BC Coroners Service Death Review Panel: An Urgent Response to a Continuing Crisis

Report to the Chief Coroner of British Columbia

Release Date: November 1, 2023

The public health emergency into substance-related harms was first declared on April 14, 2016.

Between that day and September 30, 2023, at least 13,000 lives have been lost to toxic, unregulated drugs in British Columbia.

This report is written and submitted in their memory.

The death review panel participants acknowledge with gratitude that they participated in panel meetings from First Nations territories throughout British Columbia.

Preface

In response to the continued increase in unregulated drug-related deaths throughout British Columbia, the chief coroner convened a third death review panel in December 2022. This standing panel was tasked with providing ongoing advice related to public health and safety and the prevention of deaths caused by the unregulated drug supply. Reaffirming the need for a comprehensive strategy to address the ongoing crisis, the panel focused on short-term priorities intended to significantly reduce preventable deaths caused by the unregulated drug supply.

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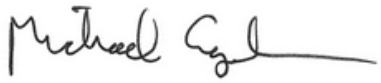
Panel support was provided by BC Coroners Service staff, Ryan Panton, Carla Springinotic, and Quiana Foster.

I thank and recognize the panel members for sharing their expertise, for their commitment to saving lives, and for maintaining a sense of urgency in the work they do. I also gratefully recognize the contributions and input provided by:

Carol Anne Chenard, Director of Offices of Controlled Substances at Health Canada; and
Dr. Bonnie Henry, Provincial Health Officer.

We can and must do better to reduce the number of deaths caused by the unregulated drug supply in our province. On behalf of the panel, I submit this report and recommendations to the chief coroner of B.C.



Michael Egilson
Chair, Death Review Panel

"A comprehensive, culturally safe system of substance use education, prevention, harm reduction, treatment and social support was needed before the public health emergency was declared. It is still required to address the crisis today.

"Such a system is complex, costly, and time-consuming to develop, implement and expand. This will require time we simply do not have, as more than 13,000 people have died since the public health emergency was declared in B.C., and dozens more die each week.

"It is estimated that as many as 225,000 people in B.C. remain at risk of unregulated drug injury or death.

"The immediate priority for action must be on elements of that system that can be rolled out quickly in order to save lives now. As the primary cause of the current crisis is the unregulated toxic drug supply, our urgent attention must be on creating access to alternatives to the unregulated drug supply for people who use drugs."

- Michael Egilson, Chair, Death Review Panel

Executive Summary

On April 14, 2016, in response to an alarming increase in drug-related emergencies and deaths in British Columbia, the provincial health officer declared the province's first-ever public health emergency. More than seven years later, the emergency remains in place, and more than 13,000 people have died.

These deaths are largely preventable, and yet, in 2023, British Columbians are being lost to unregulated drug supply at twice the rate they were when the emergency was first declared. With the passing of each day, week, month, and year, we risk becoming numb to the scale of this emergency as the current devastation becomes the norm. Any response to addressing the magnitude and severity of the emergency will experience challenges but the current system of prohibition is failing badly, and the status quo is no longer acceptable.

We can and must do better.

> *"These drug poisoning deaths have been primarily driven by an increasingly toxic illicit drug supply, exacerbated by under-resourced health and social supports that have been unable to keep up with increasing demands and complexities."*
> MMHA 2022

The chief coroner convened a standing death review panel with a mandate to consider previous death review panel recommendations that could be quickly implemented on a scale that could meaningfully reduce substance-related deaths in B.C. The panel reaffirms the need for a comprehensive and timely approach to the crisis and recognizes that, in the short term, the fastest way to reduce deaths is to reduce dependence on the unregulated toxic drug supply for people who use drugs. This requires creating access to a quality-controlled, regulated supply of drugs for people at risk of dying.

The panel identified that:

- Drug poisoning deaths have continued to increase;
- The unregulated drug supply is the primary driver of the increased deaths;
- The unregulated drug supply remains increasingly volatile, inconsistent and toxic;
- The current medical model for provision of safer supply faces a number of overwhelming challenges including scalability, geographic reach within the province and the adequacy of available drugs to meet the needs of people accessing the unregulated drug market;
- The medical model should be reviewed and enhanced to ensure innovation and maximum effectiveness for people accessing the service;
- Non-medical models to distribute safer supply are needed;
- Existing responses, initiatives and services, and their associated allocated resources; have not been commensurate with the urgency, magnitude and scope of the crisis;
- First Nations people are disproportionately affected by the public health emergency*;
- Individuals who are living in poverty, and those with housing instability, are particularly vulnerable;
- Effective interventions for youth at risk of death and injury from the unregulated drug supply are also needed;
- This is a province-wide health and social issue. While the highest rate of death is in Vancouver's downtown eastside, deaths are increasing in urban and rural and remote centres throughout B.C.;
- Due to the rapidly changing unregulated drug supply, interventions need to be monitored and rapidly adapted to remain effective; and
- People with lived and living experience must be involved in planning and implementation as they are experts on their own needs and have a real-time understanding of the rapidly evolving crisis itself.

The urgent need for a practical, scalable response to the public health emergency requires pursuit of a non-medical model that provides people who use drugs with an alternative to the unregulated drug market.

At appropriate scale, providing quality-controlled alternatives of sufficient quantity and potency will immediately reduce the risk to people who would otherwise access the substances they use through the unregulated drug supply. In addition to expanding what is available in the medical model, these substances could be responsibly provided without a prescription in a manner that also includes a robust system of oversight and evaluation to respond to concerns about individual risk, public health and public safety.

*-While data is not currently available for non-First Nation Indigenous people, many of the underlying determinants of the greater rate of death among First Nation people also exist for other Indigenous peoples, therefore it is likely they are also disproportionately affected.

Many efforts have been made to provide services and supports intended to positively impact the public health emergency. While these interventions have in many cases averted death or other harms, they have not led to a reduction in the number of people dying or experiencing serious injury at a population level. Our approach needs to change. Throughout the COVID-19 public health emergency, new ideas were quickly implemented that were intended to reduce the risks of the SARS-CoV-2 virus to British Columbians. To date, similarly novel but rapid approaches have not been introduced at the scale required to reduce the risks to British Columbians from unregulated drugs.

