

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

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

ISSUE: Overview of the Province's Response to the Opioid Emergency.

SUMMARY:

- British Columbia has had a dramatic increase in overdose deaths related to illegal drug use in recent years.
- The Joint Task Force on Overdose Response established seven action areas to address the overdose emergency. Despite significant effort and infusion of new resources, the number of deaths continues to climb and is on track to significantly exceed 2016.
- To date, multiple programs and initiatives have been developed and implemented by the public safety sector, including naloxone distribution, supporting community outreach, funding equipment purchase as well as Provincial Tactical Enforcement Priority (PTEP) projects for the BC Combined Forces Special Enforcement Unit (BC CFSEU).

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 780 deaths occurring in the first 6 months of 2017 or 5.7 times the number of deaths occurring in the same period in 2012.
- The increase in overdoses and deaths of 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.
- 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 Joint Task Force established 7 areas of focus including:
 1. 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 23 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.
 - 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;
 - removal of minimum weight requirement for Canada Border Services Agency to open packages.

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.
 - s.16
 -
7. Enhancing the capacity of police to support harm reduction efforts related to street drugs including training to police and other first responders to support safe fentanyl identification and handling practices. Specifics include:
 - Funding purchase of 7,800 naloxone kits and training 7400 sworn and civilian RCMP and municipal police members. As of August 1, 2017 over 210 opioid overdoses reversed by the BC RCMP alone.
 - 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.
- Moving into the second year of the overdose response, the Ministry continues to fund or deliver initiatives which commenced in 2016 including:
 - s.15,s.16
 - \$836,000 for outreach activities including a police information forum as well as providing funding to the Centre for Addictions Research BC to support Community Outreach Dialogues.
 - \$780,000 in funding to RCMP and municipal police departments for replenishment of naloxone supplies.
 - s.15,s.16
 - Policing and Security Branch continues to provide ongoing policy analysis, briefing and support to the Overdose Response Task Force and as well as overseeing administration of grants and funding transfers.
 - Continuation of these initiatives requires ongoing funding totalling \$2.85 million.
- The Province continues to call for federal government leadership on the 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/Canada Border Services Agency

- 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.
- Given that the number of overdose deaths is on track to significantly exceed that of last year, a number of new priority initiatives are being considered. Highlights include:
 - s.13
 - Establishment of an Operational Task Force of dedicated police officers and partner agencies to target mid-level fentanyl traffickers and potentially increasing the funding to BC CFSEU to target high-level organized crime that traffic in fentanyl or other illegal opioids.
 - Explore the creation of statutory schemes including pill press legislation, and legislation for a scheme of administrative sanctions for equipment such as motor vehicles involved distribution of illegal substances.
 - s.13
 - Create specialized situation tables to provide direct outreach to assist persons who are in greatest need for intervention.
 - Expand the number of situation tables in communities most impacted by the opioid crisis.

OTHER MINISTRIES IMPACTED/CONSULTED:

- The Ministry of Health and the newly established Ministry of Mental Health and Addictions continue to work in close cooperation with the Ministry of Public Safety and Solicitor General on all opioid overdose related issues.

Prepared August 4, 2017 by:

Corrie Campbell
Director,
Overdose Response
250-387-6950

Approved August 4, 2017 by:

Tonia Enger (On behalf of ADM Pecknold)
Executive Director
Policing and Law Enforcement
and Deputy Director of Policing
(604) 660-6031

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
CORRECTIONS BRANCH
BRIEFING NOTE**

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

ISSUE: BC Corrections' response to high potency narcotics in correctional centres

SUMMARY:

- BC Corrections is taking action to mitigate the risks posed to both staff and inmates by high-potency narcotics in correctional centres by:
 - reviewing policy, practices and procedures
 - implementing new technology and emergency response tools
 - increasing opioid agonist treatment (OAT) for inmates using Suboxone and Methadone

Policy, practice and procedures:

- In November 2016, a joint union-management provincial risk assessment was conducted of policies and practices related to searches, frisks, opening mail, etc. to ensure that precautions are in place to prevent exposure to our staff, and resulted in revised policy and procedures intended to enhance protection.

New technology and emergency response tools:

- BC Corrections has invested \$0.64 million in a pilot of full body scanners intended to increase drug interdiction.
- To address inmate overdoses, health care staff in BC correctional centres use injectable Naloxone (trade name Narcan) to treat suspected opioid overdoses. It is used as an emergency therapy only, and not as a substitute for supportive treatment and subsequent hospital care.
- Naloxone nasal spray is issued to correctional supervisors for use on staff and inmates outside of health care hours and has been used four times since February 2017.
- Inmates may also participate in the Take Home Naloxone (THN) program, which provides Naloxone kits and training to inmates by health care staff. Potential inmates to participate in this program are identified at intake, through self-referral, or are referred by other health care professionals.

Increasing opioid agonist treatment:

- The use of in-custody OAT treatment for opioid addiction in correctional centres has increased. In December 2015, 8.6% of the inmate population received OAT which increased to 31.7% of the inmate population in March 2017. This increase is attributable to a policy change that increased accessibility to OAT.

BACKGROUND:

- BC Corrections maintains zero-tolerance regarding the use of drugs within correctional centres. Despite our available supports and strict protocols, people with addictions will sometimes take extraordinary measures to continue to obtain and use drugs.

- Given that the Adult Custody Division has a growing and fluid inmate population, there are stringent security measures in place to deal with contraband in all our correctional centres.
- Recent \$0.64 million capital investment in full-body scanner technology is being piloted at North Fraser Pretrial, Surrey Pretrial, Alouette River Correctional Centre for Women and the Okanagan Correctional Centre, and is intended to reduce the amount of contraband smuggled into correctional centres.
- It is difficult to quantify the impact of the fentanyl crisis in correctional centres. BC Corrections cannot track fentanyl overdoses, as this information is confirmed by medical professionals and is part of an inmate's confidential medical records. BC Coroner's Service is responsible for determining the cause of death and is best positioned to provide information related to fentanyl overdoses in custody resulting in death.
- A proxy for the impact of the fentanyl crisis in correctional centres may be the significant increase in the use of in-custody treatment for opioid addiction (opioid agonist treatment). The use of opioid agonist treatment has increased from 26 inmates on Suboxone and 196 inmates on Methadone in December 2015, to 607 inmates on Suboxone (2235% increase) and 262 inmates on Methadone (34% increase) in March 2017. Due to this significant increase, additional resources may be required to manage the assessment and supervision of inmates on OAT.
- Staff are reminded of the need to use universal precautions at all times when handling contraband or unknown substances/items, including:
 - Use extra caution with all substances that look like drugs
 - Wear gloves when conducting a search, including opening mail or packages
 - Have proper tools and equipment ready prior to conducting any searches
 - Handle evidence as little as possible
 - Make sure evidence is packaged properly
- THN kits are provided to inmates participating in the THN program at release. Each kit contains two doses of naloxone, two non-reusable needles and syringes and alcohol swabs.
- Kits and health care staff training are provided by the BC Centre for Disease Control.

OTHER MINISTRIES IMPACTED/CONSULTED:

- None

Prepared by:

Erin Gunnarson
Director, Policy and Programs
Corrections Branch

s.17

Approved by:

Bill Small
A/Assistant Deputy Minister
Corrections Branch

s.17

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
BC Coroners Service
BRIEFING NOTE**

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

ISSUE:

Overview of the BC Coroners Service response to the Overdose Crisis in BC

SUMMARY:

- There has been a dramatic increase in drug overdose deaths since 2015
- Accurate and timely information is critical for development of meaningful, evidence-based strategies
- The Coroners Service is providing comprehensive information to a number of key partners to support initiatives to prevent overdose deaths

BACKGROUND:

- BC Coroners Service data shows that 978 people died in BC in 2016 of an apparent accidental illicit drug overdose: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>
- Coroners Service findings show that 780 people have died in the first six months of 2017.
- Preliminary data suggests that the proportion of illicit drug overdose deaths for which illicit fentanyl was detected (alone or in combination with other drugs) was 67% in 2016 and 78% in January – May 2017.
- The majority of deaths occur indoors, with over half in private residences.
- The Coroners Service has a number of initiatives focused on preventing overdose deaths:

Critical Information Sharing and Reporting

- The Coroners Service has risk-managed determination of suspected overdose deaths to ensure monthly public reporting of aggregate numbers of deaths and analysis of relevant trends and patterns.

- Monthly detailed surveillance stakeholder report to the BCCDC to make available to government and health partners which provides further breakdowns by health authority and Health Service Area to inform local decision making.
- Monthly address/injury location data to the BCCDC for suspected drug overdose deaths to allow BCCDC to create point-based maps to visualize the geographic distribution of drug overdose deaths. This information is being used to determine neighbourhoods where drug overdose deaths are occurring to inform planning and delivery of prevention, harm reduction, and treatment services. It is used to co-locate overdose calls with 911 call locations and ambulance naloxone administrations to identify gaps in emergency medical services.
- Regular reporting of personal identifying information of confirmed and suspected overdose deaths under the authority of s. 63(2) of the *Coroners Act* to the Coastal health and Fraser Health Authorities. Under an agreement, the Health Authorities provide the BCCS with the individual's healthcare history to inform the coroner's investigation. The Health Authorities utilize the information provided by BCCS to support regional overdose prevention strategies. As noted earlier, agreements with Interior Health and the First Nations Health Authority are in progress. The remaining health authorities have indicated a desire to enter into a similar agreement which we welcome.
- Pursuant to an Information Sharing Agreement, monthly personal identifiers on confirmed illicit drug overdose deaths (completed coroner investigations) to the BCCDC for data linkage purposes. The BCCS case is then linked with other data holdings such as BC Emergency Health Services, MSP, Pharmanet, etc, to gain as complete a medical history as possible of the decedent. To date, information on 811 completed investigations has been forwarded to the BCCDC.
- The Coroners Service entered into an MOU with the First Nations Health Authority and queries indigenous identification for every death reported. This ensures that the FNHA has critical information to support First Nations community-driven prevention measures.
- NEW – The Coroners Service has recently received an Order from the Provincial Health Officer directing the personal identifiers of all those *suspected* of having died of a drug overdose within 30 days of aggregate public reporting.

Enhanced Investigations

- In December 2016, the Coroners Service created the Drug Death Investigation Team and developed an Enhanced Unintentional Drug Overdose Protocol in order to identify patterns and trends to support meaningful overdose prevention strategies and initiatives.
- The team currently consists of 14 part-time experienced Community Coroners and gathers valuable information such as:
 - Source of income
 - Occupation

- Housing security
 - Location of drug use/death
 - Mode of consumption
 - Medical and Substance use history
 - Treatment history
 - Mental health history
 - Prescription drug history
- No other jurisdiction in Canada is gathering the comprehensive information being collected by the BC Coroners Service and this information will be invaluable to our health partners.

Family Support

- Families of those who have died report difficulties finding meaningful and appropriate support in their grieving.
- The Coroners Service has created a new Affected Persons Liaison and Community Outreach role to support families and communities, provide education, liaise with other agencies and ministries and refer grieving individuals to appropriate supports

OTHER MINISTRIES IMPACTED/CONSULTED:

- The Coroners Service is represented on the Joint Task Force on Overdose Response and liaises regularly with the Drug Overdose Awareness Partnership under the auspices of the BCCDC, as well as the Ministry of Health and health authorities. Engagement has begun with the new Ministry of Mental Health and Addictions.

