comments:	
Consequence of overdose in the absence of naloxone in this setting: High/Low (circle one) Comments:	
Recommendations:	

Recommended resource to walk through thinking about preparing for overdoses in your organization: [The First Seven Minutes Overdose Prevention](#).

Appendix B: Reporting Template

This template provides a means for your organization to report when staff have administered naloxone in response to an opioid overdose event. Your organization should develop reporting protocols to track naloxone use.

Organization:		Date:
1. When did the overdose happen? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ____ Day ____ Month ____ Year </div>		<input type="checkbox"/> Don't Know
2. In what community did the overdose happen? <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		<input type="checkbox"/> Don't Know
3. Where did the overdose happen? <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		<input type="checkbox"/> Don't Know
4. Did someone call 911?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did first responders arrive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did someone provide rescue breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. How many doses were administered?		<input type="checkbox"/> Don't Know
8. Did the person survive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Appendix C: Background

In April 2016, the BC Provincial Health Officer declared a public health emergency under the *Public Health Act* due to an unprecedented increase in the number of illegal drug overdose deaths in British Columbia.ⁱ In 2016, 922 people died from an apparent illegal drug overdose, an increase of over 80% from 2015 when 513 such deaths occurred.ⁱⁱ Of those who died of an illegal drug overdose in 2016, over 80% were male and more than half were between the ages of 30 and 49.ⁱⁱⁱ The introduction of highly toxic opioids, such as fentanyl and carfentanil, has contributed significantly to the increase in illegal drug overdose deaths in the province. For example, the proportion of apparent illegal drug overdose deaths with fentanyl detected (alone or in combination with other drugs) increased from 5% in 2012 to 60% for the period between January 1 and October 31, 2016.^{iv}

Symptoms of an Opioid Overdose

Opioids are a class of drug or medication which includes fentanyl, morphine, heroin, methadone, and oxycodone. They are most often prescribed for pain relief. However, opioids are now being found with other illegal drugs such as heroin and cocaine. Fentanyl is a synthetic opioid that is 50 to 100 times more toxic than morphine, which increases the risk of an accidental overdose.

An overdose occurs when the body is overwhelmed by exposure to something, in this case, a toxic amount of drug or combination of drugs which causes the body to be unable to maintain or monitor functions necessary for life. These are functions like breathing, heart rate, and regulating body temperature.^v The consequences of an opioid overdose can include catastrophic brain injury, cardiac arrest, and death. Early signs of an opioid overdose include:

- Not responsive
- Severe sleepiness
- Slow heartbeat
- Troubled or slowed breathing
- Trouble walking or talking
- Skin looks pale or blue, feels cold
- Pupils are pinned, or eyes rolled back
- Vomiting^{vi}

Responding to an Overdose

A drug overdose is an emergency health situation that requires immediate attention. Call 911 right away if you suspect an overdose. The sooner you call, the better the chance of recovery and preventing injury and death. If you have to leave the individual at any time (e.g., to get a phone or a naloxone kit), put them into the recovery position. While you are waiting for first responders to arrive, follow SAVE ME protocol outlined below:

S – Stimulate. Check if the person is responsive, can you wake them up?

A – Airway. Tilt the head back, look in the mouth, and make sure there is nothing in the mouth blocking the airway or stopping them from breathing.

V – Ventilate. Help them breathe. Plug the nose, tilt the head back and give one breath every 5 seconds.

E – Evaluate. Do you see any improvement?

M – Medication Administration (muscular injection). Inject a 1mL dose containing 0.4mg of naloxone into a large muscle or administer the intranasal formulation as per training. Continue providing breaths to the individual until they are breathing on their own.

E – Evaluate and Support. Is the person breathing? If they are not awake in three to five minutes, give one more dose of naloxone.

911 emergency dispatchers are there to support you through an emergency response. Follow the instructions that they provide; they may help you with further assessments and other interventions. This may include taking a pulse and providing chest compressions to individuals who have a weak or no pulse.