This crisis is complex, and there are no simple solutions that will lead to its resolution. People who use drugs come from every socio-economic background and live in communities of all sizes. There is no single stereotype or "face" representative of the thousands of lives lost. Because of the toxicity of the unregulated drug supply, any use puts people at immediate risk of death and other harms. Substance use often results from unaddressed concurrent challenges related to chronic pain, homelessness, poverty, racism, and mental health. Many of these challenges are multi-generational and are often rooted in unaddressed physical, emotional, and psychological trauma.

Indigenous Peoples are disproportionately impacted by the toxic drug crisis and a specific strategy will need to be developed with Indigenous Peoples to meet the needs of Indigenous Peoples and communities and respect their right to self-determination.

Previous reports authored by Coroners Service death review panels, the Office of the Provincial Health Officer, the BC Centre on Substance Use, the Legislative Assembly's Select Standing Committee on Health and the Representative for Children and Youth have called for a variety of initiatives including:

- Creation and evaluation of a substance use system of care that includes prevention, education, early identification and intervention, screening, care assessment and planning, treatment and care and ongoing health promotion, and where harm reduction services are embedded throughout the system;
- Social/emotional learning programs for youth;
- Greater access to withdrawal management and stabilization services;
- Increased access to voluntary treatment and after care support services;
- Provincial regulation and evaluation of all treatment services to ensure evidence-based practices and reportable treatment outcomes;
- More overdose prevention sites;
- More drug checking sites;
- Expanded accessibility of naloxone;
- Greater access to regulated drugs as an alternative to the unregulated toxic drug market for people at risk of unintended overdose due to an unregulated drug supply;
- Improved accessibility and navigation to all publicly funded substance use services available in the province; and
- Development of culturally relevant and culturally safer services and supports for Indigenous peoples, including youth and their families.

These initiatives must be included in a cohesive strategy that will effectively reduce deaths. Many currently exist, but lack the scale required to meet the increasing challenges of the crisis. Some of the unimplemented initiatives will take longer to develop and deploy equitably across the province.

A comprehensive provincial response should identify short-, medium- and long-term goals, and provide specific timeframes, clearly stated intended outcomes and measurable ways to evaluate effectiveness. Specific accountabilities for every level of government, including health authorities and other health systems partners, must be included, and publicly reported. The priorities must be preventing the multiple deaths occurring daily in our province and ending the public health emergency.

It is important to recognize that all substance use has inherent risks. However, these risks are significantly increased when the substances are obtained illicitly via an unregulated market with no quality controls or other protections. While the evidence base for safer supply services is still developing, early research findings from federally funded programs are promising (Government of Canada 2023).

B.C. is the first province in Canada to implement policy permitting access to a safer supply of substances for people who use drugs. The current program is prescriber-based, meaning that participants must first be assessed by a physician or nurse practitioner before being provided with a prescription to access pharmaceutical alternatives to the unregulated drug supply. Early evidence suggests there are benefits for people able to access these substances; however, systemic barriers have only allowed about 5,000 individuals to take part in these programs in any given month.

Current prescriber-based models are designed and intended to primarily serve individuals with an opioid use disorder and who already have access to the health care system. There are limits on the types of medications that can be prescribed, and any expansion of the programs would place additional burden on an already strained health care system in which more than twenty percent of British Columbians do not have a primary care provider (BCCFP 2022).

Significant coordination between the provincial and federal government, including a federal exemption to the *Controlled Drugs and Substances Act (CDSA)* would be required to pursue a non-prescriber-based model.

A fundamentally different approach is urgently required as incremental increases of existing interventions are unlikely to make a meaningful population difference and people will continue to die at unprecedented rates.

Recommendations

The panel recognizes that Indigenous peoples are disproportionately impacted by the unregulated drug crisis. In respecting commitments to reconciliation and supporting self-determination, the Province must further engage with Indigenous leadership to identify Indigenous-led solutions that align with *UNDRIP** and *DRIPA*** and to develop safer supply models that are designed for and by Indigenous communities.

The panel further acknowledges that the primary driver of the drug crisis is the inherently toxic and volatile nature of the unregulated drug supply. Providing people at risk of dying with access to quality controlled, regulated alternatives is required to significantly impact the number of people dying.

The existing recommendations made in the death review panel reports issued in 2018 and 2022 remain urgent priorities today.

In addition, due to significant limitations of the current medical model, a non-prescribed approach must be adopted, implemented, and evaluated. To urgently reduce the number of people dying, by general consensus the panel recommends:

1. That the provincial Ministry of Mental Health and Addictions immediately begin taking steps to apply to the federal Minister of Health and Minister of Mental Health and Addictions for a class exemption to the *Controlled Drugs and Substance Act (CDSA)* to allow access without a prescription to the class of opioid and stimulant drugs, for people at risk of dying due to the toxicity of the drug supply in British Columbia.

   The exemption request must describe how the Province will implement the necessary policy and programmatic structures to ensure public health and public safety will be addressed through:

   a. Governance and oversight at the provincial, regional and program levels;
   b. Eligibility criteria for people accessing non-prescribed controlled substances;
   c. How an eligible person's substance needs will be assessed to determine which substances can be accessed, and in what amounts;
   d. How the province would procure and sustain a legal and pharmaceutical grade supply of regulated substances;
   e. How the regulated substances would be managed and distributed from a central distribution resource;
   f. Minimum staffing requirements for programs, including staffing and training requirements for those providing services;
   g. The methods of storing and securing the regulated substances; and
   h. The methods of monitoring, evaluating, researching and reporting on implementation and outcomes.

*-UNDRIP is the *United Nations Declaration on the Rights of Indigenous Peoples*

**-DRIPA is B.C. legislation, the *Declaration on the Rights of Indigenous Peoples Act*, also known as the *"Declaration Act"*

2. That the Ministry of Mental Health and Addictions develop an application for agencies to apply for licensure and delegated authority to distribute the regulated substances on a non-prescription basis requiring:

    a. Agency governance and oversight of the program;
    b. That processes are in place to comply with the provincial eligibility criteria;
    c. That processes are in place to support participants to access treatment services as desired;
    d. That program processes/protocols are in place to ensure participant and public safety needs are adequately and safely determined;
    e. That processes are in place to utilize the services of a central provincial distribution resource;
    f. That workforce recruitment, staff training and safety protocols are developed;
    g. Compliance with provincial storage and security requirements and utilization of existing secure storage where available; and
    h. That processes are in place to provide program data and client information to the province for monitoring and evaluation purposes.

3. That the Ministry of Mental Health and Addictions engage with people with lived and living experience with substance use and family/caregivers in the process of planning, implementation, and evaluation to ensure the needs of people most at risk of dying from the unregulated drug supply are met.

