MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 984559

PREPARED FOR: Honourable Terry Lake, Minister of Health
- FOR DECISION

TITLE: Proposed Project Liaison Committees – Major Capital Projects

PURPOSE: To confirm Members of Legislative Assembly (MLA) membership and committee chairs for major capital Liaison Committees

BACKGROUND:

- As part of the approval process for major capital projects, government directs the Ministry of Health (the Ministry) to establish Project Liaison Committees (PLC) comprised of local government MLA's and key individuals in the local communities.

- PLC's provide a forum to update members on the status of a capital project and for the members to provide advice on local issues and concerns that may affect the project. The government Members of the Legislative Assembly on each PLC are responsible for providing feedback to the Minister of Health as required.

- PLCs are currently in place for the following projects:
    - Interior Heart & Surgical Centre / Kelowna & Vernon Hospitals
    - Surrey Memorial Hospital, Emergency Dept & Critical Care Tower
    - Queen Charlotte/Haida Gwaii Hospital
    - Lakes District Hospital & Health Centre (Burns Lake)
    - Lions Gate Hospital (North Vancouver), HOpe Centre mental health facility

- New PLC's need to be established for the following projects:
    - Children's & Women's Hospital Redevelopment
    - North Island Hospitals Project (Campbell River & Comox Valley)
    - Royal Inland Hospital (Kamloops), Clinical Services Building

DISCUSSION:

- Consistent with the representation on established PLCs, the proposed membership includes government Members of the Legislative Assembly, municipal leaders, and representatives from the Ministry of Health, the respective health authority, Partnerships BC, and the local hospital foundation (as applicable).

- The primary focus of the PLC will be on the specific capital project and the members will receive:
    - Regular updates on capital project status and progress;
    - Briefing on key project issues, milestones and communications opportunities;

- Information and communications materials for use in the community to ensure that local residents impacted and benefiting from the projects are kept up to date on developments.

- Of the existing committees shown in Appendix 1, the following positions are vacant:
  - Queen Charlotte/Haida Gwaii Hospital
    - New Chair required
    - Previous chair was the Hon. Pat Bell who provided oversight to that region on a series of issues
  - Lions Gate Hospital, HOpe Centre mental health facility
    - New Chair required
    - Previous chair was Joan McIntyre

- Of the new committees shown in Appendix 2, the following positions are vacant:
  - Children's & Women's Hospital Redevelopment Project
    - Chair required
  - North Island Hospitals Project (Campbell River & Comox Valley)
    - Chair required
  - Royal Inland Hospital (Kamloops)
    - Chair Required

- In past projects, the Minister has identified which MLA would be appropriate to chair each PLC and asked those individuals if they would be willing to take on the role.

- Each PLC meets approximately every 2 months for no longer than 90 minutes and meetings are a combination of in person and teleconference.

DECISION REQUIRED:

Provide advice to the Ministry on the appropriate MLA's to chair PLC's for the five project identified above.

_____

Approved/ Not Approved
Honourable Terry Lake
Minister of Health

Program/Division:	Manjit Sidhu, ADM, Financial and Corporate Services
Telephone:	250 952-2066
Program Contact (for content):	Kevin Brewster, Executive Director, Capital Services Branch
Drafter:	Kevin Brewster, Executive Director, Capital Services Branch
Date:	June 12, 2012
File Path:	K:\BN\BN 2013\984559 Decision Note - PLC Membership for major capital projects.docx

Pages 3 through 4 redacted for the following reasons:
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MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff 987225

PREPARED FOR: Honourable Terry Lake, Minister of Health
FOR INFORMATION

TITLE: Proposed Lake Okanagan Wellness Clinic

PURPOSE: Update on the Westbank First Nation proposal to develop an acute care and wellness facility on Westbank First Nation lands

BACKGROUND:

In 2011, the Westbank First Nation (WFN) signed a Memorandum of Understanding with Ad Vitam HealthCare Ltd (Ad Vitam) to develop the Lake Okanagan Wellness Clinic (the Clinic) on WFN lands in West Kelowna. Neither the Ministry of Health or the Interior Health Authority are involved with the development of this proposal, and therefore new information is typically received via media reports and information available from electronic sources.

Since 2011 WFN appears to have made at least two connections with other potential partners; VINCI (a large multi-national construction and concession firm based in the United Kingdom) and the Trikon Group Corporation (a real estate development and leasing firm from Edmonton). Additional contact has been made with Johns Hopkins Hospital in the United States regarding provision of medical services at the Clinic.

The Clinic proposal appears to be a private-pay diagnostic, surgical and wellness facility with the intention of being a medical tourism destination for private-paying clients seeking surgical and other unspecified wellness services. The proposed project includes a 200,000 square foot medical facility with ten operating rooms, full diagnostic capability (MRI/CT scan/ultrasound) and laboratory. The facility would include a wellness centre with athletic equipment, spa, and accommodation for staff and clients.

