

Opioid Overdose: British Columbia's Public Health Emergency

Written Submission

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Opioid Overdose Crisis in British Columbia

A significant increase in drug-related overdoses and deaths prompted B.C.'s Provincial Health Officer Dr. Perry Kendall to declare a public health emergency on April 14, 2016. This is the first time BC's provincial health officer has served notice under the *Public Health Act* to exercise these emergency powers. B.C. was the first province to take this kind of action in response to the current public health crisis from drug overdoses.

On July 27, 2016, in response to a continuing unprecedented number of overdoses and overdose deaths in B.C., Premier Christy Clark established a Joint Task Force on Overdose Response headed by Provincial Health Officer Dr. Perry Kendall and Clayton Pecknold, B.C.'s director of police services. The Task Force has representatives from the health and public safety sectors including BC's Chief Coroner, representatives from RCMP "E" Division, the Vancouver Police Department and Vancouver Coastal Health Authority.

There were 488 apparent illicit drug overdose deaths in the province from January 1, 2016 through August 31, 2016. This is an increase of over 60% from the number of death occurring during the same period in 2015 (302).

B.C.'s Response

A wide range of agencies throughout the province have work underway to respond to the overdose situation. Efforts are ongoing and involve the provincial ministries of Health and Public Safety and Solicitor General, public health officials, health authorities, the Office of the Coroner, emergency first responders including paramedics, police, firefighters, social service agencies, community partners, people with lived experience and their families.

British Columbia's response focuses on seven key areas:

1. Immediate response to an overdose (expanding naloxone availability and the reach of supervised consumption services in the province)
2. Preventing overdoses before they happen (improving treatment options for people with opioid dependence and exploring drug checking services and improving health professional education and guidance around both prescribing practices and opioid substitution therapy)
3. Public education and awareness about overdose prevention and response (public awareness campaigns)
4. Monitoring, surveillance and applied research (improving timely data collection, reporting and analysis to inform action, evaluating implementation and applied research)
5. Improving the scheduling of substances and equipment under the *Controlled Drugs and Substances Act* and Precursor Control Regulations (regulating drug manufacturing equipment such as pill presses and regulating precursors)
6. Improving federal enforcement and interdiction strategies (increasing enforcement activities, working with Canadian Border Services to interdict the importation of illicit drugs)

7. Enhancing the capacity of police to support harm reduction efforts related to street drugs (including training for police and other first responders for safe fentanyl identification and handling practices)

This work is aided by strong collaboration from our federal colleagues. Intranasal naloxone, made available through a special federal importation order, is expanding the availability of this life-saving medication to law enforcement personnel. Discussions are under way to find a way forward on access to new treatments for opioid use disorder, and regulatory approval options for drug checking services.

A full report on British Columbia's progress to date is available at: <http://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/overdose-response-progress-update-sept2016.pdf>

More Action Needed

While significant first steps have been taken to address B.C.'s opioid overdose emergency, much remains to be done. The data are clear: opioid overdoses do not discriminate. With multiple populations in all corners of the province at risk, the response to this crisis must be comprehensive; everyone has a role to play.

British Columbia has consistently supported the operation of supervised injection services over the past decade. In the last few years, with the troubling increase of fentanyl in Canada's illegal drug markets, Insite and the Dr. Peter Centre have again proven their value as life-saving services preventing opioid overdose fatalities. Supervised consumption services remain an effective and much needed part of BC's response, and contribute daily to the safety and health of people who use the service and the surrounding community.

As you are also aware, the previous federal government passed Bill C-2, the "*Respect for Communities Act*." Unfortunately, this *Act* has had a significant impact on the ability of British Columbia and other provinces to implement evidence-based public health initiatives in a timely way. British Columbia continues to urge the federal government to revisit this piece of legislation and either repeal it or substantially amend it so it does not continue to hinder the establishment of such facilities.

The public health emergency is a call to action—joint action across the health and enforcement sectors. All levels of government – local, provincial and federal – and many other sectors, such as the media, organizations that engage with people who use drugs and family members with lived experience, must work together to address the health, public safety, social, economic and cultural factors that are driving this public health emergency.