References

- ⁱ Government of British Columbia. (2016, April 14). Provincial health officer declares public health emergency. Retrieved March 8, 2017, from: <https://news.gov.bc.ca/releases/2016HLTH0026-000568>.
- ⁱⁱ BC Coroners Service. (2017). Illicit Drug Overdose Deaths in BC: January 1, 2007 – January 31, 2017. Retrieved March 8, 2017, from: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>.
- ⁱⁱⁱ BC Coroners Service. (2017). Illicit Drug Overdose Deaths in BC: January 1, 2007 – January 31, 2017. Retrieved March 8, 2017, from: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>.
- ^{iv} BC Coroners Service. (2016). Fentanyl-Detected Illicit Drug Overdose Deaths: January 1, 2012 to October 31, 2016. Retrieved March 8, 2017, from: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/fentanyl-detected-overdose.pdf>.
- ^v British Columbia Centre for Disease Control. (2017). Training Manual: Overdose Prevention, Recognition and Response. Retrieved March 8, 2017, from: http://towardtheheart.com/assets/uploads/THN%20Training%20Manual%20Final_2017.01.11.pdf.
- ^{vi} British Columbia Centre for Disease Control. (n.d.). Overdose Survival Guide. Retrieved March 8, 2017, from: http://towardtheheart.com/assets/uploads/files/OD_Survival_Guide_Tips_to_Save_a_Life_2012.08.29_updated_for_website.pdf.

Dean, Danielle PSSG:EX

From: Campbell, Corrie L PSSG:EX
Sent: Thursday, November 9, 2017 4:10 PM
To: Talbott, Lance PSSG:EX
Cc: Ferrier, Rob L PSSG:EX
Subject: RE: Opioids -- from draft Annotated Agenda
Attachments: Naloxone Risk Assessment - BC Government and Public Sector Orgs.pdf; Naloxone Risk Assessment - Non-Governmental Sectors.pdf

Please see attached the two risk assessment tools mentioned that we are to provide.

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- 6. Improving federal enforcement strategies by working with CBSA to increase enforcement activities around importation of illegal drugs:
 - RCMP/CBSA are working to interdict imports fentanyl (numerous seizures, arrests).
 - RCMP working with China's Ministry of Public Security to reduce flow of opioids.
 - Additional funding for enforcement by CFSEU to target high level organized crime.
- 7. Enhancing police capacity for illegal drugs harm reduction efforts including funding for:
 - training first responders to safely identify and handle fentanyl;
 - 7800 naloxone kits and training for 7450 sworn/civilian police members (as of August 2017 230 overdoses were successfully reversed by police in BC);
 - outreach & awareness (incl. community forums by Centre for Addictions Research);
 - enhancing the "Know your Source" campaign;
 - fentanyl workshops for first responders (through the Justice Institute of BC).
 - creating an award winning fentanyl safety website.
- PSSG's ADM and Director of Police Services leads monthly calls with police leaders to share information and discuss challenges and opportunities around the opioids crisis.

- Over the 2nd fiscal year of the overdose response PSSG continues will continue initiatives commenced in 2016, including funding for:
 - Replenishment of naloxone supplies for RCMP and municipal police departments.
 - Outreach activities including a police information forum
 - Centre for Addictions Research BC to support Community Outreach Dialogues.
 - Training members of RCMP's Clandestine Laboratory Enforcement Response Team,
 - Funding for municipal police for drug detection equipment (ion scanners).
 - CFSEU-BC PTEP projects.
 - PSB continues to provide ongoing policy analysis, briefing and support to the Overdose Response Task Force and oversees administration of grants and funding.
- Other public safety initiatives include:
 - Estimated \$1.5 million spent by police responding to fentanyl in 2016/17.
 - Provided CFSEU funding for two new 10 member teams to focus on high level organized crime groups involved in importing and trafficking opioids.
 - Many opioid seizures by police and CBSA and multiple arrests and charges.
 - BC Coroners Service enhanced protocols for investigating opioid related deaths to provide comprehensive information to health and public safety sector partners. They have established a 12 member team to address opioid-related deaths.
 - BC Ambulance adopted a policy of only calling police to attend overdoses when there is a public safety risk (addresses concerns that drug users may avoid calling 911 for an overdose out of fear of arrest).
- As overdose deaths set to exceed 2016 numbers several new initiatives are moving forward:
 - Establishing a 22 member Operational Task Force of police and partner agencies dedicated to target mid-level fentanyl traffickers
 - Increased CFSEU-BC funding to target high-level gangs trafficking in illegal opioids.
 - Further funding increases for naloxone and training for police.
 - Establishment of multi-agency tables focused on addressing high risk situations.
 - Exploring use of statutory tools such as pill press laws and administrative sanctions on equipment (i.e. vehicles) involved in illegal drug distribution.