On November 20, 2011, the then Minister of Health (Honourable Michael de Jong) met with key stakeholders (see list in Appendix One) for the Clinic in Kelowna. The Ministry of Health is not aware of the outcome of that meeting.

Based on recent correspondence (see Appendix Two) from Ad Vitam to the Honourable Terry Lake, Minister of Health, (the Minister), Premier Christy Clark met with unspecified representatives for the Clinic on July 4, 2013 in Kelowna. The outcome of the meeting was a recommendation to meet with the Minister and provide briefing on the Clinic project and address the Minister's question. Ad Vitam also states that development activity is planned to start on the Clinic site on July 29, 2013.

WFN has a self-governance agreement with the federal government. Sect 14

Sect 14

Sect 14

Current Regulatory Framework:
Wellness services such as exercise programs and spa services are generally unregulated, and therefore the proposed services do not raise concerns. Acute care services however, (those generally requiring a hospital and/or a physician) are closely regulated to protect the safety of patients, and to preserve the single-tier health care system laid out in the *Canada Health Act*. The relevant statutes are summarized in Appendix Three.

DISCUSSION:

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Regarding consistency with the BC Framework Agreement on First Nations Health governance, the tripartite process is intended to provide First Nations with greater control over health care services to their own populations, improve the cultural sensitivity of services, to improve health services integration and better tailor services to local needs. This framework does not apply to the proposal under discussion, since it is not intended to primarily serve the Westbank Nation population. In fact the agreement specifically states the intention NOT to create a parallel health system.

ADVICE:

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Sect 13, Sect 16

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Program ADM/Division:	Barbara Korabek, ADM, Health Authorities Division Manjit Sidhu, ADM, Financial & Corporate Services Division
Telephone:	250 952-1012
Program Contact (for content):	Effie Henry, Executive Director, HAD Kevin Brewster, Executive Director, Capital Services Branch
Date:	July 29, 2013

File Name with Path: K:\BN\BN 2013\Lake Okanagan Wellness Clinic\987225 WFN Lake Okanagan Wellness Clinic Proposal - update Jul 25 13.docx

Appendix 1:

Meeting Participants with the then Minister of Health, Honourable Michael de Jong, November 20, 2011

- Stockwell Day, Consultant

  Mr Day is a former MLA and Cabinet Minister in the Alberta government from 1986 to 2000. He was also a Member of Parliament for Okanagan-Coquihalla from 2000 to 2011 and leader of the Canadian Alliance Party and a Federal cabinet minister. Since 2011 Mr Day has been the principal of Stockwell Day Connex, a government relations firm and is a senior strategic advisor with McMillan LLP. He is also a director on the board of the Centre for Israel & Jewish Affairs as well as the Canada-India and Canada-China business counsels.

- Mark McLoughlin, President, Ad Vitam Healthcare Ltd

  No background information available

- Dr. Lyle Oberg, CEP, Ad Vitam Healthcare Ltd

  Dr Oberg is a former MLA and Cabinet Minister in the Alberta government from 1993 to 2008.

  He is also the former CEO of the Canadian Centre for DNA Diagnostics (C2DNA) – a private company that, for a fee, will test a client's DNA to determine if they may be genetically pre-disposed to conditions like alcoholism, obesity and Alzheimer's disease.

  Media reports indicate C2DNA has been criticized for ethical and privacy issues because reportedly clients were receiving test results online, and the company was not providing feedback or counseling on what it means to test positive for certain medical conditions.

- Chief Robert Louie, Westbank First Nation

- David Finch, Managing Director, VINCI (London, UK)

- Paul Harris, VINCI.

Appendix Two
E-mail correspondence from Ad Vitam HealthCare Ltd

From: Sheila MacKay[SMTP:SHEILA@ADVITAMHEALTH.CA]
Sent: Monday, July 22, 2013 10:00:21 AM
To: Minister, HLTH HLTH:EX
Cc: stockwellday@stockwellday.com; mark@advitamhealth.ca
Subject: Meeting Request
Auto forwarded by a Rule

July 22, 2013

The Honourable Terry Lake
Minister of Health
Parliament Buildings
Victoria, BC V8V 1X4

RE: Westbank First Nations Wellness Center

Dear Minister Lake

On July 4th, in Kelowna, at a meeting with Premier Christy Clark, the recommendation was made to have the partners in the Westbank First Nation Wellness Center request a meeting with you. In attendance will be project partners, Chief Robert Louie of the WFN and Dr. Lyle Oberg and Mark McLoughlin of AdVitam Healthcare. The purpose is to provide you with a summary brief of the project and to address any relevant questions or topical issues you may have. It is our hope that this meeting could take place in advance of the commencement of developmental activity on the site, which is scheduled for July 29, 2013.

I will follow-up with your office by phone within the next week to determine a convenient time and location to meet.