Prepared by:

Lisa Lapointe
Chief Coroner
BC Coroners Service
250-356-9210

Attachment(s)

Illicit Drug Overdose Deaths in BC, January 1, 2007 – June 30, 2017

This report summarizes all unintentional illicit drug overdose deaths in British Columbia (accidental and undetermined) that occurred between January 1, 2007 and June 30, 2017, inclusive. It includes confirmed and suspected illicit overdose deaths. *Please note that data is subject to change as investigations are concluded.*

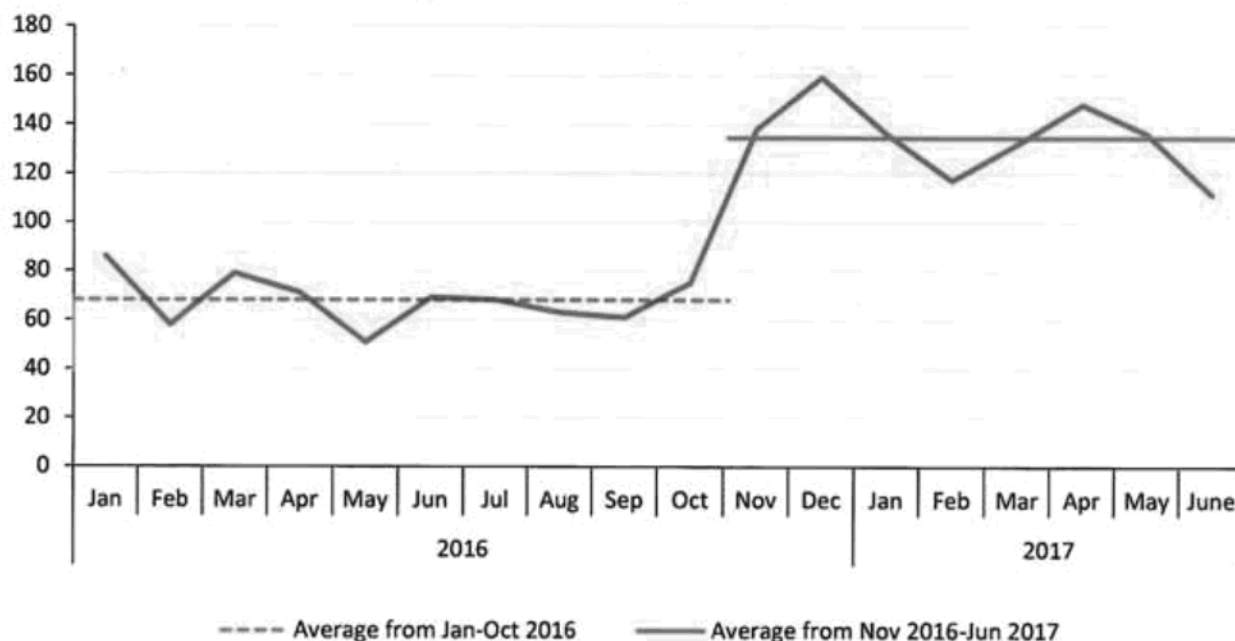
Inclusion Criteria: The illicit drug overdose category includes the following:

- Street drugs (Controlled and illegal drugs: heroin, cocaine, MDMA, methamphetamine, illicit fentanyl etc.)
- Medications not prescribed to the decedent but obtained/purchased on the street, from unknown means or where origin of drug not known
- Combinations of the above with prescribed medications

Summary

- There were 111 suspected drug overdose deaths in June 2017. This is a 61% increase over the number of death occurring in June 2016 (69).
- The number of illicit drug overdose deaths in June 2017 (111) equates to about 3.7 deaths per day for the month.

Illicit Drug Overdose Deaths by Month, 2016-2017^[2]

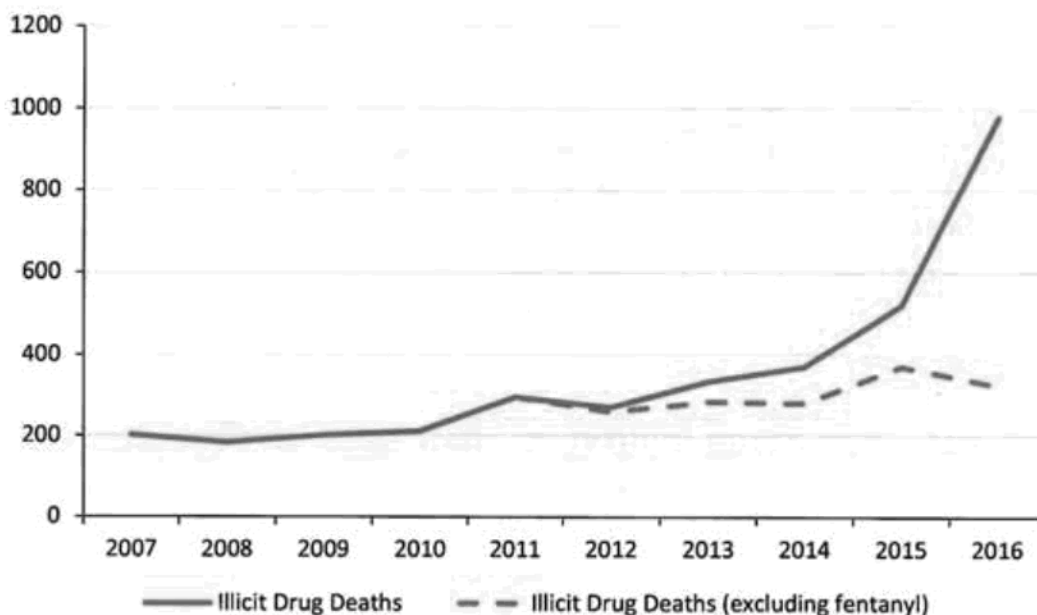


- In 2017, Individuals aged 30-59 have accounted for the largest percentage of illicit drug overdose deaths (73.2%). Males accounted for 81.8% of these suspected illicit drug overdose deaths.
- The top three townships where fatal illicit drug overdoses occurred were Vancouver, Surrey, and Victoria.
- Fraser and Vancouver Coastal Health Authority had the highest number of illicit drug overdose deaths (258 and 249 deaths, respectively), making up 65% of all illicit drug overdose deaths during this period.
- Vancouver Coastal Health Authority had the highest rate of illicit drug overdose deaths (42.2 deaths per 100,000 individuals) and the largest increase in rate from 2016 (79% increase) among all the health authorities. Overall, the rate of illicit drug overdose deaths in BC increased 58% to 32.5 deaths per 100,000 individuals from the 2016 rate.
- Okanagan, Fraser East, Fraser North, Richmond, Vancouver, North Shore/Coast Garibaldi, Central Vancouver Island, North Vancouver Island, and Northern Interior health services delivery areas saw greater than 50% increase in illicit drug overdose death rates compared to 2016.
- All health authorities except Vancouver Island saw a decline in the number of illicit drug overdose deaths in June 2017 compared to May 2017. The number of illicit drug overdose deaths in Vancouver Island Health Authority more than doubled from 11 in May 2017 to 23 in June 2017.
- 89.4% of illicit drug overdose deaths occurred inside (57.4% private residences, 31.9% other inside locations) and 9.9% occurred outside in vehicles, sidewalks, streets, parks, etc.
- There were no deaths at supervised consumption or drug overdose prevention sites.

Type of Drugs:

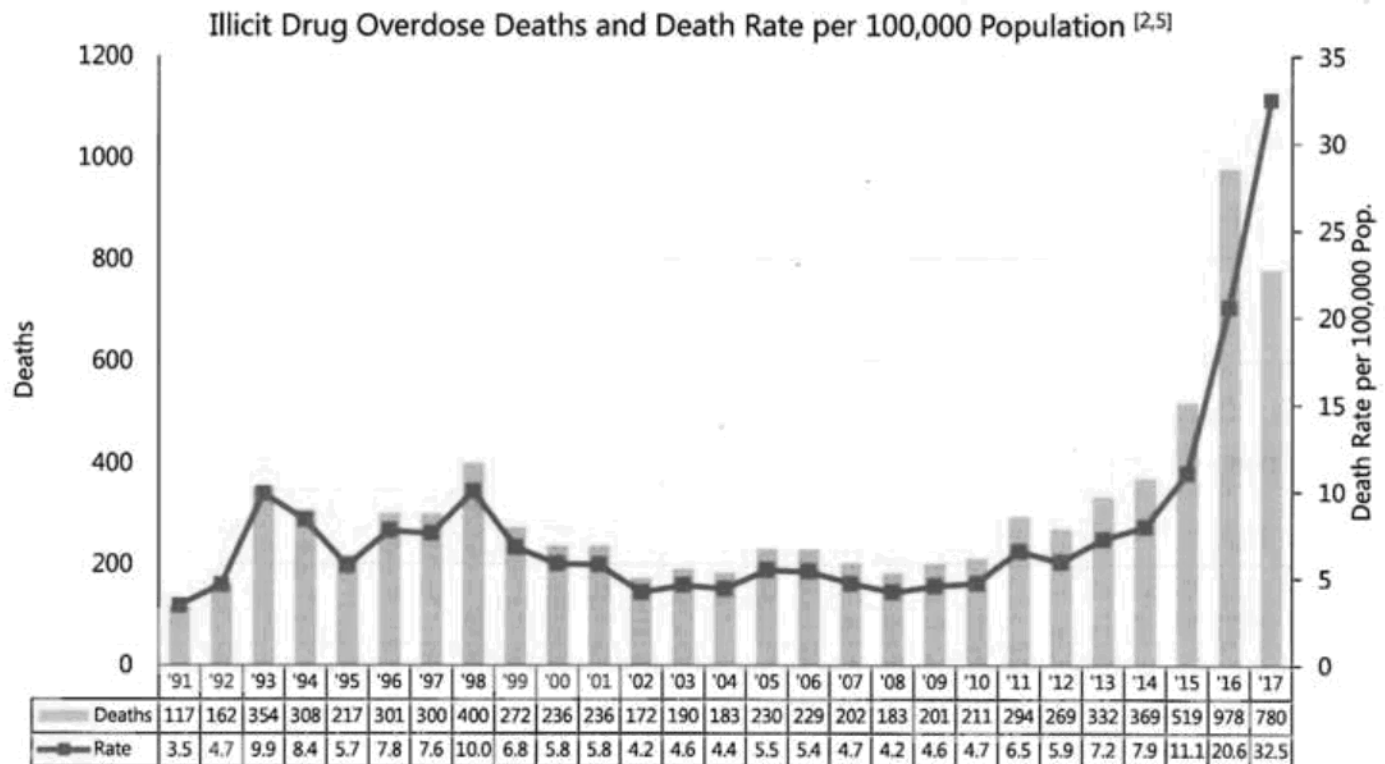
- Preliminary data suggests that the proportion of illicit drug overdose deaths for which illicit fentanyl was detected (alone or in combination with other drugs) was 67% in 2016 and 78% in Jan-May 2017. *Fentanyl data for June was not available for this report.*
- Illicit fentanyl-detected deaths appear to account for the increase in illicit drug overdose deaths since 2012 as the number of illicit drug overdose deaths excluding fentanyl -detected has remained relatively stable since 2011 (average of 300 deaths per year). *This data is subject to change as further analogue testing becomes available.*

Illicit Drug Overdose Deaths including and excluding Fentanyl, 2007-2016



- A review of completed cases from 2015 and 2016 indicates that the top four detected drugs relevant to illicit drug overdose deaths were cocaine (48.6%), fentanyl (45.9%), heroin (35.9%) and methamphetamine/amphetamine (30.0%).

BC Data and Rates

Illicit Drug Overdose Deaths by Month, British Columbia, 2007-2017^[2]

Month	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Jan	15	18	23	16	24	20	20	23	42	86	136
Feb	14	8	15	14	24	17	21	39	31	58	117
Mar	19	17	10	15	25	25	33	28	31	79	132
Apr	24	18	8	9	26	31	31	29	34	71	148
May	10	18	19	22	22	19	28	40	42	51	136
Jun	18	18	16	21	22	25	25	29	34	69	111
Subtotal	100	97	91	97	143	137	158	188	214	414	780
Jul	11	24	19	23	33	29	38	25	37	68	-
Aug	21	16	27	24	22	19	21	37	52	63	-
Sep	14	12	16	20	22	16	28	31	47	61	-
Oct	15	10	13	18	23	19	19	35	53	75	-
Nov	19	9	18	18	27	28	31	28	48	138	-
Dec	22	15	17	11	24	21	37	25	68	159	-
Total	202	183	201	211	294	269	332	369	519	978	780
Average	16.8	15.3	16.8	17.6	24.5	22.4	27.7	30.8	43.3	81.5	130.0

BC Data by Gender/Age:**Illicit Drug Overdose Deaths by Gender, 2007-2017^[2]**

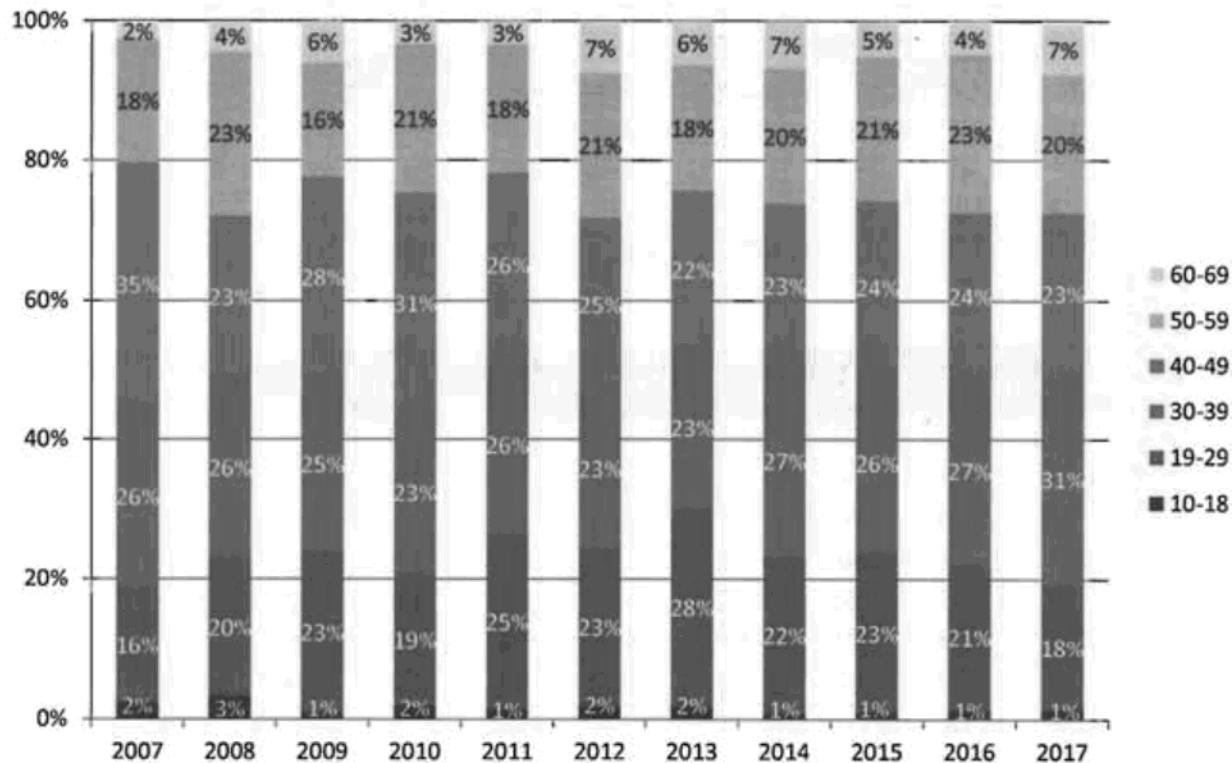
Gender	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Female	47	49	55	49	82	75	79	86	101	192	142
Male	155	134	146	162	212	194	253	283	418	786	638
Total	202	183	201	211	294	269	332	369	519	978	780