4. That the Ministry of Mental Health and Addictions, in conjunction with the Ministry of Health and the Ministry of Indigenous Relations and Reconciliation, and respecting Indigenous self determination, further fund, support and engage with Indigenous leadership to identify Indigenous solutions to the crisis, potentially including, but not limited to the actions suggested above.

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Introduction

More than 13,000 British Columbians have died as a direct result of unregulated drugs since the provincial health officer first declared a public health emergency in 2016. In 2023, this equates to about 200 deaths each month, or about 6 people per day, across all areas of the province, including urban, rural, remote, and Indigenous communities.

The primary driver of death is the increased toxicity, volatility, and unpredictability of the unregulated drug supply. Various synthetic opioids and other adulterants including benzodiazepines and other substances are often found in toxicological testing and in drug sample testing, but the one constant throughout the emergency is illicitly produced fentanyl, a powerful synthetic opioid. The cause of death in nearly all instances is mixed drug toxicity, with fentanyl present in more than 85% of deaths in 2022.

Addressing the public health emergency and mitigating the impacts of the crisis demands an approach that blends prevention and response. Significant investment is required in building more robust prevention, treatment, and harm reduction approaches. However, in the short term, the most immediate way to meaningfully reduce the risks of significant injury and death is to ensure people who use drugs are not dependent on the unregulated drug supply.

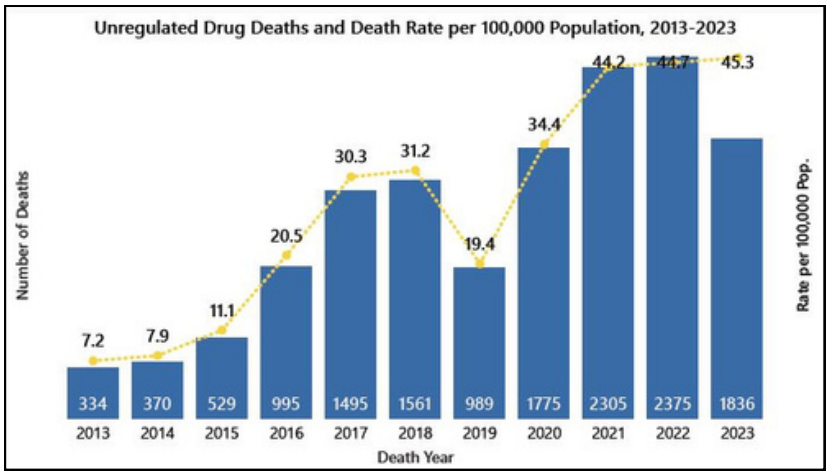
Providing quality-controlled alternatives of sufficient potency to people at risk of dying will reduce their reliance on the unregulated market. While recognizing that all drug use carries inherent risks, the panel believes the alternatives can be responsibly made available without a prescription by ensuring that rigorous safety and monitoring processes that address individual and public health and safety needs are in place.

Because the current unregulated supply is illegal, there are no consumer protections to ensure the safety of people who access the unregulated market. It is impossible to know what or how much of a substance is contained in a product when it is purchased, and adulteration and cross-contamination is an ever-present threat. This is a particularly significant concern for people who have never previously used **opioids**, have relapsed after a period of abstinence, or are stimulant, alcohol or benzodiazepine users and inadvertently consume fentanyl or one of its analogues. As the toxicity of the substances increase, so too does the risk of death from accessing them.

Currently as many as 225,000 in British Columbia may be at risk of death or serious injury through accessing unregulated drugs via the illicit market.

The Coroners Service releases monthly updates on unregulated drug toxicity deaths. While the numbers of people dying has increased over time, the demographic characteristics and risk factors of decedents have remained relatively consistent. The most current information can be accessed via the Statistical Reports page of the Coroners Service website.

Deaths due to toxic drugs are not unique to British Columbia. However, the rapid increase in the prevalence and concentration of fentanyl in the illicit drug supply since 2015 has dramatically increased the number of drug-related deaths in B.C. Between 2015 and 2022, the number of unregulated drug deaths more than quadrupled.



Source: Unregulated Drug Deaths in B.C. (to September 30, 2023), BC Coroners Service

The public health emergency is not limited to inner cities or urban areas, nor is it confined to people experiencing or at risk of homelessness or poverty. Deaths occur in every region of the province, in every health authority, to people of all socio-economic groups and in both youth and adults. Vancouver's downtown eastside (DTES) is the neighbourhood most severely impacted by the crisis, with a rate of death 10 times the provincial average. However, about 85% of deaths occur in areas outside the DTES and, amongst health authorities, the Northern Health Authority consistently experiences the highest death rate. Communities from Penticton and Prince George to Kamloops and Kitimat have been forever altered by the loss of family, friends, and neighbours. The impacts of the crisis will be felt for generations.

First Nations Health Authority data shows that First Nations peoples are overrepresented in both toxic drug poisoning events and deaths in B.C. This also likely applies to non-First Nations Indigenous people, as many of the underlying determinants of the greater rate of death among First Nations people also exist for other Indigenous peoples.

"In 2022, First Nations people represented 3.3% of the province's population, yet accounted for 16.4% of all toxic drug poisoning deaths. In 2022, First Nations people were also dying at a rate of 5.9 times that of other B.C. residents." (FNHA, 2023)

"First Nations women are experiencing even higher rates of toxic drug death. In 2022, First Nations women were dying at a rate of 11.2 times that of other B.C. women." (FNHA, 2023)

"First Nations people are disproportionally represented in toxic drug deaths because of: insufficient access to culturally safe mental health and addiction treatment; systemic racism being a barrier to accessing health care; intergenerational trauma caused by colonial laws, policies and practices." (FNHA, 2021)

Actions and interventions already implemented by governments at the federal, provincial, and local levels to address the crisis have not been effective in addressing the immensity of the problem. Now in its eighth year in BC, the threat to people who use drugs is as elevated as ever.

Many officials, committees, organizations, independent officers, agencies and expert panels, including the BC Coroners Service Death Review Panels convened in 2017 and 2021, and the all-party provincial Standing Committee on Health in 2022, have called upon government, both provincially and federally, to urgently address the crisis by taking measures to reduce stigma, expand harm reduction services and prevention efforts, deliver evidence-based, accessible treatment and recovery services, and address access to a legal regulated drug supply.