Sincerely,

Sheila MacKay
Corporate Manager & Community Liasion
ADVITAM HEALTHCARE LTD and Lake Okanagan Wellness Clinic
4th Floor
305 - 1979 Old Okanagan Hwy
Westbank B.C. Canada
V4T 3A4
Cell: 1.250.868.6627
Email: sheila@advitamhealth.ca

Appendix Three
Relevant Regulatory Framework

a) ***Medicare Protection Act*** **(MPA) and** ***Hospital Insurance Act*** **(HIA)**: These statutes reflect the principles of the *Canada Health Act* (not-for-profit-health care, based on need and not ability to pay, including a prohibition on private insurance). Combined, these statutes significantly restrict the commercial viability of a for profit acute care hospital providing medically necessary physician services and hospital services.

b) ***Hospital Act***: The *Hospital Act* only applies to not-for-profit acute care hospitals, as the other statutes were intended to eliminate the possibility of private-pay hospitals existing. The result is that there is no provincial regulatory structure in place to license or establish standards in a private-pay acute care hospital (for example, providing services to non beneficiaries, such as "medical tourists").

c) ***Health Professions Act:*** Physicians practicing medicine in BC must be licensed by the College of Physicians and Surgeons (the College). The College prohibits physicians from working in private surgical clinics which are not appropriately accredited by the College's Non-Hospital Medical and Surgical Facility Program (NHMSFP) and/or the Diagnostic Accreditation Program. This applies regardless of whether these facilities provide insured or uninsured services. Note: the NHMSFP only permits these facilities to provide low acuity surgeries which do not require an overnight stay. It is unknown if the proponents have had discussion with the College.

d) ***Canada Health Act*** (CHA): Charging beneficiaries from other provinces for insured services is prohibited, as these charges are billed to the home province of the patient through Reciprocal Agreements, to allow patient mobility as required under the CHA.

e) ***Trade Agreements:*** Depending on where the partner company is based (It appears to be the UK), there may be trade implications which must be understood. This includes risking BC's current protection under NAFTA which prohibits United States companies from competing for market access in relation to services provided under the public plan.

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 987934

PREPARED FOR: Honourable Terry Lake, Minister of Health -
FOR INFORMATION

TITLE: Royal Inland Hospital Clinical Services Building update

PURPOSE: To update the Minister of Health on the status of the Clinical Services Building development at Royal Inland Hospital in Kamloops.

BACKGROUND:
The Clinical Services Building is the first of a seven phase redevelopment of Royal Inland Hospital (RIH) in Kamloops. The Clinical Services Building addresses site access and parking challenges and provides outpatient clinical and educational program space.

DISCUSSION:
The facility is a six storey building, with two levels of clinical space and four levels of parking to be constructed on the north side of the RIH site along Columbia Street.

The scope of the Clinical Service Building includes:

- Two levels of Clinical Services Space
  - Outpatient laboratory, cardio, vascular, IV and Medical clinics
  - UBC Faculty of Medicine education space and lecture theatre
  - OR pre-screening and booking
- Four Levels of parking (350 parking stalls total)

The project will be procured in two stages with the first stage being site preparation and utility relocation.

The second stage will be a Design-Build contract to construct the facility via a Request for Proposal (RFP) process.

Interior Health plans to release the tender for the first stage (site preparation and utility relocation) in early August 2013. This will permit site work to get underway in September 2013 and complete by late 2013 / early 2014. The value of this work is approximately $1.5 million and will be procured using a Design-Bid-Build process.

The Request for Qualifications for the second phase of the work (the main building) closed June 25, 2013. A short list of three proponents will be approved by the Project Board in mid August 2013, followed by release of the RFP documents to the three short listed proponents.

The RFP is expected to close in early 2014 to permit construction of the main building to start in Spring 2014. Completion and occupancy of the main building is expected by Spring 2016.

The total project budget is $79.8 million, with $47 million provided by the provincial government, $31.9 million provided by the Thompson Regional Hospital District and $861,000 provided by the Interior Health Authority.

As of July 31, 2013 the project is within scope, budget and schedule.

ADVICE:
The Interior Health Authority will be releasing the tender for the site preparation in early August 2013 with an expected award and construction start in September 2013.

The RFP for the main building will be released to a short-list of proponents in mid August 2013.

The project remains within its scope, schedule and budget and is on target to start construction of the main building in Spring 2014, with completion of the project in Spring 2016.

Planning for the Phase 2 Surgical Tower at RIH will get underway once the Phase 1 Clinical Service Building is under construction.

Program ADM/Division: Manjit Sidhu, Finance and Corporate Services
Telephone: 250-952-2066
Program Contact (for content): Kevin Brewster
Drafter: James Postans
Date: July 31, 2013
File Name with Path: K:\BN\BN 2013\RIH Status Information BN\RIH Information BN.docx

Pages 12 through 33 redacted for the following reasons:
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MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 985252

PREPARED FOR: Honourable Terry Lake, Minister - **FOR INFORMATION**

TITLE: Office of the Information and Privacy Commissioner's Investigation Report F13-02

PURPOSE: To brief the Minister on the Commissioner's report and to provide information on the Ministry's response

BACKGROUND:
The Ministry initiated an investigation in May 2012, into allegations of inappropriate conduct, contracting and data management practice and inappropriate research grant processes within the Pharmaceutical Services Division. The Ministry informed the Office of the Information and Privacy Commissioner of the investigation on July 13, 2012.