Illicit Drug Overdose Deaths by Age Group, 2007-2017^[2]

Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
10-18	5	6	2	4	4	5	6	3	5	12	11
19-29	33	36	46	40	74	61	94	83	118	206	139
30-39	53	48	51	49	75	61	77	101	135	261	238
40-49	70	42	57	66	77	66	74	85	127	230	177
50-59	36	43	33	45	54	56	60	72	107	222	156
60-69	4	8	12	7	10	19	21	25	26	44	55
70-79	1	0	0	0	0	1	0	0	1	3	4
Total	202	183	201	211	294	269	332	369	519	978	780

Note: The age range of decedents of illicit drug overdose between 2007-2017 ranged from 14 to 76 years of age.

Illicit Drug Overdose Deaths by Age Group, 2007-2017

Age-Specific Illicit Drug Overdose Death Rates per 100,000, 2007-2017^(5,7)

Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
10-18	1.0	1.3	0.4	0.9	0.9	1.1	1.3	0.7	1.1	2.7	5.0
19-29	5.2	5.5	6.9	5.9	10.9	8.9	13.7	11.9	16.8	29.2	39.6
30-39	9.1	8.2	8.6	8.3	12.6	10.1	12.6	16.2	21.4	40.7	73.1
40-49	10.1	6.1	8.3	9.7	11.4	9.9	11.3	13.2	20.0	36.4	55.8
50-59	5.8	6.8	5.1	6.8	8.0	8.2	8.6	10.3	15.2	31.6	44.6
60-69	1.0	1.8	2.6	1.5	2.0	3.7	3.9	4.5	4.5	7.4	18.0
70-79	0.4	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.3	0.9	2.1
Total	4.7	4.2	4.6	4.7	6.5	5.9	7.2	7.9	11.1	20.6	32.5

BC Data by Township of Injury:**Illicit Drug Overdose Deaths by Top Townships of Injury, 2007-2017* [2,4]**

Township	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Vancouver	59	38	60	42	69	65	80	101	136	231	209
Surrey	22	20	23	33	42	44	36	43	76	119	87
Victoria	19	29	13	13	17	17	25	20	21	67	50
Kelowna	6	2	5	9	14	8	12	12	19	48	46
Abbotsford	3	4	4	10	16	7	10	7	26	39	32
Burnaby	9	12	8	9	10	10	13	12	16	39	26
Nanaimo	2	2	6	4	8	6	20	16	19	28	24
Kamloops	11	7	7	10	2	5	8	7	7	42	22
Maple Ridge	5	2	6	4	4	5	10	14	29	27	20
Langley	3	6	2	3	10	5	10	10	10	30	18
Chilliwack	3	4	2	2	8	8	6	6	10	12	15
Richmond	0	1	3	4	4	1	3	3	6	14	15
Vernon	3	1	4	6	7	1	11	6	8	12	13
New Westminster	1	4	2	6	6	3	5	9	12	10	12
Other Township	56	51	56	56	77	84	83	103	124	260	191
Total	202	183	201	211	294	269	332	369	519	978	780

*sorted by 2017 totals

BC Data by Day of Week:**Illicit Drug Overdose Deaths by Day of Week of Injury, British Columbia, 2007-2017^[2,3]**

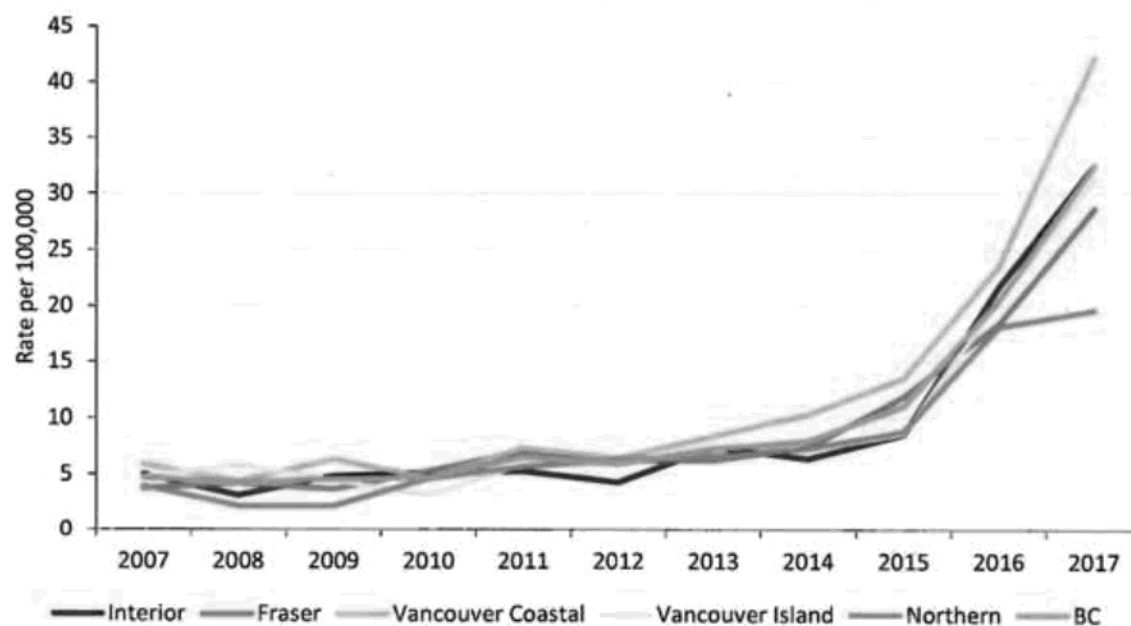
Day	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Monday	25	21	15	29	39	32	33	38	68	101	85
Tuesday	23	24	24	26	27	35	42	37	63	116	90
Wednesday	24	25	31	30	35	37	35	49	68	128	109
Thursday	24	25	27	33	51	34	41	59	72	148	118
Friday	38	31	28	33	42	32	57	61	79	140	147
Saturday	34	34	34	35	53	46	72	72	88	181	114
Sunday	34	23	42	25	47	53	52	53	81	164	117
Total	202	183	201	211	294	269	332	369	519	978	780

Health Authority Data:**Illicit Drug Overdose Deaths by Health Authority, 2007-2017^[2,4,6]**

HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Interior	35	22	35	37	38	31	54	47	63	162	122
Fraser	57	65	58	86	115	104	106	127	208	329	258
Vancouver Coastal	64	47	69	52	81	72	95	119	157	276	249
Vancouver Island	35	43	33	23	44	44	58	55	66	160	123
Northern	11	6	6	13	16	18	19	21	25	51	28
BC	202	183	201	211	294	269	332	369	519	978	780

Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2007-2017^[4-7]

HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Interior	5.0	3.1	4.9	5.2	5.3	4.3	7.5	6.4	8.5	21.8	32.5
Fraser	3.8	4.2	3.7	5.3	7.0	6.2	6.3	7.4	11.9	18.5	28.7
Vancouver Coastal	6.0	4.4	6.3	4.7	7.3	6.4	8.4	10.4	13.6	23.6	42.2
Vancouver Island	4.8	5.9	4.5	3.1	5.9	5.8	7.7	7.2	8.6	20.6	31.4
Northern	3.9	2.1	2.1	4.6	5.7	6.3	6.6	7.3	8.8	18.2	19.6
BC	4.7	4.2	4.6	4.7	6.5	5.9	7.2	7.9	11.1	20.6	32.5

Illicit Drug Overdose Death Rates by Health Authority, 2007-2017

Illicit Drug Overdose Deaths by Month of Death and Health Authority and Township, 2016-2017^[4,6,8]

Year	Month	Health Authorities					Township	
		Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern	Vancouver	Surrey
2016	Jan	17	28	22	15	4	19	10
	Feb	10	20	16	10	2	14	8
	Mar	12	30	14	15	8	13	8
	Apr	9	24	15	15	8	10	8
	May	11	21	7	8	4	5	9
	Jun	10	29	19	7	4	16	10
	Jul	9	23	17	16	3	13	11
	Aug	6	23	22	10	2	20	8
	Sep	13	19	15	12	2	13	8
	Oct	15	17	24	16	3	17	5
	Nov	20	47	52	18	1	44	16
	Dec	30	48	53	18	10	47	18
2017	Jan	19	42	54	20	1	49	12
	Feb	19	35	34	24	5	31	15
	Mar	22	43	37	24	6	28	14
	Apr	18	48	55	21	6	44	12
	May	26	55	37	11	7	31	21
	June	18	35	32	23	3	26	13
Total		284	587	525	283	79	440	206
Average		15.8	32.6	29.2	15.7	4.4	24.4	11.4

Illicit Drug Overdose Deaths by Health Services Delivery Area, 2007-2017^[2,4,6]

HSDA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
East Kootenay	2	2	1	0	1	2	4	4	2	13	3
Kootenay Boundary	4	0	2	3	4	4	2	3	6	9	6
Okanagan	13	9	15	18	28	16	33	27	42	77	83
Thompson Cariboo	16	11	17	16	5	9	15	13	13	63	30
Fraser East	9	14	9	22	31	20	20	16	41	67	63
Fraser North	19	22	23	26	25	30	35	52	74	101	79
Fraser South	29	29	26	38	59	54	51	59	93	161	116
Richmond	0	1	3	4	4	1	3	3	6	14	15
Vancouver	59	38	60	42	69	65	80	101	136	231	209
North Shore/Coast Garibaldi	5	8	6	6	8	6	12	15	15	31	25
South Vancouver Island	21	31	15	13	17	20	26	23	25	76	56
Central Vancouver Island	8	6	13	6	17	20	24	25	30	57	46
North Vancouver Island	6	6	5	4	10	4	8	7	11	27	21
Northwest	2	2	0	3	1	0	6	2	6	12	4
Northern Interior	7	3	5	7	8	12	8	11	15	22	17
Northeast	2	1	1	3	7	6	5	8	4	17	7
Total	202	183	201	211	294	269	332	369	519	978	780

Illicit Drug Overdose Death Rates by Health Services Delivery Area per 100,000, 2007-2017⁽⁴⁻⁷⁾

HSDA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
East Kootenay	2.7	2.6	1.3	0.0	1.3	2.6	5.2	5.1	2.6	16.6	7.7
Kootenay Boundary	5.2	0.0	2.6	3.9	5.1	5.1	2.6	3.8	7.6	11.4	15.4
Okanagan	3.9	2.6	4.3	5.2	8.1	4.6	9.4	7.6	11.7	21.2	44.7
Thompson Cariboo	7.5	5.1	7.8	7.4	2.3	4.1	6.8	5.9	5.8	28.1	26.8
Fraser East	3.3	5.1	3.2	7.8	10.9	7.0	7.0	5.5	13.8	22.3	41.4
Fraser North	3.3	3.8	3.8	4.2	4.0	4.8	5.5	8.1	11.3	15.2	23.4
Fraser South	4.3	4.2	3.7	5.3	8.0	7.2	6.7	7.6	11.7	19.7	28.3
Richmond	0.0	0.5	1.6	2.0	2.0	0.5	1.5	1.5	2.9	6.6	14.0
Vancouver	9.5	6.1	9.6	6.6	10.9	10.1	12.3	15.3	20.4	34.4	61.5
North Shore/Coast Garibaldi	1.9	3.0	2.2	2.2	2.9	2.2	4.3	5.3	5.3	11.0	17.4
South Vancouver Island	5.9	8.6	4.1	3.5	4.6	5.4	7.0	6.2	6.6	19.9	29.0
Central Vancouver Island	3.2	2.3	5.0	2.3	6.5	7.6	9.1	9.4	11.2	20.9	33.6
North Vancouver Island	5.2	5.1	4.2	3.4	8.3	3.3	6.6	5.8	9.1	22.1	33.9
Northwest	2.7	2.7	0.0	4.1	1.4	0.0	8.2	2.7	8.4	17.1	10.9
Northern Interior	5.0	2.1	3.6	5.0	5.6	8.4	5.6	7.7	10.7	15.9	24.3
Northeast	3.1	1.5	1.5	4.5	10.4	8.6	7.1	11.2	5.6	23.5	19.5
Total	4.7	4.2	4.6	4.7	6.5	5.9	7.2	7.9	11.1	20.6	32.5

BC Data by Place of Injury**Illicit Drug Overdose Deaths by Place of Injury, BC, 2016-2017^[2]**

	2016	2017
Inside:		
Private Residence	600 (61.3%)	448 (57.4%)
Other Residence	230 (23.5%)	211 (27.1%)
Other Inside	41 (4.2%)	38 (4.9%)
Outside	97 (9.9%)	77 (9.9%)
Unknown	10 (1.0%)	6 (0.8%)
Total	978	780

Preliminary circumstances suggest that the majority of fatal illicit drug overdoses in 2017 occurred in inside locations (89.4%) while 9.9% occurred outside.