> *"...B.C.'s life expectancy at birth for males has declined as a direct consequence of the drug toxicity crisis."* (Government of BC, 2021, page 7)

Part One: Previous Work

Coroners Service Death Review Panels and Recommendations

The BC Coroners Service is mandated to investigate and review all unnatural and unexpected deaths in British Columbia. This process includes attending the location of the death, completing a physical assessment of the decedent, conducting interviews with family, friends and persons or service providers involved in the decedent's life, arranging necessary post-mortem testing, obtaining medical and pharmaceutical records, and documenting the investigation findings in a coroner's report. These investigative findings provide insight into the circumstances of a decedent's life.

Throughout the public health emergency, the Coroners Service has supported data-based decision making and public awareness efforts by:

- Providing monthly drug poisoning death data;
- Supporting partner agencies such as the First Nations Health Authority, the BC Centre for Disease Control, the Office of the Provincial Health Officer and the BC Centre on Substance Use through sharing coroner data as required under the Public Health Emergency declaration;
- Creating and releasing knowledge updates and reports that focus on the impacts of the crisis on those who are affected and the communities where they live; and
- Convening three death review panels to review drug poisoning deaths and make recommendations to government and other agencies to improve public health and safety and the prevention of deaths.

A death review panel is convened* to review and analyze the facts and circumstances of deaths to provide the chief coroner with advice on medical, legal, social welfare and other matters concerning public health and safety. A death review panel may review one or more cases before, during or after a coroner's investigation, or inquest. Death review panel members are appointed by the chief coroner under section 49 of the *Coroners Act* and have included professionals with expertise in substance use, mental health and addictions, medicine, public health, First Nations health, persons with lived experience, regulatory practices, policy, research, policing, and public safety.

*-Under the *Coroners Act*

The first death review panel reviewed the circumstances of **1,854 people who died from unregulated drugs between January 1, 2016 and July 31, 2017.**

The panel made three recommendations:

- **Recommendation 1:** *Ensure Accountability for the Substance Use System of Care* which would set standards for provision of evidence-based treatment and require that these programs be systematically evaluated and monitored to ensure compliance.
- **Recommendation 2:** *Expand Opioid Agonist Treatment (OAT) and Assessment of Substance Use Disorders* to link patients at risk of overdose to evidence-based treatment services and to ensure the availability of Opioid Agonist Therapies for treatment of persons with opioid addiction.
- **Recommendation 3:** *Expand Drug Use Safety Options* through expanded access to naloxone and community-based drug checking services.

In December 2021, a second death review panel was convened as a response to the continued increase in unregulated drug toxicity deaths, with **6,007 more British Columbians dying between August 1, 2017 and July 31, 2021.**

The panel made three broad recommendations:

- **Recommendation 1:** *Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply* by identifying eligibility criteria and availability to those at risk of dying due to toxic illicit drugs, as well as ensuring oversight, monitoring and evaluation.
- **Recommendation 2:** *Develop a 30/60/90 Day Illicit Drug Toxicity Action Plan with Ongoing Monitoring* by setting clear goals, targets and timelines to reduce the number of deaths; enhance oversight, monitoring, tracking of outcomes, and identifying and managing risks.
- **Recommendation 3:** *Establish an Evidence-Based Continuum of Care* by implementing the framework, increasing access to evidence-based care, evaluating the services and addressing policies that discourage workers from seeking help and support for substance use disorders.

The actions reported by the various agencies who received these panel recommendations are available on the Coroners Service website.

In response to the continued and increasing death toll, in December 2022 the chief coroner convened a standing death review panel of subject matter experts to meet on an ongoing basis. The panel was tasked with the priority of identifying urgent and immediate actions that could significantly reduce the number of deaths resulting from the unregulated drug crisis.

Between August 1, 2021 and September 30, 2023, another 5,238 people lost their lives to toxic drugs in British Columbia.

Accordingly, the current panel has focused its attention on the 2022 death review panel report's Recommendation #1, to *Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply* that is available and accessible to people who use drugs throughout B.C.

March 2022 Death Review Panel Recommendation One

RECOMMENDATION 1: Ensure a Safer Drug Supply to Those at Risk of Dying from the Toxic Illicit Drug Supply

Priority actions identified by the panel are:
On an urgent basis and by May 9, 2022, the Ministry of Mental Health and Addictions and the Ministry of Health, in collaboration with the CEOs of the Regional Health Authorities, the Provincial Health Services Authority, and the First Nations Health Authority, will develop a plan to:

- Create a provincial framework for safer supply distribution, in collaboration with the BC Centre for Disease Control and the BC Centre on Substance Use and people who use drugs, that includes both medical and non-medical models.
- Rapidly expand the safer drug supply throughout the province to ensure a safer supply is available in all communities, including rural/remote and Indigenous communities where people are at risk of dying due to toxic illicit drugs.
- Identify eligibility criteria for people at risk of death from toxic illicit drugs that lowers barriers to obtaining and continuing a safer drug supply of pharmaceutical alternatives, and ensure this criteria is adopted across health authorities and practitioners in the province.
- Provide a range of medication options that reflect the needs and substance use patterns of those at risk.
- Ensure oversight, monitoring and timely evaluation of safer drug supply distribution and dissemination of preliminary findings.
- Connect more people accessing safer drug supply services with health and social services including substance use treatment where appropriate.
- Increase meaningful engagement of a diverse range of people with lived and living substance use experience in all health system planning, design and implementation to ensure the safer drug supply and distribution mechanisms address their needs.
- Ensure that high-quality and fast drug checking services are available and accessible across the province, so that:
    - People have better knowledge about non-pharmaceutical drugs they consume, and
    - Health authorities can establish improved illicit drug market surveillance, identify novel dangerous adulterants, and provide early warnings about changes in the illicit drug supply.

Part Two: Discussion

Indigenous Self-Determination

The panel acknowledges and supports Indigenous leadership and communities being fully involved in discussions and planning for safer supply and in leading that development through a separate process based on readiness and need.