As part of that investigation evidence was discovered that an employee of the Ministry Sect 22 ad inappropriately disclosed personal information, including Personal Health Number and other demographic information, purportedly to two contractors and a researcher. On September 10, 2012, the Ministry informed the Office of the Information and Privacy Commissioner of the alleged breaches and the Commissioner initiated her own investigation on September 11, 2012, under s. 42(1)(a) of the *Freedom of Information and Protection of Privacy Act.*

The purpose of the OIPC investigation was to determine whether the disclosures contravened the *Freedom of Information and Protection of Privacy Act* and to determine whether or not the Ministry had implemented reasonable security to protect the information from unauthorized access, use or disclosure.

The Commissioner's report on her investigation (F13-02) will be released publically on June 26, 2013, and her office has given the Ministry the opportunity to respond to the report before its release.

DISCUSSION:
The Commissioner finds that the Ministry's immediate response to the unauthorized access was adequate; however, her investigation revealed deficiencies in the Ministry's controls over personal information. There are 11 recommendations in the report to address these deficiencies. The Commissioner will be following up every three months on the Ministry's progress in addressing the recommendations.

The recommendations are based on the principles articulated in the Commissioner's new guide entitled *Accountable Privacy Management in BC's Public Sector* and have been tailored to the circumstances in the Ministry. The guide is being released along with the investigation report.

The Commissioner's report references anecdotal evidence of researchers' frustration with delays in accessing Ministry data as a reason for the breaches. However, the three breaches involved are unrelated to data requests for research. Delays in the wait for Ministry data by researchers is an issue that has been addressed by the Ministry, with waiting times for data at 90 days since early 2012.

In September 2012, the Ministry contracted with Deloitte to conduct a security management practices review. The Deloitte review initiated 10 projects with 25 sub-projects to improve the Ministry's data and security management practices. The Deloitte recommendations are similar to those of the Commissioner. The Ministry has already made substantial progress in addressing both sets of recommendations.

Appendix A outlines a line by line response to the Commissioner's recommendations.

ADVICE:
The recommendations in the Commissioner's report should be accepted and the response from the Ministry should include the work already completed, as well as an indication of the work in progress to address the Commissioner's concerns.

Program ADM/Division: Lindsay Kislock, HSIMT
Telephone: (250) 952-2159
Program Contact (for content): Deb McGinnis
Drafter: Deb McGinnis
Date: June 21, 2013

Appendix A

Ministry response to OIPC Report F13-02

#	Recommendation	Ministry Response
1	The Ministry should develop and implement additions to the BC Government policy on the use of portable storage devices to require the use of other, more secure forms of information transfer. Portable storage devices should only be used as a last resort and must always be encrypted.	The Ministry has communicated the need for encrypted portable storage devices in 2007 and in 2012. The Ministry will also address the approach to using portable storage devices in its Ministry Privacy Policy that is currently under development. The Ministry is also evaluating alternative secure mechanisms to transport data.
2	The Ministry should ensure user privileges are granted and managed based on the need to know and least privilege principles, ensuring that employees have access only to the minimum amount of personal information they require to perform their employment duties. There should be a central authority within the Ministry to assign access permissions consistently and to keep them up to date.	The Ministry has completed an inventory of all information assets in the Ministry. A detailed review of that inventory is being conducted to ensure the principles of need to know and least privilege are followed, and that permissions granted to employees match their current job functions. Access management processes were reviewed and a number of enhancements have been completed. The Ministry is continuing to make further enhancements to these processes.
3	The Ministry should implement technical security measures to prevent unauthorized transfer of personal information from databases.	The Ministry is planning and implementing a secure access environment to address this recommendation.
4	The Ministry executive should allocate resources to implement an effective program for monitoring and auditing compliance by employees with privacy controls, and by contracted researchers and academic research with privacy provision in agreements, to enable proactive detection of unauthorized use and disclosure of Ministry information.	The Ministry, with support of external consulting advice, is reviewing its current compliance monitoring function against industry best practices. Based on those recommendations, additional resources and accountability for the compliance function will be established during 2013.