Private Residence – includes driveways garages, trailer homes and either decedent's own or another's residence.

Other Residence - includes hotels, motels, rooming houses, shelters, etc.

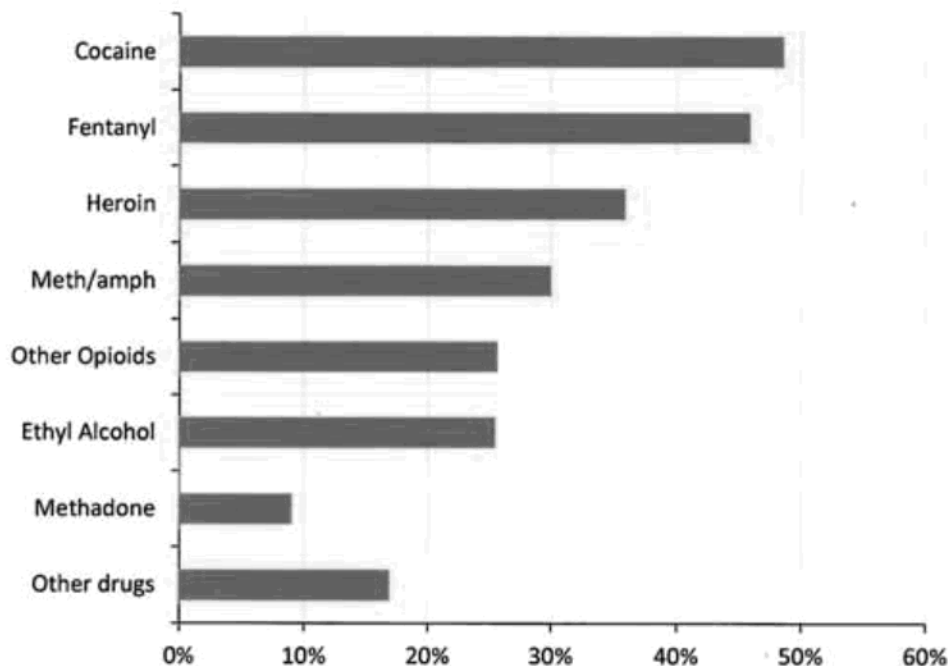
Other Inside – includes facilities, occupational sites, public buildings, and businesses.

Outside – includes vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds

BC Data by Relevant Drugs Detected:**Top Relevant Drugs Detected Among Illicit Drug Overdose Deaths, 2015-2016**

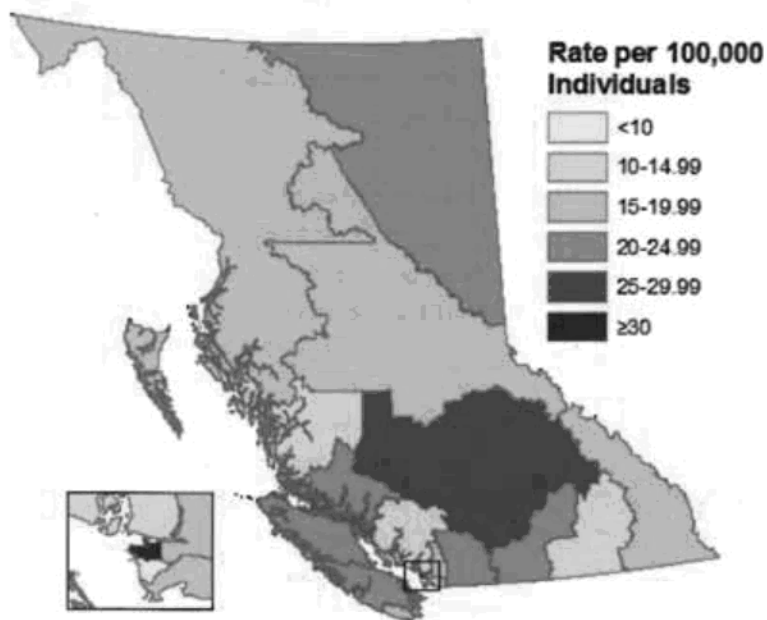
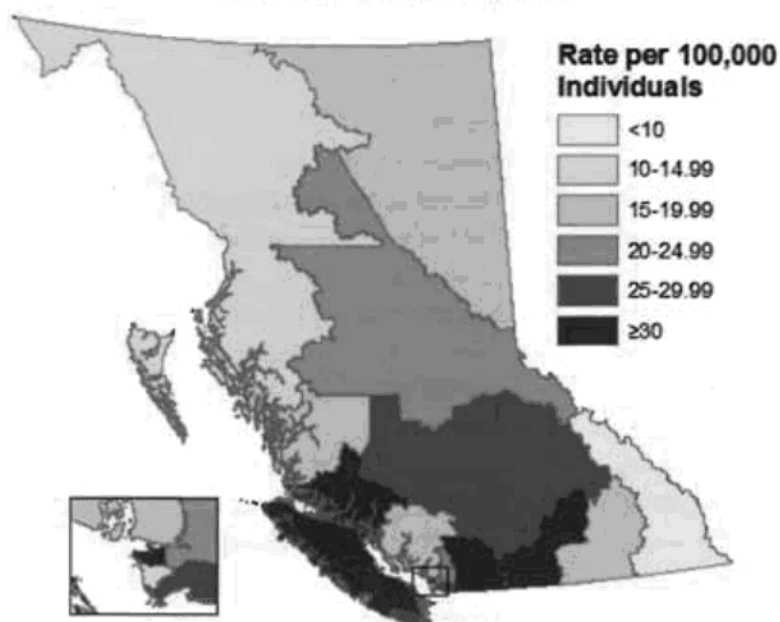
Drug Detected	BC (n=834)
Cocaine	48.6%
Fentanyl	45.9%
Heroin	35.9%
Meth/amph	30.0%
Other opioids	25.7%
Ethyl alcohol	25.5%
Methadone	9.0%
Other drugs	16.9%

Note: Relevant drugs are drugs noted by the coroner as being relevant to the death (this data is only available for concluded investigations). As deaths could involve multiple drugs, percentages can add up to more than 100%. Meth/amph includes methamphetamine and amphetamine. Other opioids include codeine, oxycodone, morphine, hydromorphone etc but excludes heroin, fentanyl, fentanyl analogues, and methadone. Other drug includes benzodiazepines & Z-drugs, antidepressants, antiepileptics, antipsychotics, MDMA/MDA, cannabinoids, over-the-counter drugs, and other drugs not listed.

**Top Relevant Drugs Detected Among Illicit Drug
Overdose Deaths, 2015-2016**

Notes:

1. The BCCS operates in a live database environment. Some data for more recent years is based on preliminary circumstances and is subject to change as investigations are concluded. Data are not directly comparable to published counts from previous years.
2. 2017 data includes January 1, 2017 to June 30, 2017.
3. Date of death was used in tables where date of injury was unknown.
4. Death township was used in 12 cases of unknown or out of province injury township.
5. Population estimates were taken from:
<http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationEstimates.aspx>
6. Health Region breakdowns can be found at:
<http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries>
7. 2017 population estimates were taken from: <http://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-projections>. 2017 rates were calculated by multiplying the population estimate by the fraction of months that have passed in the year for this reporting period.
8. Only townships with ≥ 5 cases per month have been included for the monthly report.

Illicit Drug Overdose Death Rate Maps by Health Services Delivery Area**2016 Illicit Drug Overdose Death Rates by
Health Services Delivery Area****2017 Illicit Drug Overdose Death Rates by
Health Services Delivery Area**

References for health regions can be found at: <http://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries>

List of Townships and Corresponding Health Regions

Township Name	Health Authority	Health Services Delivery Area
100 Mile House	Interior	Thompson Cariboo Shuswap
108 Mile Ranch	Interior	Thompson Cariboo Shuswap
150 Mile House	Interior	Thompson Cariboo Shuswap
Abbotsford	Fraser	Fraser East
Alert Bay	Vancouver Island	North Vancouver Island
Armstrong	Interior	Okanagan
Arras	Northern	Northeast
Beasley	Interior	Kootenay Boundary
Beaver Falls	Interior	Kootenay Boundary
Blue River	Interior	Thompson Cariboo Shuswap
Bowen Island	Vancouver Coastal	North Shore/Coast Garibaldi
Bowser	Vancouver Island	Central Vancouver Island
Burnaby	Fraser	Fraser North
Burns Lake	Northern	Northern Interior
Cache Creek	Interior	Thompson Cariboo Shuswap
Campbell River	Vancouver Island	North Vancouver Island
Canal Flats	Interior	East Kootenay
Castlegar	Interior	Kootenay Boundary
Cawston	Interior	Okanagan
Cedar	Vancouver Island	Central Vancouver Island
Central Saanich	Vancouver Island	South Vancouver Island
Charlie Lake	Northern	Northeast
Chase	Interior	Thompson Cariboo Shuswap
Chemainus	Vancouver Island	Central Vancouver Island
Chetwynd	Northern	Northeast
Chilliwack	Fraser	Fraser East
Christina Lake	Interior	Kootenay Boundary
Clearwater	Interior	Thompson Cariboo Shuswap
Cobble Hill	Vancouver Island	Central Vancouver Island
Coldstream	Interior	Okanagan
Colwood	Vancouver Island	South Vancouver Island
Comox	Vancouver Island	North Vancouver Island
Coombs	Vancouver Island	Central Vancouver Island
Coquitlam	Fraser	Fraser North
Cortes Island	Vancouver Island	North Vancouver Island
Courtenay	Vancouver Island	North Vancouver Island
Cowichan Bay	Vancouver Island	Central Vancouver Island
Cranbrook	Interior	East Kootenay
Crescent Valley	Interior	Kootenay Boundary
Creston	Interior	East Kootenay
Cultus Lake	Fraser	Fraser East
Cumberland	Vancouver Island	North Vancouver Island

List of Townships and Corresponding Health Regions

Township Name	Health Authority	Health Services Delivery Area
Dawson Creek	Northern	Northeast
Dease Lake	Northern	Northwest
Delta	Fraser	Fraser South
Duncan	Vancouver Island	Central Vancouver Island
Edgewood	Interior	Kootenay Boundary
Elkford	Interior	East Kootenay
Enderby	Interior	Okanagan
Errington	Vancouver Island	Central Vancouver Island
Esquimalt	Vancouver Island	South Vancouver Island
Fairmont Hot Springs	Interior	East Kootenay
Falkland	Interior	Thompson Cariboo Shuswap
Fort Nelson	Northern	Northeast
Fort St. James	Northern	Northern Interior
Fort St. John	Northern	Northeast
Gabriola Island	Vancouver Island	Central Vancouver Island
Galiano Island	Vancouver Island	South Vancouver Island
Gibsons	Vancouver Coastal	North Shore/Coast Garibaldi
Gillies Bay	Vancouver Coastal	North Shore/Coast Garibaldi
Gold River	Vancouver Island	North Vancouver Island
Golden	Interior	East Kootenay
Grand Forks	Interior	Kootenay Boundary
Harrison Hot Springs	Fraser	Fraser East
Hope	Fraser	Fraser East
Horsefly	Interior	Thompson Cariboo Shuswap
Houston	Northern	Northwest
Invermere	Interior	East Kootenay
Isle Pierre	Northern	Northern Interior
Kamloops	Interior	Thompson Cariboo Shuswap
Kaslo	Interior	Kootenay Boundary
Kelowna	Interior	Okanagan
Kent	Fraser	Fraser East
Kimberley	Interior	East Kootenay
Kispiox	Northern	Northwest
Kitamaat Village	Northern	Northwest
Kitimat	Northern	Northwest
Kitseguecla (Gitsegukla)	Northern	Northwest
Lac La Hache	Interior	Thompson Cariboo Shuswap
Ladysmith	Vancouver Island	Central Vancouver Island
Lake Country, District Of	Interior	Okanagan
Lake Cowichan	Vancouver Island	Central Vancouver Island
Langford	Vancouver Island	South Vancouver Island
Langley	Fraser	Fraser South