"In working to uphold Indigenous rights in the context of safer supply distribution, program leaders and developers can draw on the following principles:

- *Reducing the harms of the unregulated drug supply is inextricably linked with reducing the harms of colonization.*
- *Recognition for the diversity of Indigenous communities' views on harm reduction and safer supply.*
- *Respect for Indigenous ownership of community data in accordance with the principles of OCAP (ownership, control, access and possession).*
- *Self-determination about how safer supply is implemented (programs must meet obligations under the Declaration on the Rights of Indigenous Peoples' Act).*
- *Acknowledgement of Indigenous perspective on health and wellness.*
- *Recognition of opportunities to learn from Indigenous models of care."*
  (BCCDC/BCCSU/FNHA report 2023)

Youth

Since the public health emergency was declared approximately 1.3 percent of unregulated drug poisoning deaths have been among children and youth (Coroners Service data). The impact of unregulated drug harms comprises the largest percentage of youth deaths and a larger number of critical injury incidents. Additionally, young people experience trauma due to the deaths and injury of parents, siblings, relatives, and caregivers which can result in coming into government care, losing contact with family and friends, and losing a sense of cultural and community connection.

The panel considered the impact of the unregulated drug supply on youth and determined that the needs of young people are significant, but would better be addressed through a separate process from the work of this panel which focuses on adults. Given the mandate, and work done to date in this area, a focused review of the impacts of illicit toxic drug supply on children, youth and young adults and the necessity of a coordinated trauma-informed and culturally attuned response would most appropriately be led by the Office of the Representative for Children and Youth.

Every person's relationship with substances is unique, and the underlying reasons for why someone uses drugs may be complex and can be rooted in trauma or other life conditions beyond their control or may be for recreational purposes. Solutions that adequately address the scale and severity of the public health emergency must sufficiently address those needs in the population.

The stigma, racism and discrimination associated with substance use creates societal, institutional, and personal barriers that prevent people from accessing the services they require to stay safe. (Death Review Panel Report 2022, page 24) While substance use disorders are a significant risk factor, Coroners Service protocol cohort data from previous death review panels show that many of the people who have died did not have a substance use disorder diagnosis, representing a segment of the population that could particularly benefit from access to alternatives to the unregulated drug supply.

Table 5: Percentage of Illicit Drug Toxicity Deaths with a Mental Health Diagnostic Code within the Past Year, Linked Data Cohort, Aug 2017 – Dec 2018

	Linked Data Cohort	20% Random BC Population
Mental health diagnostic code (including substance use disorder)	43%	14%
Mental health diagnostics code (excluding substance use disorder)	20%	13%
Substance use disorder codes	35%	2%

Note: December 31, 2018 or date of death used as reference date for 20% random population sample.

Source: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf

Regulation of Controlled Substances in Canada

Controlled Drugs and Substances Act

In Canada, substances produced as medication are regulated under the federal *Food and Drugs Act (FDA)*. These regulations describe the production and quality assurance processes that ensure the purity and potency of the products. The *Controlled Drugs and Substances Act (CDSA)* regulates the importation, production, exportation, distribution, and use of scheduled substances*.

In B.C., a federal exemption under section 56 of the *CDSA* would be required for distribution of any scheduled substances using a non-prescriber model, and regulatory changes under the *FDA* might also be required.

> *A Section 56 (1) exemption authorizes specific activities with controlled substances or precursor chemicals that would otherwise be illegal.* (Government of Canada, 2022)

*-For the purposes of this panel, scheduled substances include those in Schedule I, II, III, IV or V of the *CDSA*

A Section 56 exemption is a formal document issued to a person or group by the federal Minister of Health. Although no formal application exists and via discussions with the federal government, a Section 56 exemption application to distribute controlled drugs without a prescription must address:

- Medication supply, transport, handling, storage, and labelling;
- The role of any regulated health professionals (if applicable) and other staff in managing medication supply; safeguards adopted to minimize unintended consequences, including diversion;
- Participant eligibility criteria;
- Security measures, controlled substance disposal protocols;
- Service locations, staffing policies, hours of operation; and
- Results of engagement with local groups and communities. (BCCDC/BCCSU/FNHA report 2023)

Continuum of Substance Use Services

In any emergency, the greatest number of resources are usually dedicated to addressing the most extreme potential consequences. In the drug toxicity public health emergency, the most extreme outcome is death from toxic drug poisoning.

The issue of drug use in British Columbia, and in society in general, is complex. Long-term solutions to the harms caused by substance use are not simple, and any effective intervention will require significant investment of both financial and human resources to address the underlying determinants of substance use harms, reform to modernize drug policy and upgrade the overall substance use system of care, from education and health promotion to harm reduction, stabilization and recovery programs and post-treatment supports.

> *"In Canada, services for people who use substances are chronically underfunded. With the system struggling to meet the more acute needs, access to services for people with substance use disorder is inadequate, and services for people at risk but not diagnosed with a disorder are almost non-existent."*
> (Health Canada Expert Task Force on Substance Use, June 11, 2021. p 9)

Adequately addressing both the current crisis and the concurrent harms demands a comprehensive approach. This includes:

- Supporting children, youth and families by giving them the tools to grow up physically, emotionally and socially healthy in safe and supportive families, communities and institutions.
- Developing substance use policies and programs that minimize health and social harms.
- Providing effective voluntary substance use treatment and support services that are:
  - Evidence-based, regulated, evaluated, available when and where people need them, and that are free of stigma, trauma informed and culturally safe.
  - Subject to the same rigour, regulation and oversight that would be demanded through treatment for other chronic health issues like asthma, diabetes, or cancer.
- Recognizing that not everyone using substances requires treatment, and those with substance use disorder may not be ready or able to access treatment. Everyone is still deserving of access to a full range of harm reduction services.
- Accepting that no single intervention will resolve the crisis on its own.

Provincial actions undertaken to address the unregulated drug toxicity crisis to date include:

- Expansion of **supervised consumption sites** and **overdose prevention sites**;
- Expansion of the delivery of treatments such as **Opioid Agonist Therapy (OAT)** and **injectable Opioid Agonist Therapy (iOAT)**;
- Creation and implementation of provincial safer supply policy;
- Increased funding for treatment and supportive recovery; and
- Expansion of **naloxone** availability and **drug checking** services.