5	The Ministry should ensure that all contracts with contracted researchers and research agreements with academic researches involving the disclosure of personal health information provide for an appropriate level of security, including privacy protection schedules. These requirements should include limiting the use of disclosure of personal information to specified contractual purposes; taking reasonable security measures to protect personal information; requiring compliance with privacy policies and controls with respect to storage, retention and secure disposal, and requirement notice to Ministry in the event of a privacy related contractual breach. The Ministry should also use information sharing agreements wherever the substance of the agreement is about information sharing.	The Ministry has completed an inventory of information sharing agreements and is in the process of implementing standardized procedures and templates. We agree with the intent of this recommendation and we will look for the most efficient way to communicate obligations to relevant third parties.
6	The Ministry should develop a comprehensive inventory of all databases containing personal health information that can be updated regularly. The inventory should set out associated information flows relating to collection and disclosure for research purposes.	The Ministry has updated an inventory of Ministry managed information assets, with emphasis on those containing sensitive information. The Ministry will continue to update this inventory on an ongoing basis. Researchers and other third parties will be required to comply with Ministry policy as per recommendation 5.
7	The roles and responsibilities for privacy belonging to the OCIO and branches through the Ministry should be documented and effective overall leadership for the Ministry's privacy management program clarified. There is a particular need to enhance the Ministry's internal privacy resources.	The Ministry, with support of external consulting advice, is reviewing the resource model for privacy and will address any gaps identified.
8	The Ministry should develop a Ministry privacy policy that gives the basic principles of privacy for Ministry employees.	The Ministry is in the process of developing this policy. To supplement the privacy policy, an education program is underdevelopment.

9	The Ministry should ensure that the Ministry privacy policy specifically incorporates the collection, use and disclosure of health information for research, including addressing when it may be appropriate to release personal information for health research under s. 35 of FIPPA. It should indicate the kind of information that the Ministry can provide to researches and the security requirements that need to be met.	This will be addressed in the Ministry privacy policy.
10	The Ministry should continue to streamline its information access request approval and delivery processes to reduce time delays in access to information for health research.	The Ministry has significantly streamlined the access request approval process and will make continuous improvements.
11	The Ministry should ensure that employees with access to databases containing personal health information participate in mandatory privacy training sessions and that their participation is documented.	Mandatory, regularly updated and targeted training is being developed and will be part of an ongoing program of education and awareness.

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 984869

PREPARED FOR: Honourable Terry Lake, Minister – **FOR DECISION**

TITLE: British Columbia Letter to Ottawa on Proposed Supervised (Drug) Consumption Services Legislation

PURPOSE: To outline options for BC's response to new federal legislation, an amendment to the *Controlled Drugs and Substances Act*, that will regulate the establishment or continuation of supervised consumption health services.

BACKGROUND:

Since 2003, Vancouver Coastal Health has operated a supervised drug consumption service, Insite, in downtown Vancouver, with the support of the City of Vancouver and the Vancouver Police Department. Scientific research on Insite has shown it reduces overdose deaths, risk behaviours for HIV and hepatitis C transmission, and public injecting. In addition, it increases uptake of withdrawal management and addiction treatment services, without any negative impact on public safety or increased crime. Despite this, political opposition by the federal government since 2006 resulted in a series of legal challenges, with court decisions ruling in favour of continued provision of supervised consumption services at Insite and culminating in a favourable Supreme Court of Canada decision in September 2011 (a case for which BC's Attorney General was an intervener).

In response to the Supreme Court decision, in March 2012, BC issued a guidance document for health authorities and communities intending to establish new supervised consumption services in their jurisdictions[1]. Quebec has subsequently developed a similar guidance document, modelled on the BC guidelines.

On June 6, 2013, a bill to amend the federal *Controlled Drugs and Substances Act* was tabled in the House of Commons, establishing processes and criteria for federal approval of new supervised consumption sites, with additional criteria for existing ones, such as Insite. The criteria go beyond those articulated in BC's provincial guidelines. Sect 13

Sect 13

DISCUSSION:

The Ministry of Health (MoH) has worked with Ministry of Justice and Attorney General staff to develop a draft letter for the Minister of Health to consider sending to the federal Minister of Health (Appendix B).

Sect 16

[1] http://www.health.gov.bc.ca/cdms/pdf/guidance-document-for-sis-in-bc.pdf.

Sect 13, Sect 16

FINANCIAL IMPLICATIONS:

Sect 13

Sect 13 A 2006

US study estimated that the average lifetime costs of treatment for a case of HIV infection are US $385,200[2]. Costs for responding to hepatitis C are accrued throughout the health care system; end-stage liver disease can be particularly expensive to manage (a liver transplant can cost the system up to $250,000)[3].

RECOMMENDATION: Sect 13, Sect 16

Sect 13, Sect 16

September 4, 2013

Approved / Not Approved
Terry Lake
Minister

Date Signed

Program ADM/Division:	Arlene Paton, Population & Public Health Division
Telephone:	250-952-1721
Program Contact (for content):	Warren O'Briain, Executive Director, Communicable Disease Prevention, Harm Reduction and Mental Health Promotion
Drafter:	Kenneth Tupper, Director, Problematic Substance Use Prevention
Date:	July 3, 2013

File Name with Path: Y:\MCU\DOCS PROCESSING\Briefing Documents\2013\Approved\PPH\984869 - BC Letter to Ottawa on Proposed Supervised Consumption Services Legislation.docx

[2] Schackman, B. R., Gebo, K. A., Walensky, R. P., Losina, E., Muccio, T., Sax, P. E., et al. (2006). The lifetime cost of current human immunodeficiency virus care in the United States. *Medical Care*, *44*(11), 990-997.