List of Townships and Corresponding Health Regions

Township Name	Health Authority	Health Services Delivery Area
Lantzville	Vancouver Island	Central Vancouver Island
Lee Creek	Interior	Thompson Cariboo Shuswap
Lillooet	Interior	Thompson Cariboo Shuswap
Lions Bay	Vancouver Coastal	North Shore/Coast Garibaldi
Logan Lake	Interior	Thompson Cariboo Shuswap
Lumby	Interior	Okanagan
Mabel Lake	Interior	Okanagan
Mackenzie	Northern	Northern Interior
Madeira Park	Vancouver Coastal	North Shore/Coast Garibaldi
Malakwa	Interior	Thompson Cariboo Shuswap
Maple Ridge	Fraser	Fraser North
Mayne Island	Vancouver Island	South Vancouver Island
Merritt	Interior	Thompson Cariboo Shuswap
Mill Bay	Vancouver Island	Central Vancouver Island
Mission	Fraser	Fraser East
Nakusp	Interior	Kootenay Boundary
Nanaimo	Vancouver Island	Central Vancouver Island
Nanoose Bay	Vancouver Island	Central Vancouver Island
Nelson	Interior	Kootenay Boundary
New Denver	Interior	Kootenay Boundary
New Hazelton	Northern	Northwest
New Westminster	Fraser	Fraser North
North Cowichan	Vancouver Island	Central Vancouver Island
North Vancouver	Vancouver Coastal	North Shore/Coast Garibaldi
Oak Bay	Vancouver Island	South Vancouver Island
Okanagan Falls	Interior	Okanagan
Olalla	Interior	Okanagan
Oliver	Interior	Okanagan
Osoyoos	Interior	Okanagan
Parksville	Vancouver Island	Central Vancouver Island
Peachland	Interior	Okanagan
Pemberton	Vancouver Coastal	North Shore/Coast Garibaldi
Pender Island	Vancouver Island	South Vancouver Island
Penticton	Interior	Okanagan
Pink Mountain	Northern	Northeast
Pitt Meadows	Fraser	Fraser North
Port Alberni	Vancouver Island	Central Vancouver Island
Port Alice	Vancouver Island	North Vancouver Island
Port Coquitlam	Fraser	Fraser North
Port Hardy	Vancouver Island	North Vancouver Island
Port McNeill	Vancouver Island	North Vancouver Island
Port Moody	Fraser	Fraser North

List of Townships and Corresponding Health Regions

Township Name	Health Authority	Health Services Delivery Area
Powell River	Vancouver Coastal	North Shore/Coast Garibaldi
Prince George	Northern	Northern Interior
Prince Rupert	Northern	Northwest
Princeton	Interior	Okanagan
Prophet River	Northern	Northeast
Quadra Island	Vancouver Island	North Vancouver Island
Qualicum Beach	Vancouver Island	Central Vancouver Island
Queen Charlotte City	Northern	Northwest
Quesnel	Northern	Northern Interior
Radium Hot Springs	Interior	East Kootenay
Revelstoke	Interior	Thompson Cariboo Shuswap
Richmond	Vancouver Coastal	Richmond
Roberts Creek	Vancouver Coastal	North Shore/Coast Garibaldi
Rock Creek	Interior	Kootenay Boundary
Saanich	Vancouver Island	South Vancouver Island
Salmo	Interior	Kootenay Boundary
Salmon Arm	Interior	Thompson Cariboo Shuswap
Salt Spring Island	Vancouver Island	South Vancouver Island
Sayward	Vancouver Island	North Vancouver Island
Sechelt	Vancouver Coastal	North Shore/Coast Garibaldi
Seton Portage	Interior	Thompson Cariboo Shuswap
Shawnigan Lake	Vancouver Island	Central Vancouver Island
Sicamous	Interior	Thompson Cariboo Shuswap
Smithers	Northern	Northwest
Sointula	Vancouver Island	North Vancouver Island
Sooke	Vancouver Island	South Vancouver Island
South Slokan	Interior	Kootenay Boundary
South Wellington	Vancouver Island	Central Vancouver Island
Sparwood	Interior	East Kootenay
Squamish	Vancouver Coastal	North Shore/Coast Garibaldi
Sullivan Bay	Vancouver Island	North Vancouver Island
Summerland	Interior	Okanagan
Surrey	Fraser	Fraser South
Terrace	Northern	Northwest
Trail	Interior	Kootenay Boundary
Tumbler Ridge	Northern	Northeast
Ucluelet	Vancouver Island	Central Vancouver Island
Vancouver	Vancouver Coastal	Vancouver
Vanderhoof	Northern	Northern Interior
Vernon	Interior	Okanagan
Victoria	Vancouver Island	South Vancouver Island
West Kelowna	Interior	Okanagan

List of Townships and Corresponding Health Regions

Township Name	Health Authority	Health Services Delivery Area
West Vancouver	Vancouver Coastal	North Shore/Coast Garibaldi
Whisky Creek	Vancouver Island	Central Vancouver Island
Whistler	Vancouver Coastal	North Shore/Coast Garibaldi
White Rock	Fraser	Fraser South
Williams Lake	Interior	Thompson Cariboo Shuswap
Winlaw	Interior	Kootenay Boundary
Wonowon	Northern	Northeast
Yale	Fraser	Fraser East
Ymir	Interior	Kootenay Boundary
Youbou	Vancouver Island	Central Vancouver Island
Zeballos	Vancouver Island	North Vancouver Island

**PROVINCIAL/TERRITORIAL (PT) MEETING
MINISTERS RESPONSIBLE FOR JUSTICE AND PUBLIC SAFETY**

**Vancouver, BC
September 13, 2017**

AGENDA TOPIC: Fentanyl/Opioids – Saskatchewan

ISSUE: Round table discussion on what different jurisdictions are doing to address the opioid crisis.

MINISTRY’S SUGGESTED RESPONSE:

Drug-related overdoses and deaths have become a very serious concern all across the country and as you know British Columbia has been at the forefront of the issue. The number of overdose deaths occurring in BC at 978 for 2016 is unacceptable and 2017 is expected to be even worse given that there are already 780 deaths as of June.

In BC, the public safety sector has been working hand in hand with the health sector under the auspices of the Joint Task Force on Overdose Response. Health officials are working to increase the number of supervised consumption sites and overdose prevention sites and to expand treatment options and availability for those with opioid addiction.

All levels of law enforcement are working to interdict the supply of toxic drugs, specifically fentanyl. Our police agencies advise us that they are finding fentanyl at every drug seizure as a matter of course. As a province we are working to support police efforts by funding:

- Naloxone kits and training for police;
- Drug equipment and training for the federal Clandestine Laboratory and Enforcement Response Team (CLEAR) as well as key municipal departments;
- Enhanced dedicated enforcement activities to target high level drug traffickers; and,
- Community outreach initiatives.

Additional funding is being provided to the Coroners Service to meet the significant increase in workload, and requirements for laboratory testing.

BACKGROUND:

The Province of Saskatchewan has requested that Ministers discuss the current opioid issue. The objective is for provinces to share what they are doing to deal with the opioid emergency and to learn from the experience of other jurisdictions.

The Overdose Issue was brought forward by Canada and BC at the Federal Provincial Territorial Deputy Ministers Responsible for Justice and Public Safety meeting in February 2, 2017. It was also an agenda item at the Council of the Federation meeting in July 2017.

Recent actions taken by Provinces and Territories to address this crisis include:

- May 31, Alberta announced the establishment of a dedicated emergency commission to help ramp up Alberta's ability to respond to the opioid crisis.
- May 26, Saskatchewan announced a new multi-agency task force to address fentanyl and opioid deaths in the province.
- On May 3, the Manitoba government established a consulting team to assist the province in developing a provincial mental health and addictions strategy.
- May 24, Ontario launched an Interactive Opioid Tracker, which is a web-based tool that makes available a wide range of data on opioid-related morbidity and mortality.
- On April 11, Ontario expanded access to naloxone, a life-saving drug that can temporarily reverse an opioid overdose, by providing it free of charge to anyone in need in over 200 cities and towns across the province.
- On March 10, Nova Scotia announced over \$1 million in funding for community-based harm reduction organizations and expanded access to naloxone.
- May 29, Newfoundland and Labrador announced the St. John's Community Action Group on Fentanyl, which seeks to increase public awareness about drug use and overdose risk, and increase access to Naloxone take home kits.

British Columbia Experience

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 780 deaths occurred in the first 6 months of 2017 or 5.7 times the number of deaths occurring in 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.

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:

1. 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.
 - 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;
 - removal of minimum weight requirement for Canada Border Services Agency to open packages.
- s.16
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.
 - s.16
 - Additional funding provided for dedicated enforcement activities, including BC Combined Forces Special Enforcement Unit (BC CFSEU) 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 7400 sworn and civilian RCMP and municipal police members. As of August 1, 2017 over 210 opioid overdoses reversed by the BC RCMP alone.
 - 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.

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 for RCMP and municipal police departments
- enhanced funding for BC CFSEU Provincial Tactical Enforcement Priority projects
- outreach activities including a police information forum as well as providing community outreach funding to the Centre for Addictions Research BC to support Community Outreach Dialogues.
- training of RCMP Clandestine Laboratory Enforcement and Response team members and funding for municipal police departments to purchase drug detection equipment such as ion scanners.
- Policing and Security Branch continues to provide ongoing policy analysis, briefing and support to the Overdose Response Task Force and as well as overseeing administration of grants and funding transfers.

s.15,s.16,s.17

POSITIONS OF OTHER JURISDICTIONS:

This Agenda item is intended to facilitate sharing information across jurisdictions about activities underway.

As result of discussions at the Council of the Federation meeting held in July, 2017, Premiers stressed the importance of intergovernmental cooperation to mitigate this urgent and evolving issue on an emergent basis. Priorities include:

- using a harm reduction approach to mitigate this crisis ;
- deploying a range of evidence-based tools to prevent further tragic deaths;
- sharing best practices.

Premiers also called on the federal government to undertake further concrete actions to improve public safety in Canada:

- Provide greater support for enhanced RCMP/Canada Border Services Agency partnership funding;
- Reinstate federal RCMP resources to intercept opioids such as fentanyl and reduce importation and trafficking of opioids.
- Increase funding for equipment and training for the RCMP Clandestine Laboratory Enforcement and Response Team and support greater networking of provincial toxicological and poison control services.
- Federal officials should work directly with U.S. public health officials to identify best practices, risks and areas of cooperation in combatting this crisis.

IMPLICATIONS FOR BC:

British Columbia welcomes the opportunity to learn of initiatives underway in other jurisdictions and welcomes the opportunity to participate in emerging initiatives for interprovincial cooperation.

Prepared by: Corrie Campbell
Telephone: s.17
Date: August 23, 2017

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

PROGRAM:

Public Safety Opioid Overdose Response.

ISSUE:

s.13,s.17

Historical and Forecast Program expenditures (\$ millions)

(\$ millions)	2013/14	2014/15	2015/16	2016/17	2017/18 Forecast	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast
Budget	s.17				\$3,300			
s.17					s.17			

CONTEXT:

s.17

Addressing the fentanyl crisis continues to be a priority and is referenced in the Minister of Public Safety and Solicitor General's mandate letter. Specifically;

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.

Funding for the Policing and Security Branch and the Coroners Service directed towards addressing the Opioid Overdose Response will continue to support policing, public safety and coroners service programs and provide the resources required to respond to the fentanyl crisis while promoting the safety and security of both police and civilians.

DRIVERS:

In 2016, 978 people died of an apparent unintentional illicit 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.

The highly toxic nature of the opioid and extent of circulation have given rise to additional challenges, which have resulted in the need for new or enhanced strategies, equipment and outreach, including targeted and enhanced enforcement for drug trafficking increased training and new safety procedures.

Additionally, as B.C. experienced a higher volume of illicit drug overdose deaths than forecasted, the Coroners Service was compelled to devote additional financial and human resources towards front-line service delivery ahead of scaling up the Drug-Death Investigations Team to address the backlog of overdose death files.

MITIGATION STRATEGIES:

The Ministry continues to collaborate with the Ministry of Health and the new Ministry of Mental Health and Addictions to ensure coordinated efforts that support government objectives, without overlapping or duplicating work. Additionally, enforcement priorities carried out through the RCMP benefit from the cost share of the Provincial Police Service Agreement.

PERFORMANCE MEASURES:

s.17

The full effectiveness of funding information is currently only available for 2016/17, 2017/18 funding is or has recently been deployed and follows:

Naloxone

s.17

As of September 18, 2017 this funding has facilitated the purchase of over 8,450 naloxone kits and nearly 7480 members have been trained in its use. Since its distribution, 264 of these kits have been used resulting in 240 reversals, including for policing members exposed to fentanyl while on duty.

The Justice Institute of BC, Fentanyl Safety microsite was developed to inform first responders about fentanyl and provide information about safe handling practices. This website received two awards in 2016 as part of the Horizon Interactive competition, "Health and Human Safety" and "Government Agency".

Future success of this initiative will be monitored using data similar to that collected from the RCMP and independent police departments.