DISCUSSION:

- At the September CPPC meeting:
 - Members agreed to provide their best practices to the federal ADM Working Group.
 - PSC and PTs shared information and experiences on efforts related to combatting the fentanyl crisis.
 - BC committed to share Naloxone Risk Assessment Tool for Public and Non-Public Sector Organizations.
 - PSC will continue to provide updates on the work plan with the US and Mexico.

BC POSITION:

- BC continues to call for federal government leadership on overdose response including:

- Create a national surveillance hub providing ongoing active surveillance of illegal and prescribed fatal and non-fatal overdose and other drug-related harms in Canada. (A Request for Proposal for a feasibility study is currently underway).
- Provide greater support for enhanced RCMP/CBSA partnership funding.
- Reinstate the BC federal RCMP resources levels to interdict illicit opioids such as fentanyl and interdict the importation and trafficking of illicit opioids.
- Increase funding for equipment and training for the Federal RCMP Clandestine Laboratory Enforcement and Response Team.

Rob Ferrier

Sr. Program Manager

Policing Operations Support

Ministry of Public Safety & Solicitor General

250.356.6522

rob.ferrier@gov.bc.ca

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Withheld pursuant to/removed as

s.13; s.16

Dean, Danielle PSSG:EX

From: Steenvoorden, Tom PSSG:EX
Sent: Thursday, January 11, 2018 1:32 PM
To: Van Swieten, Catherine PSSG:EX
Subject: FW: MO Request
Attachments: Bullet points - Federal support and China.docx

Importance: High

Please add to e-Approvals and send to me, I will send it onto Wayne, thanks.

From: Butterfield, Nicole PSSG:EX
Sent: Thursday, January 11, 2018 8:47 AM
To: Steenvoorden, Tom PSSG:EX
Subject: FW: MO Request
Importance: High

Hi Tom:

Clayton asked me to assign this request to you. Apparently there are BNs that contain the information Liam is asking for.

Please put some bullets together then forward them to Clayton via [eApproval](#).

Thanks in advance.

Nicole

From: Pecknold, Clayton PSSG:EX
Sent: Wednesday, January 10, 2018 4:43 PM
To: Butterfield, Nicole PSSG:EX
Subject: Re: MO Request

I will send him something tomorrow. Remind me.

Sent from my BlackBerry — the most secure mobile device

From: Nicole.Butterfield@gov.bc.ca
Sent: January 10, 2018 4:23 PM
To: Clayton.Pecknold@gov.bc.ca
Subject: FW: MO Request

FYI...

From: Duncan, Nikki PSSG:EX
Sent: Wednesday, January 10, 2018 4:21 PM
To: Butterfield, Nicole PSSG:EX
Subject: RE: MO Request

Did not specify but my guess is relatively quickly.

From: Butterfield, Nicole PSSG:EX
Sent: Wednesday, January 10, 2018 4:20 PM
To: Duncan, Nikki PSSG:EX
Subject: RE: MO Request

Hi:

When does he need by?

From: Duncan, Nikki PSSG:EX
Sent: Wednesday, January 10, 2018 4:03 PM
To: Butterfield, Nicole PSSG:EX
Subject: MO Request

Hi Nicole,
Liam in the MO has just asked me for some bullets or any existing materials on any action that has been taken with the Federal government on the Importing of Fentanyl from Asia. Would you be able to provide something?
Thank you very much,

Nikki Duncan | Manager, Executive Operations
Office of the Deputy Solicitor General

Ministry of Public Safety and Solicitor General
11th Floor, 1001 Douglas Street | Victoria, BC V8W 2C5
Phone: 250-387-5131

Action that has been taken with the Federal government on the Importing of Fentanyl from Asia

• s.13;s.16

- The RCMP in B.C. created Project EPLAN, a provincial strategy targeting packages coming into the mail and cargo centres at the Vancouver airport.
- A key part of the RCMP's national opioid strategy is the new Organized Crime Joint Operations Centre (OC-JOC). The centre allows the RCMP to work closely with Canada Post and the Canadian Border Services Agency to keep fentanyl out of Canada
- Bill C-37 amended the Controlled Drugs and Substances Act (CDSA), the Customs Act and other related acts, to better equip both health and law enforcement officials to reduce the harms associated with drug and substance use in Canada. The legislation:
 - restricts possession sale, importation or trafficking of anything that it is intended to be used to produce a controlled substance;
 - creates a regulatory scheme for the importation of pill presses and encapsulators into Canada. The combination of pill press registration and the broad prohibition on anything related to producing illicit drugs meets BC's objectives for federal regulation of pill presses;
 - removes the minimum weight of 30 grams from the Customs Act so Canadian Border Services Agency can open international mail suspected of containing controlled substances; and
 - adds new provisions that permit the Minister of Health Canada to quickly schedule and controlled dangerous new substances on a temporary basis.