[3] http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/injection/costs-couts-eng.php.

Appendix A: Table comparing Supreme Court of Canada's, British Columbia's and new proposed federal legislative (Bill C-65) criteria for establishing a supervised consumption site

Supreme Court of Canada Insite Decision	BC SIS Guidelines	Proposed Amendments to CDSA
Where the Minister is considering an application for an exemption for a supervised injection facility, he or she will aim to strike the appropriate balance between achieving the public health and public safety goals. Where, as here [with Insite], the evidence indicates that a supervised injection site will decrease the risk of death and disease, and there is little or no evidence that it will have a negative impact on public safety, the Minister should generally grant an exemption. (para. 152)	The Ministry recommends that organizations seeking to provide SIS address the following:	The Minister may consider an application for an exemption for medical purposes under subsection (2) that would allow certain activities to take place at a supervised consumption site only after the following have been submitted:
The factors considered in making the decision on an exemption must include evidence, if any, on the impact of such a facility on crime rates (para. 152)	The organization should describe the potential impact of the SIS on public safety, including (where available through health or law enforcement research and statistics) estimates of public disorder and crime; public injection; and inappropriately discarded injection or other drug-related litter (Section 5)	Section 56.3(i): a description of the potential impacts of the proposed activities at the site on public safety, including the following: 1) information, if any, on crime and public nuisance in the vicinity of the site and information on crime and public nuisance in the municipalities in which supervised consumption sites are located; 2) information, if any, on the public consumption of illicit substances in the vicinity of the site and information on the public consumption of illicit substances in the municipalities in which supervised consumption sites are located; and 3) information, if any, on the presence of inappropriately discarded drug-related

		litter in the vicinity of the site and information on the presence of inappropriately discarded drug-related litter in the municipalities in which supervised consumption sites are located; Section 56.3(j): Law enforcement research or statistics, if any, in relation to the information required in [Section 56.2(i)] Section 56.3(s) relevant information, including trends, on loitering in a public place that may be related to certain activities involving illicit substances, on trafficking of controlled substances and on minor offence rates in the vicinity of the site, if any;
The factors considered in making the decision on an exemption must include evidence, if any, on the . . . the local conditions indicating a need for such a supervised injection site (para. 152)	The organization should include information relevant to the geographic region, neighbourhood or targeted patient and client population to be served by the SIS, such as: number and scope of other drug-related support services; number of injection drug-related deaths and hospitalizations in the region (e.g., overdose, endocarditis, abscesses); rates of communicable disease (e.g., HIV, hepatitis C); number of interactions between outreach health professionals (e.g., street nurses, Assertive Community Treatment team members) and people who engage in injection or other non-medical drug use; estimates of local rates of drug dependence or other problematic substance use; and	Section 56.3(k): relevant information, including trends, if any, on the number of persons who consume illicit substances in the vicinity of the site and in the municipality in which the site would be located; Section 56.3(l): relevant information, including trends, if any, on the number of persons with infectious diseases that may be in relation to the consumption of illicit substances in the vicinity of the site and in the municipality in which the site would be located; Section 56.3(m): relevant information, including trends, if any, on the number of deaths, if any, due to overdose — in relation to activities that would take place

	clinical or patient-focused rationale to provide SIS, including if applicable, risk management for SIS as continuity of care (Section 1)	at the site — that have occurred in the vicinity of the site and in the municipality in which the site would be located; Section 56.3(n): official reports, if any, relevant to the establishment of a supervised consumption site, including any coroner's reports; Section 56.3(t): information on any public health emergency in the vicinity of the site or in the municipality in which the site would be located that may be in relation to activities involving illicit substances as declared by a competent authority with respect to public health, if any;
The factors considered in making the decision on an exemption must include evidence, if any, on . . . the regulatory structure in place to support the facility (para. 152)	The organization should describe the amount and type of staff involved in providing the SIS, including their respective roles and responsibilities, workplace safety protocols, policies and any procedures regarding the following: minimum staffing levels, skill-sets, competencies and training required to carry out SIS; clear guidance to involved professionals regarding scope of practice, competence from appropriate professional regulatory authorities (e.g., College of Physicians and Surgeons of BC, College of Registered Nurses of BC, College of Registered Psychiatric Nurses of BC, College of Licensed Practical Nurses of BC); adherence to relevant legislation as applicable, (e.g., Health Professions Act, Hospital Act, Community Care and Assisted Living Act, Public Health Act,	Section 56.3(o) a report of the consultations held with the professional licensing authorities for physicians and for nurses for the province in which the site would be located that contains each authority's opinion on the proposed activities at the site;