Coroners

The Coroners Service received \$.450 million to assist in addressing the backlog of illicit drug overdose death files from 2015 and 2016 and resulted in the development of the Drug-Death Investigation Team (DDIT).

In August 2017, 10 community coroners joined the DDIT, doubling the initial staffing complement.

Results to date:

- Enhanced monthly surveillance reporting to stakeholders (e.g., BC Centre for Disease Control, Ministry of Mental Health and Addictions, BC Centre for Substance Use, media, etc.)
- 208 cases concluded by way of Coroner's Report (April-August 2017).

Upcoming activity:

- A Research Officer has been hired and will join the BCCS in October 2017, for a one-year period. This position will support the DDIT by producing related subject matter statistical information for consumption at Coroners Inquests or Death Review Panels, as part of routine drug death statistical data, and for ad-hoc/media requests.
- A Death Review Panel focused on illicit drug overdose deaths is scheduled for October 2017.

- The Coroners Service is actively recruiting two full-time coroners to join the DDIT to accelerate case-completion rates. These positions are expected to be filled by November 2017.

Community Outreach and Awareness

The following four initiatives were funded as part of Community Awareness Strategies:

- \$.040 million for the Vancouver Police Department Overdose Prevention campaign
- \$.020 million to the Justice Institute of BC (JIBC) for four opioid workshops targeted for policing and law enforcement
- \$.290 million for a community grant program facilitated by the Centre for Addictions Research BC (CARBC)
- \$.150 million to the Combined Forces Special Enforcement Unit (CFSEU-BC) to develop overdose response messaging.

Of the four initiatives, two involved creation of concepts for distribution through web sites, posters or social media. These include the Vancouver Police Department funded for the “Know your Source” campaign, and the CFSEU-BC to develop overdose response messaging. As of mid-September, both of these initiatives are working to finalize materials with a view to initiating media-buy to release them in the public realm mid-winter.

The funding provided to CARBC was used to develop and administer a Community Dialogue grant program designed to increase the effectiveness of community responses to the complex social problem of the current opioid crisis. Proposals were evaluated to ensure all community groups included representation from the health sector, police, community groups and academics where appropriate. Through a process of screening and consolidation, 27 coalitions moved forward to receive funding, including First Nations territories across the five Health Authority regions. Disbursement of grant funds was completed in August 2017 and coalitions will be moving forward with their projects throughout the fall.

The JIBC funding provided for hosting of four police workshops to raise awareness on the risks, harms and emergency procedures related to fentanyl. These two day workshops were held in New Westminster, Nanaimo, Prince George and Kelowna in May of 2017. The workshops were free to those attending and were highly cost effective and supported with in kind contributions from various presenters, which included the police and public safety sector, first responders, the Canada Border Services Agency and the health sector. Over 800 people attended both days of these workshops, and the New Westminster workshop was live streamed with over 110 viewers across Canada. A follow-up survey completed by 186 attendees identified that 97% of the respondents rated the training as ‘good’ to ‘excellent’, and 89% identified the need for additional training on fentanyl for first responders.

Drug Equipment and Training

Funding was provided to the RCMP and to seven municipal police departments to purchase equipment used to detect fentanyl and other drugs:

- \$.320 million was provided to the RCMP for eight Ion Scanners
- \$.280 million was provided to seven independent police departments to facilitate the purchase of Ion Scanners.

All police departments who were provided funding purchased or plan to purchase the IONSCAN 600, which is a highly sensitive, lightweight and portable desktop system, which detects and identifies trace amounts of narcotics including morphine, buprenorphine/suboxone, cocaine and heroin and fentanyl analogues. It can also detect common military and home-made explosives including TNT, RDX and TATP.

Police departments are at various stages of deploying the Ion Scanners. Feedback provided regarding the scanners identifies that they are used regularly to test suspect substances and are helpful in getting early charge approval by Crown counsel in advance of the Health Canada certificate which is required for trial.

Additionally, scanners keep officers and the public safe by providing instant identification of the presence of deadly particles, allowing police to plan how to approach the investigation and how to package the material safely.

Dedicated Enforcement Activity

s.15,s.16

Table 2: Fiscal 2017/18 Funding Allocations

					17/18 Allocations		
1	Naloxone Training	STOB 80	For RCMP		\$.645	
		STOB 77	Independent PDs		\$.135	
						\$	780
2	Coroners Service	STOB 50			\$.293	
		STOB 60				.157	
						\$.450
3	Community Outreach	STOB 80	JIBC - Police Forum		\$.146	
		STOB 77	CARBC - Community Grants		\$.650	
		STOB 67	GCPE Media buy		\$.040	
						\$.836
4	Equipment	STOB 80	RCMP - Clandestine Lab Certifications		\$.074	
		STOB 77	Independent PD scanners (4)		\$.160	
						\$.234
5	Enforcement	STOB 80	RCMP - CLEAR - PTEP		\$	1.000	
						\$	1.000
		Funding Total				\$	3.300

PSSG FUNDING GOING FORWARD

In September 2017, the Ministry was approved for additional funding for fiscal 2017/18 and beyond, to support new and amplified initiatives to combat the escalating opioid crisis in the Province (see appendix). To ensure a comprehensive and coordinated funding strategy, the Ministry proposes to allocate the \$3.3 million as follows:

- \$1.85 million to increase Clandestine Laboratory Enforcement and Response (CLEAR) team capacity, including equipment and training
- \$1.00 million to support dedicated enforcement activity
- \$0.45 million to support the closure of overdose death files (Coroners Service)

The \$1.25 million in funding originally allocated to naloxone and community outreach has been redistributed to grow RCMP CLEAR team capacity. Despite the current targeted initiatives, the continued growth of the illegal opioid market has demonstrated further need for dedicated resources. Boosting funding to build capacity in the CLEAR team by providing resources, as well as necessary equipment and training, will aid the province's response to opioid issues.

Redistribution of funding for this initiative (\$1.85 million), in addition to the new September increase (\$0.5 million), will provide total funding for this initiative of \$2.35 million.

Funding for police naloxone and training remains a priority, as replacement of used or expired kits will occur cyclically. This allocation is now identified in the new September funding for fiscal 2018/19 and beyond. In addition, future community outreach initiatives will be supported through the Ministry of Mental Health and Addictions (MHA). We are committed to collaborating with MHA as needed on outreach strategies.

Continued funding to sustain dedicated enforcement activity and the closure of overdose death files remains critical and will allow current efforts in these areas to be maintained. New funding allocated in these areas will further assist these initiatives to support growing demands.

This funding will continue to support police efforts to address illicit drug trafficking in BC, and will continue to engage RCMP resources to maximize coordination efforts as well as benefit from the cost-sharing agreement. It is requested that the approval be confirmed to spend up to \$1.10 million in STOB 77 to assist municipalities with continued naloxone support and other police-required grant funding, should the need arise.

IMPACT IF NOT FUNDED:

Police will not receive enhanced funding to support purchase of drug equipment, additional training or expanded CLEAR team capacity.

CFSEU-BC will not be able to undertake additional enforcement activities against high level drug traffickers.

The Ministry will not have discretion to allocate additional funding towards replenishment of naloxone supplies should the need arise.

FUNDING REQUIREMENT:

The Ministry requests that the current \$3.3 million in notional contingencies 2018/19 onward, with the ability to allocate up to \$1.1 million in STOB 77, be built into the base budget until the Opioid Crisis is resolved.

(\$ millions)	2017/18	2018/19	2019/20	2020/21
Operating		\$3.30	\$3.30	\$3.30

Prepared by:
Corrie Campbell
Policing and Security Branch
250-387-6950

Approved October 3, 2017 by:
Tonia Enger
A/ADM Policing and Security Branch
Policing and Security Branch
604 660-6031

Attachment
Appendix A

APPENDIX A

Table 3: PSSG Total Year-over-Year Funding for Opioid - Previous & New

Initial \$3.3M as well as funding announced in September 2017 (in 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
<i>PSB Subtotal</i>		<i>4.08</i>	<i>10.13</i>	<i>10.03</i>	<i>24.24</i>
Coroners: Basic front-line service for current volumes		1.20	1.67	1.67	4.54
Coroners: Expansion of Drug Investigations Team		0.26	0.59	0.59	1.44
Coroners: Resolve backlog & capacity constraints		0.04	0.52	0.52	1.08
<i>Coroners Subtotal</i>		<i>1.50</i>	<i>2.78</i>	<i>2.78</i>	<i>7.06</i>
New Funding (Sept) Subtotal		5.58	12.91	12.81	31.30
PREVIOUS OPIOID FUNDING (PSSG)					
Naloxone Kits & Training	1.10	0.78	-	-	1.88
Community Outreach & Awareness Strategies	0.50	0.84	-	-	1.34
CLEAR Team, Drug Equipment & Training	0.60	0.23	1.85	1.85	4.53
Dedicated Enforcement Activity	0.65	1.00	1.00	1.00	3.65
<i>PSB Subtotal</i>	<i>2.85</i>	<i>2.85</i>	<i>2.85</i>	<i>2.85</i>	<i>11.40</i>
Coroners Closure of Overdose Death Files	0.45	0.45	0.45	0.45	1.80
<i>Coroners Subtotal</i>	<i>0.45</i>	<i>0.45</i>	<i>0.45</i>	<i>0.45</i>	<i>1.80</i>
Previous Funding Subtotal	3.30	3.30	3.30	3.30	13.20
TOTAL PSSG OPIOID FUNDING	\$ 3.30	\$ 8.88	\$ 16.21	\$ 16.11	\$ 44.50

Table 3b: PSSG Total Funding for Opioid Response - Combined

<i>in millions</i>	16/17	17/18	18/19	19/20	TOTAL
PSSG Total Combined Funding for Opioid Response					
Naloxone Kits & Training	1.10	0.78	1.00	1.00	3.88
Community Outreach & Awareness Strategies	0.50	0.84	-	-	1.34
Situation Tables	-	0.20	0.50	0.50	1.20
Creation and Implementation of Legislation	-	0.38	0.38	0.28	1.04
CLEAR Team, Drug Equipment & Training	0.60	0.23	2.35	2.35	5.53
Operational Task Force	-	2.50	5.75	5.75	14.00
Dedicated Enforcement Activity	0.65	2.00	3.00	3.00	8.65
<i>PSB Subtotal</i>	<i>2.85</i>	<i>6.93</i>	<i>12.98</i>	<i>12.88</i>	<i>35.64</i>
Coroners: Basic front-line service for current volumes		1.20	1.67	1.67	4.54
Coroners: Expansion of Drug Investigations Team		0.26	0.59	0.59	1.44
Coroners: Resolve backlog & capacity constraints		0.04	0.52	0.52	1.08
Coroners Closure of Overdose Death Files	0.45	0.45	0.45	0.45	1.80
<i>Coroners Subtotal</i>	<i>0.45</i>	<i>1.95</i>	<i>3.23</i>	<i>3.23</i>	<i>8.86</i>
TOTAL PSSG Funding for Opioid Response	\$ 3.30	\$ 8.88	\$ 16.21	\$ 16.11	\$ 41.20

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

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

ISSUE: Meeting with Vancouver Police Department Senior Executive on November 14, 2017 at 10:30am.

SUMMARY:

- Chief Constable Adam Palmer of the Vancouver Police Department (VPD) requested an introductory meeting with the Minister.
- Discussion items may include community safety, opioid response, upcoming cannabis legalization and Vancouver's current situation with cannabis dispensaries.
- Meeting attendees include:
 - Chief Constable Adam Palmer
 - Deputy Chief Constable Steve Rai, Support Services
 - Deputy Chief Constable Laurence Rankin, Investigation Services

BACKGROUND:

Vancouver Police Department

- VPD has been in operation since 1886 as a one-man operation, to its current strength of more than 1,700 civilian and sworn members. VPD has long maintained a tradition of dedication to service "Beyond the Call".
- VPD recently released their 2017-2021 Strategic Plan with the following goals:
 - Support our people;
 - Engage our community;
 - Enhance public safety; and
 - Fight crime.
- Chief Constable Palmer began his career with VPD in 1987 and has held the Chief Constable position since May 2015.
- Deputy Chief Constable Rai commands the Support Services Division and has been a member of VPD since 1990. He has held the position of Deputy Chief since 2015.
- Deputy Chief Constable Rankin commands the Investigation Division and has been a member of VPD since 1987. He has held the position of Deputy Chief since 2016.

Opioid Response

- The municipality of Vancouver continues to experience the highest number and rate per 100,000 populations of overdose related deaths. Vancouver experienced 233 overdose related deaths in 2016. Latest figures record 255 deaths up until August 31, 2017.
- VPD is represented on the Joint Task Force on Overdose Response by Deputy Chief Constable Rankin and S/Sgt. Spearn (Acting Officer-in-Charge of the VPD Organized Crime Unit) is a member of the surveillance task group (a sub-committee).
- In 2016/17 the Province provided a grant to the VPD in the amount of \$129,125 for naloxone kits and training plus \$40,000 for enhancements to the "Know your Source" outreach campaign.
- In 2017/18 the Province provided the VPD an additional \$54,375.00 grant – to be used to purchase additional naloxone kits.