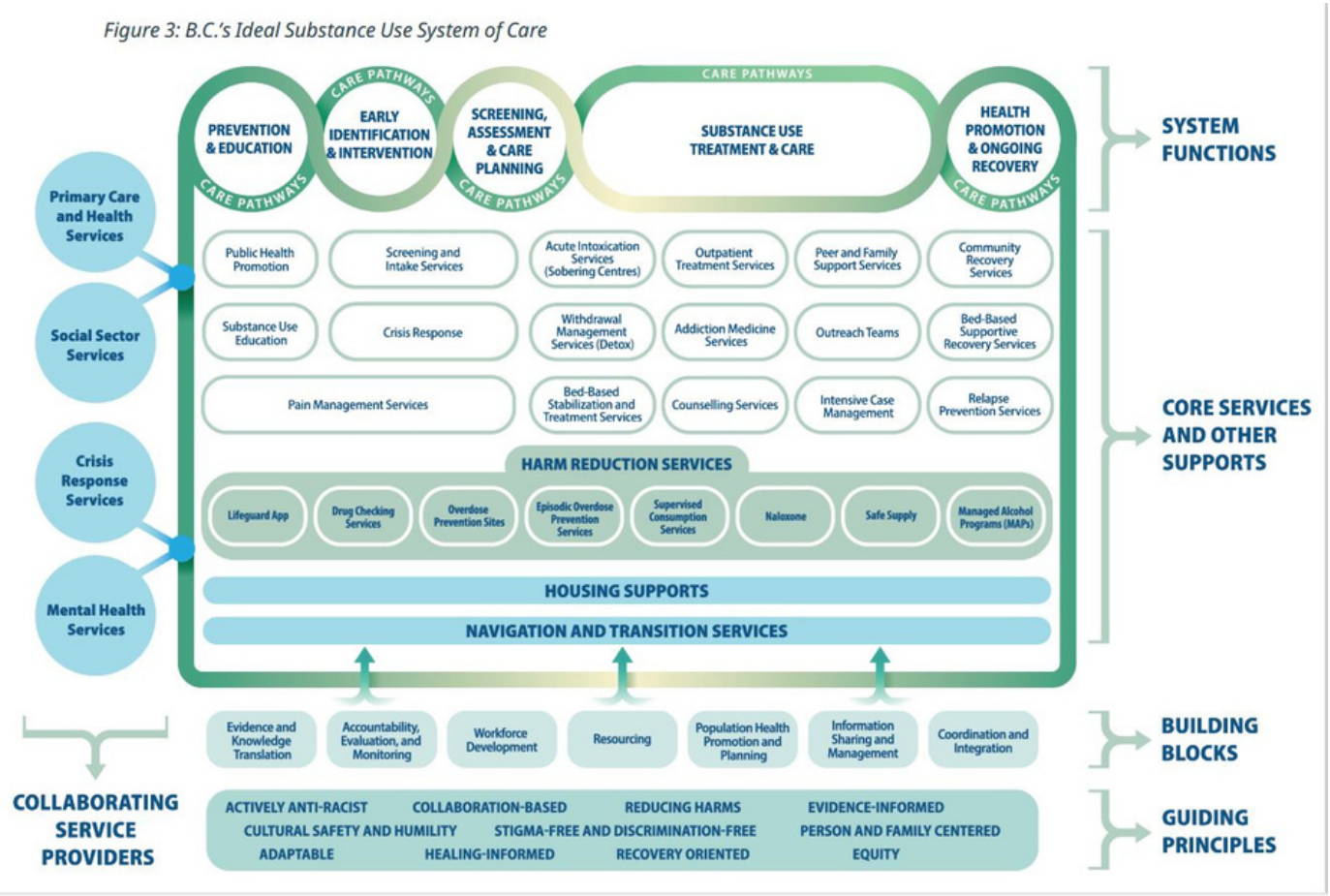
While in many cases these interventions have been novel and unique among Canadian jurisdictions and supported by evidence of efficacy at an individual level, at a population level the death toll continues to rise (Death Review Panel Report, 2022, p. 24).

Many of the treatment and support programs and services required to address the crisis (as illustrated in the Ministry of Mental Health and Addictions' "B.C.'s Ideal Substance Use System of Care" on the page following) will take years to create, implement, expand, and evaluate. That reality should not prevent the development of immediate initiatives to ensure that people who use drugs are not forced to rely on an unregulated drug supply until a comprehensive approach is available.

Efforts to prevent deaths should continue to be escalated alongside the building up of a full-spectrum system of service to support long-term healing and wellness.

"Rapidly scale up a flexible, evidence-based, low-barrier, comprehensive continuum of care that spans the social determinants of health, prevention and education, harm reduction, safer supply, and treatment and recovery..."
-List of Recommendations, Select Standing Committee on Health, 2022

Figure 3: B.C.'s Ideal Substance Use System of Care



Decriminalization

"There is widespread global recognition that the failed 'war on drugs' and the resulting criminalization and stigmatization of people who use drugs has not reduced drug use but instead has increased health harms." (PHO, 2021)

"Drug prohibition was meant to reduce drug use and the perceived associated harms. Instead, it has fuelled an epidemic of drug poisonings/overdose deaths and created a dangerous illegal market supporting high-level, transnational organized crime."
(Canadian Drug Policy Coalition, 2023)

The **stigma** associated with substance use disorder is a barrier for many people who might otherwise seek help. Recognition that substance use is a health issue, rather than a criminal offence, encourages people to seek help instead of hiding their addiction for fear of criminal sanction and/or public disapproval.

On January 31, 2023, Health Canada granted the Province of B.C. a 3-year subsection 56 (1) exemption under the *Controlled Drugs and Substances Act* to decriminalize people who possess a small amount of certain illegal drugs for personal use.