	etc.); any scope of practice or regulatory decisions that affect SIS service delivery; compliance with Occupational Health and Safety policies and procedures and emergency and/or disaster (e.g., fire, bomb threat, earthquake) preparedness and response; and health and safety for clients and staff (e.g., non-violent crisis intervention, needle stick injuries) (Section 7)	
The factors considered in making the decision on an exemption must include evidence, if any, on the . . . resources available to support its maintenance (para. 152)	The organization should include a general description of the services provided under support and regulatory supervision of a health authority or subsidiary contracted agencies and the respective roles and responsibilities of each and should include a general description of financial resources by funding source (health authorities or other health system entities such as contracted agencies) in place to establish and maintain SIS (Section 10)	Section 56.3(q): a financing plan that demonstrates the feasibility and sustainability of operating the site; Section 56.3(r): a description of the drug treatment services available at the site, if any, for persons who would use the site and the information that would be made available to those persons in relation to drug treatment services available elsewhere;
The factors considered in making the decision on an exemption must include evidence, if any, on . . . expressions of community support or opposition. (para. 152)	The organization should describe the efforts in place to secure the support of the community for the SIS, including support from: local medical health officers; local police departments; local government officials; and other potentially interested community groups and individuals (Section 4)	Section 56.3(b): a letter from the provincial minister who is responsible for health in the province in which the site would be located that (i): outlines his or her opinion on the proposed activities at the site, (ii) describes how those activities are integrated within the provincial health care system, and (iii) provides information about access to drug treatment services, if any, that are available in the province for persons who would use the site;

		Section 56.3(c): a letter from the local government of the municipality in which the site would be located that outlines its opinion on the proposed activities at the site, including any concerns with respect to public health or safety; Section 56.3(d): a description by the applicant of the measures that have been taken or will be taken to address any relevant concerns outlined in the letter referred to in paragraph (c); Section 56.3(e): a letter from the head of the police force that is responsible for providing policing services to the municipality in which the site would be located that outlines his or her opinion on the proposed activities at the site, including any concerns with respect to public safety and security; Section 56.3(f): a description by the applicant of the proposed measures, if any, to address any relevant concerns outlined in the letter referred to in paragraph (e); Section 56.3(g): a letter from the lead health professional, in relation to public health, of the government of the province in which the site would be located that outlines their opinion on the proposed activities at the site; Section 56.3(h): a letter from the provincial minister responsible for public safety in the province in which the site

		would be located that outlines his or her opinion on the proposed activities at the site; Section 56.3(p) a report of the consultations held with a broad range of community groups from the municipality in which the site would be located that includes: (i) a summary of the opinions of those groups on the proposed activities at the site; (ii) copies of all written submissions received; and (iii) a description of the steps that will be taken to address any relevant concerns that were raised during the consultations;
	The organization should include a detailed description of all procedures and measures in place to appropriately dispose of biohazards, including controlled substances or their residues, and the associated risk to health, safety and security of staff members and the local community. This may include procedures for: disposing of used syringes, needles and other drug administration or injection equipment; accounting for harm reduction supplies distributed, returned and disposed of; ensuring proper training and ongoing education of staff in handling harm reduction supplies, controlled substances, and potentially biologically contaminated paraphernalia; preventing loss and theft of controlled substances; and record-keeping respecting the above.	Section 56.3(u): a description of the measures that will be taken to minimize the diversion of controlled substances or precursors and the risks to the health and the safety and security of persons at the site, or in the vicinity of the site, including staff members, which measures must include the establishment of procedures: (i) to dispose of controlled substances, precursors, and anything that facilitates their consumption, including how to transfer them to a police officer; (ii) to control access to the site, and (iii) to prevent the loss or theft of controlled substances and precursors; Section 56.3(v): a description of record keeping procedures for the disposal, loss, theft and transfer of controlled substances

		and precursors — and anything that facilitates their consumption — left at the site;
		Section 56.3(w): the name, title and resumé, including relevant education and training, of the proposed responsible person in charge, of each of their proposed alternate responsible persons, and of each of the other proposed key staff members; Section 56.3(x): a document issued by a Canadian police force in relation to each person referred to in paragraph (w), stating whether, in the 10 years before the day on which the application is made, in respect of a designated drug offence or a designated criminal offence, the person was: (i) convicted as an adult, (ii) convicted as a young person in ordinary court, as those terms were defined in subsection 2(1) of the Young Offenders Act, chapter Y-1 of the Revised Statutes of Canada, 1985, immediately before that Act was repealed, or (iii) a young person who received an adult sentence, as those terms are defined in subsection 2(1) of the Youth Criminal Justice Act; Section 56.3(y): if any of the persons referred to in paragraph (w) has ordinarily resided in a country other than Canada in the 10 years before the day on which the application is made, a document issued by a police force of that country stating

		whether in that period that person (i): was convicted as an adult for an offence committed in that country that, if committed in Canada, would have constituted a designated drug offence or a designated criminal offence, or (ii) received a sentence — for an offence they committed in that country when they were at least 14 years old but less than 18 years old that, if committed in Canada, would have constituted a designated drug offence or a designated criminal offence — that was longer than the maximum youth sentence that could have been imposed under the Youth Criminal Justice Act for such an offence;
		Section 56.3(a) scientific evidence demonstrating that there is a medical benefit to individual or public health associated with access to activities undertaken at supervised consumption sites;
		Section 56.3(z): any other information that the Minister considers relevant to the consideration of the application;
		Section 56. 4: The Minister may consider an application for an exemption for a medical purpose under subsection (2) that would allow certain activities to continue to take place at an existing supervised consumption site only after, in addition to