The Province has provided the Ministry the following funding over three years:

- \$5 million for the Combined Forces Special Enforcement Unit BC (CFSEU- BC) to undertake Provincial Tactical Enforcement Priority (PTEP) projects targeting high level drug traffickers.
- \$14 million for a new Operational Task Force of dedicated police agencies to target mid-level drug traffickers. Under the 70/30 Provincial and Federal cost share agreement this equates to \$20 million.
- \$1 million towards drug equipment and training for key departments including the federal Clandestine Laboratory and Enforcement Response Team (CLEAR);
- \$1.04 million to support the development of legislation to regulate pill presses.

Dean, Danielle PSSG:EX

From: Butterfield, Nicole PSSG:EX
Sent: Thursday, January 11, 2018 3:36 PM
To: Steenvoorden, Tom PSSG:EX
Cc: Rideout, Wayne PSSG:EX; Van Swieten, Catherine PSSG:EX
Subject: FW: Bullet Points - Federal Support and China
Attachments: Bullet points - Federal support and China.docx

FYI...

From: Butterfield, Nicole PSSG:EX
Sent: Thursday, January 11, 2018 3:26 PM
To: Pecknold, Clayton PSSG:EX
Subject: Bullet Points - Federal Support and China

Attached is what was send to the MO.

From: JPSS eApprovals [<mailto:DoNotReply@SP2010.gov.bc.ca>]
Sent: Thursday, January 11, 2018 3:09 PM
To: Butterfield, Nicole PSSG:EX
Subject: *ALERT: Incoming Assignment - eApprovals item 6716

You have been sent an eApprovals Item by Duncan, Nikki PSSG:EX.

Cliff Number: 541055
Other Number:
TRIM Number:
Topic:
Date Final Due: 1/18/2018 12:00:00 AM
Last Action: Item Sent To

Comments:
For your record, sent to MO with Mark's minor edit.
Thank you very much everyone for the quick work.

eApprovals Link:
<https://jpsseapprovals.gov.bc.ca/prod/SitePages/activeItems.aspx>

Super User Link:
<https://jpsseapprovals.gov.bc.ca/prod/SitePages/superUser.aspx>

Cliff Link:

Dean, Danielle PSSG:EX

From: Steenvoorden, Tom PSSG:EX
Sent: Friday, January 12, 2018 6:56 AM
To: Talbott, Lance PSSG:EX; Rideout, Wayne PSSG:EX
Subject: Re: Urgent Briefing materials for Premiere

Good morning, just to let you know s.22

Tom

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Talbott, Lance PSSG:EX
Sent: Friday, January 12, 2018 6:53 AM
To: Rideout, Wayne PSSG:EX
Cc: Steenvoorden, Tom PSSG:EX
Subject: Re: Urgent Briefing materials for Premiere

Copy. I will speak with Tom first thing.

Sent from my iPhone

On Jan 12, 2018, at 6:38 AM, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca> wrote:

Can we format this in a slightly more understandable manner and send to CP.
It would appear the E Plan is the overarching strategic Ops plan that provides a wide view and prioritizes all Opiod interdiction efforts.
Wayne

From: Jim GRESHAM [<mailto:Jim.Gresham@rcmp-grc.gc.ca>]

Sent: Thursday, January 11, 2018 4:55 PM

To: Rideout, Wayne PSSG:EX

Cc: Keith FINN

Subject: Re: Urgent Briefing materials for Premiere

"E" Division Federal & Serious Organized Crime developed a **Concept of Operations** in response to the demand on first responders, investigational response, need for equipment and financial resources in response to the Fentanyl crisis.

(This goes beyond the "Drug Mail" referenced in the Article in the link.)