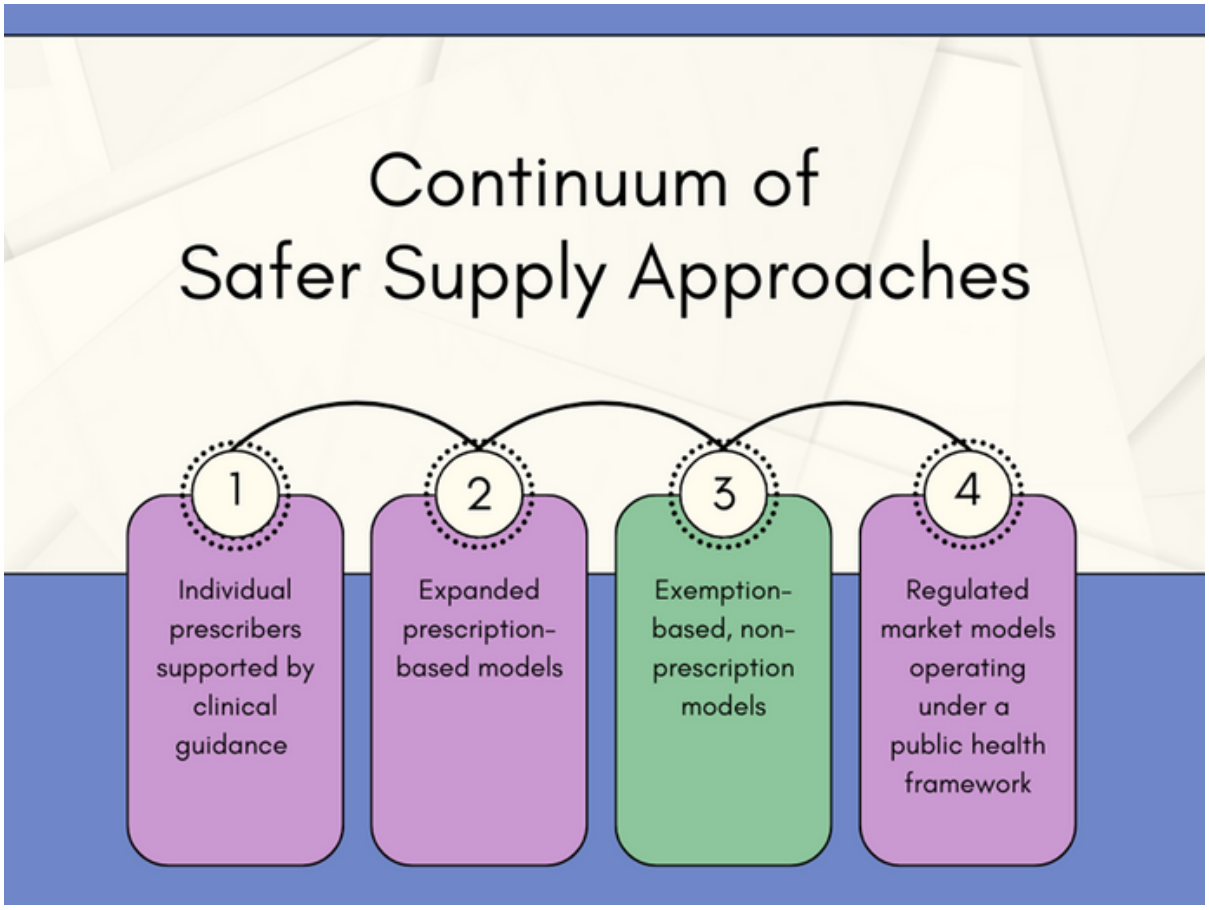
"This exemption does not mean drugs are legalized. The drugs included in the exemption remain illegal; however, adults who are found in possession of a cumulative total of as much as 2.5 grams of opioids, cocaine, methamphetamine and MDMA for personal use will no longer be arrested, charged or have their drugs seized, if abiding by the scope and conditions of the exemption. Instead, police will offer information on available health and social supports, as well as local treatment and recovery options."
(Government of BC Media Release)

While **decriminalization** may help reduce the stigma surrounding drug use and substance use disorders and support people in seeking help and services, it is not a primary strategy to reduce deaths in the short term or to better link people to health and social services. Although decriminalization removes criminal sanctions, the illicit drugs remain unregulated and their composition is of unknown quantity and quality.

Approaches to Replacing the Unregulated Drug Supply

Any successful approach to providing a regulated supply of drugs must recognize that:

- Not everyone who uses drugs has a substance use disorder;
- Not everyone who uses drugs is seeking to reduce or stop their use;
- Not everyone needs in-patient treatment and recovery services. The current services in B.C. are limited, often not evidence based and often expensive, and those wishing to access these services often encounter significant waiting times, navigation and/or other barriers for example precarious housing, employment, childcare;
- There is a need for a regulated drug supply beyond urban areas, and universal provision of access to a regulated drug supply will require addressing the systemic barriers faced by Indigenous and rural/remote communities;
- Recovery journeys are rarely linear; relapses should be anticipated; and
- Securing stable housing and pathways to employment positively impacts health outcomes.



Source: BCCDC/BCCSU

In British Columbia, the current safer supply model is a medical model guided by a provincial safer supply policy.

Most often, this approach is used to engage people in care or as a supplement to other forms of treatment. The decision to allow access to the substance rests with the medical professional and not with the person using it.

> *"Barrier-free access to treatment is essential for persons with substance use disorders and mental illness."* (BCCDC / BCCSU, FNHA 2022)

A regulated drug supply assures certainty about what compounds are in the substances they are using. They can then take measures to ensure their safety when consuming them. It is important to distinguish this from drug checking activities that, even with scale, will not entirely separate people from the illicit drug supply and should therefore be considered a separate harm reduction strategy.

Knowledge of the ingested substances can also greatly assist in life saving efforts in the case of an emergency. For example, medications like naloxone will reverse the effects of opioids, but will not reverse the sedation caused by benzodiazepines.

Additionally, access to regulated substances will allow people to have greater control over their health and remain safer if they are waiting to access withdrawal and/or treatment and recovery services. Though there is no available provincial data, experts estimate that, depending on location, wait times to access withdrawal management services can be up to a month, with additional wait times for other treatment services. Geographical limitations and eligibility restrictions also limit access. At a minimum, a regulated drug supply can be seen as a bridge to keep people safer while they wait for services or during periods of relapse.

Prescriber-Based Regulated Substances

Providing access to regulated, quality-controlled alternatives for people who use drugs does not eliminate all risks related to substance use. It does, however, greatly reduce the risk of death. Similarly, while this approach should significantly reduce the number deaths, it will not resolve the crisis on its own. It will begin to address the most urgent priority of the crisis: keeping people alive.

Prescribed safer supply is a provincial government policy that supports prescribing pharmaceutical grade alternatives to people who are at risk of drug poisoning events from the unregulated drug supply. It is meant to reduce drug-related harms, including injuries and deaths, enhance connections to health and social supports, and improve health and wellbeing for people receiving these medications.

It is intended to support people with a diagnosed substance use disorder, or those who actively use unregulated drugs and are therefore at high risk of death. (Government of BC, 2021, p. 3-4). Recent research shows that there is a reduction in all-cause mortality and drug poisoning among recipients of regulated pharmaceutical alternatives.

Prescriber-based initiatives exist within a medical model and as such primarily reach individuals who are willing and able to access the health care system. There are limits on the types of medications that can be prescribed, and any expansion of existing programs would place additional burden on an already strained health care system in which more than twenty percent (BCCFP 2022) of British Columbians do not have a primary care provider. Additionally, prescriber-based models face challenges in simultaneously trying to exist within the responsibilities of the medical model and provide a true public health safer supply approach.