		the information referred to in paragraphs (3)(a) to (z.1), the following have been submitted: (a) evidence, if any, of any variation in crime rates in the vicinity of the site during the period beginning on the day on which the first exemption was granted under subsection (2) in relation to the site and ending on the day on which the application is submitted; and (b) evidence, if any, of any impacts of the activities at the site on individual or public health during that period.
		Section 56.5: The Minister may only grant an exemption for a medical purpose under subsection (2) to allow certain activities to take place at a supervised consumption site in exceptional circumstances and after having considered the following principles: (a) illicit substances may have serious health effects; (b) adulterated controlled substances may pose health risks; (c) the risks of overdose are inherent to the use of certain illicit substances; (d) strict controls are required, given the inherent health risks associated with controlled substances that may alter mental processes; (e) organized crime profits from the use of illicit substances; and (f) criminal activity often results from the use of illicit substances.

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff #: 988103

PREPARED FOR: Honourable Terry Lake, Minister of Health – **FOR INFORMATION**

TITLE: Report on British Columbia's Alcohol Policies and Comparison with Other Provinces

PURPOSE: To inform the Minister of Health of a report being released that rates BC against other provinces on measures in place to reduce the harms from alcohol.

BACKGROUND:

Alcohol remains the most widely-used psychoactive substance in Canada, with more than 77 percent of British Columbians reporting drinking in the past year[1]. Alcohol use is associated with a number of health and social problems, including acute harms related to toxicity and intoxication (e.g., overdose, injuries and violence) and harms resulting from long-term chronic use (e.g., certain cancers, cardiovascular diseases and liver disease). Alcohol use puts a significant burden on society and the economy, including direct costs associated with the health care and criminal justice systems, and indirect costs involving lost labour productivity and family disruption. Increases in population level consumption are accompanied by corresponding increases in alcohol-related burden of illness. However, in recent years a large body of research evidence has identified specific policy measures that can help mitigate harms and costs.

In March 2013, a national team of researchers, led by the Centre for Addiction and Mental Health in Ontario, and including the Centre for Addictions Research of BC, released the results of a Canadian Institutes of Health Research (CIHR)-funded project entitled *Strategies to Reduce Alcohol-Related Harms and Costs in Canada*. The research project was designed to promote an evidence-based approach to reducing the negative impacts of alcohol consumption in each province. Over the past two years the project team has collected data from each province on ten major policy areas, based on the World Health Organization's Global Alcohol Strategy, including pricing, control system, physical availability, drinking and driving, marketing and advertising, screening and brief intervention, legal drinking age, server training, provincial alcohol strategy and warnings. Individual provinces were scored on each policy area, with recommendations for future action.

Based on the national research project, a report specific to BC, *Reducing Alcohol-Related Harms and Cost in British Columbia: A Provincial Summary Report*, is scheduled for release during the week of August 5, 2013. It highlights BC's alcohol policy strengths and weaknesses and provides tailored advice and recommendations.

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[1] Health Canada. (2011). Canadian Alcohol and Drug Use Monitoring Survey. Accessed on August 8, 2013 from http://www.hc-sc.gc.ca/hc-ps/drugs-drogues/stat/_2011/summary-sommaire-eng.php#a7.

DISCUSSION:

In the cross-Canada report released in March, the researchers acknowledged good and/or promising policies in all provinces, but also identified policy interventions for improvement in every jurisdiction; in fact, the highest ranking province (Ontario) achieved a score of only 56 percent of ideal. The new BC rating report emphasizes that BC ranked second overall among Canadian provinces, with a score of 53 percent of the ideal score. BC ranked first in five categories and was the only province to receive a perfect score in any category, in this case for BC's screening and brief intervention tool for physicians. BC ranked near the bottom in two categories the researchers identified as the most important: second-last on pricing policies, and last on the alcohol control system. Recommendations for these two categories include:

- Setting a minimum price for all alcohol sold of at least $1.50 per standard drink;
- Adjusting alcohol prices to keep pace with inflation;
- Adjusting alcohol prices to reflect alcohol strength;
- Reducing access to alcohol through other channels (e.g., online sales); and
- Increasing social responsibility messaging.

The timing of the release of this report on BC from the national research team coincides with the expected announcement of the provincial liquor review which is also anticipated during the first week in August. The new report could provide useful advice based on the global research evidence base.

ADVICE:

The Ministry of Health should contribute to the provincial liquor review that is scheduled to be formally launched in August 2013, and consider the evidence-based recommendations made in *Reducing Alcohol-Related Harms and Costs in British Columbia: A Provincial Summary Report* to inform the Ministry of Health's position.

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