- The VPD developed a comprehensive training program for members to administer intranasal naloxone. The training continues in 2017 and the VPD has shared training materials with numerous police departments across Canada to expedite their training.
- As of September 21, 2017 the VPD had 17 incidents in 2017 where members utilized naloxone. 12 of those incidents were administered to members of the public.
- The VPD has shown leadership and further contributed to the discussion and understanding of the emergency through publication of a report "The Opioid Crisis - The Need for Treatment on Demand".
- The VPD has had an overdose response policy since 2006 to encourage people to call 911 if they are experiencing or witnessing an overdose. The policy restricts police attendance to drug overdose calls only in the event there is a specific need for public safety. The VPD traditionally attend very few non-fatal overdoses unless attempt suicide or death or for the safety of the Fire Departments or EHS crews.
- Since 2014 the VPD has made fentanyl enforcement a priority. Some examples of successful VPD investigations targeting fentanyl traffickers include:
 - Project Tainted – seized 25,000 fentanyl pills and the main target was recently sentenced to a 14 year sentence.
 - Project Trooper – seized 25,000 fentanyl pills and 6 charged with drug and firearms offences.
 - Project Trambo – (Dec 2016) Recommending charges against 6 accused for drug offences that include possession for the purpose of trafficking fentanyl
 - Project Balance – (Oct 2016) Recommending charges against 37 accused for drug trafficking that includes one count of trafficking Carfentanyl.
 - Project Breakout – an investigation involving 6 search warrants and charges recommended against 6 accused for fentanyl trafficking.
- s.15,s.16,s.17

Cannabis Legalization

- The City of Vancouver (the City) has taken steps to stem the growth of dispensaries through regulation of business licences. Cannabis-related businesses and compassion clubs are only allowed to operate if a number of conditions are met (e.g., based on proximity to schools and other cannabis dispensaries). The first step is to receive approval for a development permit, and the second is to obtain the appropriate business licence.
- As of October 31, 2017, the City's webpage, Regulations for Medical Marijuana-related Businesses, reports that development permits or business licences have been issued to 53 dispensaries, and 60 are currently operating in Vancouver without a permit. In August 2017, CBC News reported that the City has filed injunctions in B.C. Supreme Court against 53 of them, but currently only one has a scheduled court date and the case won't be heard for over a year. The same article also reported that City bylaw enforcement officers have written more than 2,000 tickets, with fines totalling over \$1.2 million, but have only collected \$160,000 (14%) so far.
- The Province has established a Cannabis Legalization and Regulation Secretariat (the Secretariat) to lead the development of BC's provincial regulatory framework, in coordination with other ministries. The Secretariat is considering the question of how to address existing dispensaries as part of its policy work. How dispensaries are ultimately dealt with will depend on the retail model chosen, and whether existing dispensaries will have an opportunity to apply for a licence to become legal retailers.

OTHER MINISTRIES IMPACTED/CONSULTED:

- Cannabis Legalization and Regulation Secretariat

Prepared by:

Jessica Hodge
Senior Policy Analyst
Policing and Security Branch
250-356-9228

Approved by:

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

Approved November 10, 2017 by:

Clayton Pecknold
A/Deputy Solicitor General (*via eApproval*)
250 387-1100

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

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

ISSUE: In preparation for a meeting with Vancouver Police Department (VPD) regarding the Opioid Overdose response update.

Comment [TE1]: Do we know when the meeting is? Add in the date

SUMMARY:

- 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.
- Despite these efforts an unprecedented number of people continue to die; projections suggest BC may see 1,500 overdose deaths in 2017.
- In July, 2017 the Ministry of Mental Health and Addictions was established with responsibility to lead the provincial response to the opioid emergency. The Province is developing a cross-sector action plan and dedicating more the \$322M over three years, to accelerate the response.
- The municipality of Vancouver continues to experience the highest number and rate per 100,000 population of overdose related deaths. Vancouver experienced 233 overdose related deaths in 2016. Latest figures record 255 deaths up until August 31, 2017.

BACKGROUND:

- VPD is represented on the Joint Task Force on Overdose Response by Deputy Chief Constable Rankin (Investigations Division) and S/Sgt. Spearn (Acting Officer-in-Charge of the VPD Organized Crime Unit) is a member of the surveillance task group (a sub-committee).
- In 2016/17 the Province provided a grant to the VPD in the amount of \$129,125 for naloxone kits and training plus \$40,000 for enhancements to the "Know your Source" outreach campaign.
- In 2017/18 the Province provided the VPD an additional \$54,375.00 grant – to be used to purchase additional naloxone kits.
- The VPD developed a comprehensive training program for members to administer intranasal naloxone. The training continues in 2017 and the VPD has shared training materials with numerous police departments across Canada to expedite their training.
- As of September 21, 2017 the VPD had 17 incidents in 2017 where members utilized naloxone. 12 of those incidents were administered to members of the public.

- The VPD has shown leadership and further contributed to the discussion and understanding of the emergency through publication of a report "The Opioid Crisis - The Need for Treatment on Demand" (attached).
- The VPD has had an overdose response policy since 2006 to encourage people to call 911 if they are experiencing or witnessing an overdose. The policy restricts police attendance to drug overdose calls only in the event there is a specific need for public safety. The VPD traditionally attend very few non-fatal overdoses unless attempt suicide or death or for the safety of the Fire Departments or EHS crews.
- Since 2014 the VPD has made fentanyl enforcement a priority. Some examples of successful VPD investigations targeting fentanyl traffickers include:
 - Project Tainted – seized 25,000 fentanyl pills and the main target was recently sentenced to a 14 year sentence.
 - Project Trooper – seized 25,000 fentanyl pills and 6 charged with drug and firearms offences.
 - Project Trambo – (Dec 2016) Recommending charges against 6 accused for drug offences that include possession for the purpose of trafficking fentanyl
 - Project Balance – (Oct 2016) Recommending charges against 37 accused for drug trafficking that includes one count of trafficking Carfentanil.
 - Project Breakout – an investigation involving 6 search warrants and charges recommended against 6 accused for fentanyl trafficking.

- s.15,s.16,s.17

Comment [TE2]:

s.13,s.16,s.17

Prepared by:
Lance Talbott
Director, Policing Operations
Policing and Security Branch

Approved by:
Tom Steenvoorden
Director, Public Safety Initiatives
Policing and Security Branch
250 387-0076

Approved by:
Tonia Enger
Executive Director
Policing, Law Enforcement Operations
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
250 387-1100

Attachment(s)
The Opioid Crisis- The Need for Treatment on Demand - Vancouver Police Department

THE OPIOID CRISIS

THE NEED FOR TREATMENT ON DEMAND

REVIEW AND RECOMMENDATIONS | MAY 2017

Copyright



VANCOUVER POLICE DEPARTMENT | *Beyond the Call*

Page 51 to/à Page 77

Withheld pursuant to/removal as

Copyright

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

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

ISSUE: Provide information on the proposed formation of an Opioid Operational Anti-Trafficking Task Force within the Combined Forces Special Enforcement Unit of BC (CFSEU-BC).

SUMMARY:

- To further address the Opioid Overdose Emergency, \$14 M over three years, has been approved through the September, 2017 budget allowing CFSEU-BC to establish an initiative focussing upon mid-level (dial a dope) traffickers that includes links to other organized crimes such as the trafficking and use of illegal firearms.
- CFSEU-BC has proposed the formation of a 34 person unit, with a breakdown of 22 of whom will be police officers and 12 which will be support resources.
- The work of this unit will complement the enforcement activity already being led by the CFSEU-BC against high level organized crime drug importers and traffickers.
- The CFSEU-BC is the provincial agency with the greatest operational intelligence and self-contained resources from which to lead, co-ordinate and implement operations against the interconnected issues of gangs, illegal firearms and drug trafficking.

BACKGROUND:

- Illicit drug overdose deaths continue to occur at an unprecedented rate in BC and are now the leading cause of unnatural deaths in the Province.
- In April, 2016 the Provincial Health Officer, Dr. Perry Kendall declared a public health emergency due to the rapid number of preventable opioid-related deaths.
- In July, 2016 a Joint Task Force led by Dr. Kendall and Clayton Pecknold, Assistant Deputy Minister and Director of Police Services was established.
- To continue the 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 was approved through the September 2017 budget.
- \$14 million of the \$31.3 million at the provincial cost share over three years has been allocated to create a unit within CFSEU-BC that will focus on those identified as mid-level drug traffickers who do not meet the high level threshold for investigation by the CFSEU-BC. The \$31.3 million also includes an additional \$5 million over the same period allocated to projects that target high-level opioid and firearms traffickers through the Provincial Tactical Enforcement Priority (PTEP).

- CFSEU-BC is proposing the formation of a unit consisting of thirty four (34) staff. Twenty two (22) officers will occupy either investigative or specialty support roles. The operational component will be supported by twelve (12) civilian staff with specialisations including asset/civil forfeiture, intercept, operational information management and analysis.
- It is expected that, as part of its response the unit will address the challenges posed by the increasing links between gangs, drug trafficking and other forms of organized crime including trafficking in firearms.
- The CFSEU-BC leads on providing co-ordinated provincial response to illegal firearms. The unit will be housed within the CFSEU-BC with governance, oversight and performance metrics provided within the existing formal structure. The strong foundation of province-wide intelligence gathering, investigation and disruption of organized crime will greatly assist in delivering an integrated response leveraging skills and resources in the most efficient and effective manner.

OTHER MINISTRIES IMPACTED/CONSULTED:

- None

Prepared by:

Lance Talbott
Director, Policing Operations Support
Policing and Security Branch
250-356-7708

Approved by:

Wayne Rideout
Deputy Director of Police Services
Policing and Security Branch
s.17

Recommended by:

Tom Steenvoorden
Director, Public Safety Initiatives
Policing and Security Branch
250-387-0076

Approved December 21, 2017 by:

Clayton Pecknold
A/Deputy Solicitor General
250 387-1100

Page 80

Withheld pursuant to/removed as

s.12;s.16

Page 81

Withheld pursuant to/removed as

s.12;s.16;s.17

**MINISTRY OF MENTAL HEALTH AND ADDICTIONS/MINISTRY OF PUBLIC
SAFETY AND SOLICITOR GENERAL
INFORMATION BRIEFING NOTE**

Cliff # 542705

PREPARED FOR: Honorable Judy Darcy, Minister, Mental Health & Addictions; Honorable Mike Farnworth, Minister, Public Safety and Solicitor General - **FOR INFORMATION**

TITLE: Exploring potential pilot(s) for police referral to timely and direct access to treatment &/or support program

PURPOSE: As part of the continuum of responses to the overdose crisis, this pilot would facilitate direct access to treatment for individuals at risk of opioid overdose through timely police referrals to critical services and supports.

BACKGROUND:

In BC a public safety response to the opioid overdose crisis includes:

- Creation of a dedicated Anti-Trafficking Task Force within the Combined Forces Special Enforcement Unit of British Columbia (CFSEU-BC) to counter the spread of street-level fentanyl-related compounds and derivatives, their trade and associated gun violence;
- Protection of officers from exposure while they do their dangerous work, through Naloxone supply and training, as well as special equipment such as detection and protective gear;
- Provision of more support for police-based outreach in their own communities; and
- Expansion of the B.C. Coroners Service Drug-Death Investigations Team, to meet the significant increase in workload and lab testing, providing timely, accurate data to inform new strategies in this public health crisis.

While not directly applicable to Canada, of some US police forces directly refer individuals with substance use problems to case management and treatment to reduce opioid overdose deaths and achieve other positive outcomes. Early evaluation has been promising.¹ In some jurisdictions, such as Seattle, referrals/diversion to treatment take place pre-booking and allows officers to redirect low-level offenders engaged in drugs or prostitution activity to community-based services instead of jail and prosecution.

In BC a police-based direct referral and placement approach (See Appendices A and B for an outline of the “treatment on Demand” VPD proposal and of the Gloucester, Mass. “Angel Program”) would support the philosophy that recognises addiction as primarily a health matter. Accordingly, PSSG and MMHA are exploring the potential to pilot a police-based referral program for timely and direct access to treatment and support services for individuals at high risk of overdose in one or more BC communities, and assessing health, social and public safety outcomes.

¹ See <http://paariusa.org/wp-content/uploads/sites/46/2017/12/How-do-we-know-this-is-working-Gloucester-Angel-Program.pdf>

It's important to remember that police agencies operate at arm's length from government and decisions related to enforcement are the sole responsibility of those agencies. Individual police officers have discretion to refer or not to refer regardless of the pilot. Additionally, municipal police agencies are governed by independent police boards who are responsible to set overall strategic priorities for their police departments.