Highlights include:

- 3 tiered approach (all BL's) :

FEDERAL (FSOC):

- PROJECT E-PLAN: guides the overall investigational strategies, coordinates intelligence collection and operations, allocates resources, and identifies, monitors and reports fentanyl incidents
- prioritizes proactive investigations involving importation, production, trafficking and possession of fentanyl

PROVINCIAL (CFSEU-BC):

- amended PTEP Threat Evaluation Forms captures specific details related to fentanyl trafficking and manufacturing

•fentanyl is weighted as an aggravating factor when evaluating / prioritizing targets, PTEP funding and resources available to supplement investigations

New Opioid/Firearms Team

MUNICIPAL (RCMP Detachments, independent police agencies):

•through CROPS CORE, CROPS ISOC may financially supplement fentanyl-targeted street-level drug operations with Provincial funding

TRACKING AND AWARENESS

implemented E2MV notifications to allow Operations Communications Centre (OCC) to document police first responders to fentanyl-involved incidents (overdoses, etc); prompts CAD call for live monitoring by RTIC-BC.

implementing PRIME-BC UCR codes for fentanyl and synthetic opioid analogues (possession, trafficking, import / export, production) to increase the effectiveness of analyzing fentanyl-related police information.

Hope this assists.

Thanks

Jim

>>> "Rideout, Wayne PSSG:EX" <Wayne.Rideout@gov.bc.ca> 2018/01/11 3:51 PM >>>

Hello Jim

We have been asked for last minute material's related to Opioid crisis. In particular efforts to interdict. Below from the RCMP website. Is there any additional information on **E Plan** you can share that is suitable for release to PO office and will be used inform discussions on the broader issue. **Nothing sensitive.**

Wayne

<http://www.rcmp-grc.gc.ca/en/gazette/fighting-fentanyl>

Copyright

Regards
Wayne Rideout
Deputy Director – Police Services
Serious & Organized Crime Initiatives
Ministry of Public Safety & Solicitor General
(604) 360-9366
Wayne.rideout@gov.bc.ca

Dean, Danielle PSSG:EX

From: Steenvoorden, Tom PSSG:EX
Sent: Friday, March 16, 2018 2:12 PM
To: Lipp, Jamie M PSSG:EX
Subject: FW: National opioid symposium
Attachments: s.13;s.16

From: Rideout, Wayne PSSG:EX
Sent: Friday, March 16, 2018 12:58 PM
To: Steenvoorden, Tom PSSG:EX
Cc: Talbott, Lance PSSG:EX
Subject: FW: National opioid symposium

See E div strategy last page.

Dial a dope lines !!

Thank you

Wayne

(604) 360-9366
Wayne.rideout@gov.bc.ca

From: Kelly RAINBOW [<mailto:Kelly.Rainbow@rcmp-grc.gc.ca>]
Sent: Friday, March 16, 2018 11:34 AM
To: Rideout, Wayne PSSG:EX

Cc: Pecknold, Clayton PSSG:EX; Jim GRESHAM

Subject: Re: National opioid symposium

Hello,

s.13;s.16

If you require additional information or have any questions, I would be pleased to assist.

Regards,
Kelly

Kelly C. Rainbow, C/M
Senior Program Manager & Briefing Analyst
E Division Criminal Operations - Investigative Services & Organized Crime
RCMP "E" Division Headquarters Mail Stop #306
14200 Green Timbers Way
Surrey, B.C. V3T 6P3
O: 778-290-2553
M: 604-220-3144
E: kelly.rainbow@rcmp-grc.gc.ca

>>> Jim GRESHAM 2018/03/13 11:20 AM >>>
Kelly will be able to assist.

Thanks

Jim

>>> "Rideout, Wayne PSSG:EX" <Wayne.Rideout@gov.bc.ca> 2018/03/12 5:57 PM >>>
Hello Jim

Just like you last week at the gangs and guns conference I have just been asked to give a presentation on the BC experience.

I have all in need with respect to the health and law enforcement partnership and the harm reduction side.

I am wondering if there is anything from an intelligence/enforcement perspective, recent trending in BC that could be shared with a large public group.

Where is it coming from?
How getting into BC?
What we have seen?
Anything that may be valuable to others?

Not looking for anything sensitive just what may be shareable with the rest of the countries law enforcement and health teams responsible for the crisis.

Regards

Wayne Rideout
Deputy Director - Police Services
Serious & Organized Crime Initiatives
Wayne.rideout@gov.bc.ca <mailto:Wayne.rideout@gov.bc.ca>
(604) 360-9366

From mobile

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Withheld pursuant to/removed as

s.16