DISCUSSION:

Core elements of a BC pilot to be conducted in up to three communities would include:

1. Identification of community goals associated with the approach, including:
 - a. Reduced risk of overdose death
 - b. Improved health and social status of individuals referred
 - c. Reduced public safety system involvement
 - d. Other community goals as determined
2. A gap analysis and mapping of available services to support a continuum of care within the community.
3. Establishment local agreements among police, regional health authorities (treatment services and intensive case management) and housing providers on roles, functions and referral pathways to support direct placement in appropriate programs.
4. Agreements on service accessibility, after-hours services, relapse management
5. Identification of referral criteria including high risk of opioid overdose; local communities may wish to identify additional criteria.
6. Measurement outcomes will be based on the identified community goals.

ADVICE & NEXT STEPS:

- The Overdose Emergency Response Centre is identifying a short-list of priority communities where there is interest in piloting the approach, and where treatment and case management capacity could be aligned for direct and timely access response upon referral.
- PSSG Policing and Security Branch will support discussion with police agencies interested and willing to participate in a pilot.
- PSSG and the Overdose Emergency Response Centre will assist up to three interested communities to develop local models and evaluation frameworks. The coordination and realignment of resources will be determined, and any additional resource requirements identified.
- Status update BN will be provided to the Minister of Mental Health and Addictions and the Solicitor General in April 2018.

Program ADMs: Taryn Walsh (MMHA) & Clayton Pecknold (PSSG)

Program Contact (for content): Warren O'Briain (MMHA) & Wayne Rideout/Lance Talbot (PSSG)

Telephone: 250-952-2481

Drafter: Warren O'Briain

Date: February 19, 2018

Appendix A: Angel Program

Appendix B: Vancouver Police Department (VPD), Treatment on Demand Recommendations

APPENDIX A: Angel Program

At the widely acclaimed Angel Program in Gloucester, Massachusetts, drug users who seek help at the police station are immediately linked with on-call volunteers — known as “angels” — who accompany the individual to an emergency room, if needed, and help find withdrawal management, treatment, and other services afterward. Drug users leave any drugs at the station and do not face criminal charges.

A similar model has been adopted by the Arlington, Massachusetts police department and at police departments in many US states.

Core elements of the Gloucester and Arlington models:

1. Drug users who walk into a police station and ask for help are linked to treatment, with the support of an on-call volunteer or designated case manager, without any legal action. The volunteer accompanies the drug user at Emergency if needed, and during case management/treatment intake.
2. While primarily relying on referral and placement in publicly available services, some US police departments reach direct agreements with private health and social service providers and use fund-raised resources to bridge costs ensuring immediate access while individuals are on public system wait lists.
3. Naloxone is provided at no cost to the drug user and his or her family and friends to prevent overdose death.
4. If a drug user has an interaction with an officer on the streets or in the community, the officer may refer him or her to the program.

The core elements developed by police forces in other cities differ slightly in their detail. Gloucester police chief, Chief Leonard Campanello: *“We are not trying to set a national model here. We’re not trying to say what’s good for other communities. We’re basically saying what works for Gloucester. We listened to the citizens of the city to see how they wanted their police department to react to this crisis and came up with this plan. I think that each law enforcement entity in any city has to do the same thing, listen to what the citizens are saying, that’s pretty much how we work...”*²

In Gloucester, outcomes achieved in the short to medium term have been impressive, especially in terms of success in immediate placement in withdrawal management and similar services. Longer term outcomes are less clear—in part due to the fractured nature of Massachusetts’ publicly funded treatment system, and further evaluation is required.³

² Siegel, Z. (2015). How the Gloucester, Massachusetts Police are Showing that Addiction is Not a Crime. *The Fix, Addiction and Recovery*. Available at <https://www.thefix.com/content/addiction-not-crime-Gloucester-Campanello0612>

³ Davida M. Schiff, Mari-Lynn Drainoni, Zoe M. Weinstein, Lisa Chan, Megan Bair-Merritt, David Rosenbloom. (2017). A police-led addiction treatment referral program in Gloucester, MA: Implementation and participants' experiences, *Journal of Substance Abuse Treatment*, Volume 82, pp. 41-47.

Appendix B: Vancouver Police Department (VPD): Treatment on Demand

In May 2017, the Vancouver Police Department (VPD) publically released a report, *The Opioid Crisis: The Need for Treatment on Demand*, which included five recommendations to address the overdose crisis. The recommendations focused on addressing significant gaps in treatment and recovery services and were informed by VPD's partnerships with physicians and addictions experts, research of senior medical professionals, existing research studies, the outcomes of the BC Overdose Action Exchange and Dr. Perry Kendall.⁴ The report recommendations included:⁵

1. Expand federal and provincial government support and accountability, including a governance and accountability structure with real-time data analysis and professional oversight ensuring a coordinated response to the overdose emergency.
2. Expand and provide more funding for evidence-based addiction treatment, including opioid-assisted therapy programs. This includes supervised injectable opioid agonist treatment.
3. Create a system for immediate evidence-based addiction treatment and concurrent mental health crisis intervention and support, including:
 - a. Increased inpatient beds and sufficient community mental health and addictions services;
 - b. 24/7 system to ensure immediate access to treatment for individuals referred by first responders; and
 - c. Care models aimed at supporting acute addiction care through to recovery including supportive recovery housing and long term addiction treatment beds.
4. Address the lack of health care information to allow for the creation of data-driven strategies. Ensure that information and data gaps are address such as:
 - a. System to track waitlists and link between withdrawal management programs and ongoing evidence-based addiction care;
 - b. Data to provide information about standards and outcomes for supportive recovery housing and longer term addiction treatment beds;
 - c. System to provide an appropriate level of information to front line service providers to address needs of individuals at risk e.g. following an overdose/emergency room visit;
 - d. Drug testing and other metrics to inform the creation of an early warning system;
 - e. Comprehensive study to determined population with opioid dependency across Canada;
 - f. Review and gap analysis by internationally recognized experts; and
 - g. Mandatory data collection of all overdoses and overdose deaths, and monthly reporting.
5. Increase public awareness to support prevention through education, including overdose symptoms, the dangers of Fentanyl and prevention information. Information to be shared in public areas, in universities and in primary and secondary schools.

⁴ Vancouver Police Department. (2017). *The Opioid Crisis: The Need for Treatment on Demand*. Retrieved from <http://vancouver.ca/police/assets/pdf/reports-policies/opioid-crisis.pdf>.

⁵ Vancouver Police Department. (2017). *The Opioid Crisis: The Need for Treatment on Demand*. Retrieved from <http://vancouver.ca/police/assets/pdf/reports-policies/opioid-crisis.pdf>.

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

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

ISSUE: \$175,000 grant to the City of Surrey to improve public safety by enhancing the community's ability to respond to the opioid crisis.

SUMMARY:

- In January 2018, the Office of Crime Reduction and Gang Outreach (OCR-GO) provided a grant in the amount \$175,000 to enhance the efforts of the City of Surrey to respond to the opioid crisis by piloting new intervention and collaboration approaches that increase public safety.
- On February 1, 2018, the Ministry of Mental Health and Addictions (MMHA) announced funding for Community Action Teams in communities with high rates of opioid overdoses, including Surrey.
- Situation Tables and Community Action Teams are complementary initiatives that enable the OCR-GO and MMHA to jointly promote collaboration in response to an urgent public safety and public health challenge.

BACKGROUND:

- The Office of Crime Reduction and Gang Outreach (OCR-GO) was provided \$1.2 million over three years to enhance and expand the number of Situation Tables in communities with high rates of opioid overdoses.
- The OCR-GO's support for Situation Tables will facilitate the development of a sustainable, collaborative approach to community safety and wellness.
- Situation Tables focus on vulnerable people and respond to a broad set of risks that cross the mandates of public safety, health, and social service agencies.
- Situation tables facilitate multi-agency collaboration in order to connect vulnerable people to services. Situation tables enable front line workers to:
 - Proactively share information that allows participating agencies to identify the risk factors present in their clients' lives; and
 - Deliver rapid interventions designed to connect people living with acutely elevated risk to the services they need to manage the risk present in their life.
- The City of Surrey and the RCMP created the Surrey Mobilization and Resilience Table (SMART) in 2015. The SMART is comprised of representatives of law enforcement, corrections, housing, health, social services, income assistance, and education.

- The City of Surrey will use the grant over the next 18 months to:
 - Enhance the ability of the SMART to respond to situations of opioid use;
 - Pilot service delivery interventions that connect hard to reach and non-street entrenched opioid users to risk mitigation services; and
 - Explore the creation of a new Situation Table that focuses on connecting high risk opioid users to services.
- The grant complements the City of Surrey's Opioid Data Collection and Community Response Project, which was announced in December 2017. The purpose of this project is to collect data that increases understanding of the characteristics of at-risk and high-risk opioid users in order to inform effective interventions.
- MMHA's Community Action Teams are focused on preventing opioid overdoses by
 - Expanding community-based harm reduction,
 - Increasing the availability of naloxone,
 - Addressing the unsafe drug supply, and
 - Conducting early interventions to provide services to people at risk of an overdose.
- The OCR-GO has invited representatives from the Ministry of Mental Health and Addictions and the Opioid Emergency Response Centre to participate in a Day of Dialogue on Situation Tables on March 14, 2018.
- The Day of Dialogue will promote continuous improvement of existing Situation Tables by facilitating information sharing and enabling conversations about how the model can be supported to respond to new challenges and how to address systemic barriers to improved performance.

OTHER MINISTRIES IMPACTED/CONSULTED:

- Ministry of Mental Health and Addictions

Prepared by:

Anthony Hamilton
Sr. Policy Analyst
Policing and Security Branch
604-569-0016

Approved via eApproval March 9, 2018 by:

Jamie Lipp
Director
Policing and Security Branch
604 398-4606

Approved via eApproval by:

Wayne Rideout
Executive Director
and Deputy Director of Police Services
Policing and Security Branch

Approved March 12, 2018 by:

Clayton Pecknold (*via eApproval*)
Assistant Deputy Minister
and Director of Police Services
Policing and Security Branch
250 387-1100

s.17

**MINISTRY OF HEALTH
MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
JOINT DECISION BRIEFING NOTE**

Cliff # 1076060

PREPARED FOR: The Honourable Terry Lake, Minister of Health, and the Honourable Mike Morris, Minister of Public Safety and Solicitor General
FOR DECISION

TITLE: Letter of appreciation to front line responders to the opioid overdose public health emergency

PURPOSE: To provide the Ministers with an opportunity to express formal appreciation for the work of first responders, community organizations, health authorities and others on overdose response

BACKGROUND:

As of October 31, 2016, 622 people have died from illicit drug overdoses in the province. The BC Coroners Service has projected over 100 deaths for the month of November 2016. Response to the opioid overdose public health emergency continues to disproportionately burden front-line service workers, including regional health authority staff, BC Emergency Health Services staff (e.g., BC Ambulance paramedics), fire fighters, municipal police, RCMP, and staff and volunteers who work to serve the community (e.g., shelters, food banks).

These responders continue to be integral in preventing harms associated with overdoses, including hypoxic brain injury and death. The Ministry of Health has received reports of employee burnout and trauma associated with responding to the unprecedented number of repeated opioid overdoses and attending overdose deaths.

DISCUSSION:

Despite the activation of cold weather strategies/overdose prevention sites, it is expected that preventable opioid overdoses and overdose deaths will continue through the winter months, reflecting a historical trend that sees cold weather force individuals indoors to use drugs (often alone). Front line staff who have been under extreme pressure since the onset of the public health emergency will be required to maintain or potentially ramp up response efforts over December and January.

Staff have therefore drafted a letter that expresses gratitude for the exemplary work underway by front-line staff; this letter is attached for consideration as Appendix A.

OPTIONS:

Option 1: Minister Lake, Minister Morris and the co-chairs of the Joint Task Force on Overdose Response (Perry Kendall and Clayton Pecknold) sign the letter

Pros:

- Formally supplements Ministers' previous public acknowledgement of the crucial work of front line workers

- Formally provides gratitude that may offer moral support to a weary workforce that are likely to continue to see troubling overdoses and overdose deaths in the coming months despite best efforts
- Including signatures of Joint Task Force co-chairs exhibits solidarity

Cons:

- Letter may be dismissed as insincere or politically motivated

Option 2: Minister Lake and Minister Morris sign the letter

Pros:

- Formally supplements Ministers' previous public acknowledgement of the crucial work of front line workers
- Formally provides gratitude that may offer moral support to a weary workforce that are likely to continue to see troubling overdoses and overdose deaths in the coming months despite best efforts

Cons:

- Letter may be dismissed as insincere or politically motivated

Option 3: Do not sign a letter of appreciation

Pros:

- Opportunity to explore alternative methods to offer appreciation to front line workers

Cons:

- Not formally acknowledging pressures on front line staff and expressing gratitude for front line staff may hamper resiliency in the face of increasing overdoses and overdose deaths in the coming months

RECOMMENDATION:

Option 1



Approved/Not Approved
Terry Lake
Minister of Health

January 5th, 2016

Date Signed



Approved
Mike Morris
Minister of Public Safety and Solicitor General

December 16, 2016

Date Signed

Program ADM/Division: Arlene Paton, Population and Public Health Division
Telephone: 250 952-1531
Program Contact (for content): Warren O'Briain/Kenneth Tupper
Drafter: Haley Miller
Date: December 12, 2016