On March 26, 2020, the Province of B.C. and the BC Centre on Substance Use (BCCSU) introduced interim Risk Mitigation Guidance for the prescribing of pharmaceutical alternatives to the toxic drug supply in the context of COVID-19. In July of 2021, the provincial policy on prescribed safer supply was released and in coordination with government and the BCCSU updated the Risk Mitigation Guidance in January 2022. Since then, additional clinical guidance and protocols have been developed to support expansion of a variety of medications enabled under the provincial prescribed safer supply policy.

Prescribed safer supply is **not** intended to be or replace substance use disorder treatment.

Some people with substance use disorders may benefit from evidence-based pharmacological treatments. For example, some individuals with opioid use disorders may benefit from prescribed opioid agonist treatments (OAT and iOAT) used to manage withdrawal symptoms and/or cravings. These treatments are most commonly available in the form of buprenorphine/naloxone, methadone, and slow-release oral morphine. Doses may be witnessed at a pharmacy or provided via take-home doses.

Provincial government data shows that, in June 2023, "approximately 4,619 people were prescribed safer supply opioid medications," meaning that only a small percentage of British Columbians at risk of death or serious injury are accessing prescriber-based safer supply. Hydromorphone is the most prescribed safer supply opioid medication, and when indicated for safer supply prescribing is noted on the prescription as "PSS" for tracking and evaluation purposes.

> *Hydromorphone is also prescribed for pain management in many other contexts. Prescriptions for safer supply account for about 14% of the total hydromorphone prescriptions written in B.C.* (Government of BC, September 25, 2023)

Most of the people accessing prescribed safer supply live in urban areas like Vancouver and Victoria, and access in smaller communities and more rural and remote areas of the province is limited. Because it is still a relatively new initiative, declarative findings on the efficacy of safer supply initiatives are still being established. Programs are being monitored and evaluated; evidence is being generated through evaluation and research.

In addition to provincial safer supply policy and programming, Health Canada has also funded several other safer supply pilot projects throughout the country. While the evidence base for these services is also developing, the Government of Canada notes that early research findings are promising and show that services contribute to:

- Reduced infections;
- Decreased crime activity;
- Lower rates of overdose deaths;
- Reduced hospital admissions and emergency room visits;
- Improved connections to general medical care;
- Improved connections to housing and social supports; and
- Improved connections to care and treatment for people who have not had support services in the past. (Government of Canada, April 25, 2023), (Ontario Drug Policy Research Network, July 2023), (Gillian, K., & Fajber, K., 2023)

The current evidence suggests that prescribing a safer supply has a role to play in creating alternatives for people to accessing the unregulated drug market. More research and evaluation of the current model is needed to assess its efficiency and effectiveness in meeting the needs of people who access the program.

> *BC Coroners Service data consistently shows that prescribed safer supply is not contributing to the increase in drug-related deaths.*
> -BC Coroners Service Statistical Reports

Challenges of attempting to place safer supply within the medical model include:

- A medical model, which may be inappropriate for those who use illicit substances but do not have substance use disorder;
- The current model is primarily only reaching those with an opioid use disorder and connection to the health care system, leaving the majority of people at risk without access;
- Concerns related to cultural appropriateness and cultural safety that exist in the health care system;
- The limited hours of operation of prescribers and pharmacies;
- The limited implementation of safer dug prescribing among prescribers, especially outside of urban centres;
- Issues related to diagnostic and monitoring requirements such as urine drug screens and witnessing of drug consumption;
- Lack of accessibility to primary health care providers (approximately 1 million British Columbians do not have a primary care provider); and
- Limited scope of available pharmacological options, including both limits of potency (i.e. fentanyl exposure may indicate a high tolerance that cannot be matched with a less potent opioid such as hydromorphone) as well as route of administration (i.e. lack of options for those whose preferred route of consumption is inhalation).

Non-Prescriber-Based Regulated Substances

Because the current prescriber-based model is unable to address the scale of the public health emergency and the needs of people who are either unable to access that program or whose needs cannot be addressed by that program, a lower barrier, non-prescriber model to support expanded access to regulated drugs has become more urgent. A non-prescriber model (or models) will help reduce the significant risk of injury or death to the tens of thousands of people currently reliant on the unregulated supply.

There is a need for equitable access to a safer drug supply beyond urban areas. Universal provision of access to a non-prescribed regulated supply must address systemic barriers faced by Indigenous and rural communities. Meeting exemption requirements may be a significant barrier in some areas that cannot meet transportation, storage, and distribution requirements. Additional supports and funding will be required to ensure equity of access and sustainability throughout the province.

> *"There are unique barriers to both accessing and providing substance use care in rural and remote areas (e.g., distances between townships, limited transportation systems, small service centres, inclement and/or extreme weather, potentially limited social, educational and employment opportunities and reduced anonymity and ability to maintain privacy)."*
> (BCCS Panel Report 2022 p. 16)

The panel believes that, with rigorous safety and monitoring processes in place, provision of regulated drugs without a prescription can be performed responsibly and in a manner that ensures individual and public health and safety concerns are addressed.

A non-prescriber-based model recognizes that:

1. We are in a crisis that is not abating – more than 13,000 people have died, with projections that 2023 will have the highest death rates since the public health emergency was declared in 2016.
2. Interventions to date have not reduced the number of people dying at a population level and have not been commensurate with the scope and magnitude of the crisis.
3. The primary cause of drug poisoning deaths is the unregulated toxic drug supply – enabling access to alternatives to the toxic drug supply for people who use drugs is therefore key in reducing the number of deaths.
4. Regulated, evidence-based treatment services are not currently widely available or accessible throughout the province.
5. Not all people who use unregulated toxic drugs are eligible, able or want to obtain treatment.
6. Even those able to access treatment successfully are at risk of relapse and death from the unregulated drug supply; relapse is often part of the recovery journey.
7. Replacing toxic drugs with alternatives of known composition will reduce the number of people who die.
8. Providing stability to vulnerable populations results in less crime and improved health and social outcomes.
9. **Urgent action is required to prevent further drug poisoning deaths and end the public health emergency.**

Caveats

- The use of any medication, including controlled substances, is not without risk.
- Providing controlled substances without a prescription will not eliminate all deaths and would be one component of a comprehensive overdose response and a strategic approach to building a substance use system of care.
- Evidence suggests that some people receiving regulated substances may also continue to access the unregulated drug supply.
- Some people will continue to solely access the illicit drug market for reasons such as product availability, distrust of government initiatives, ease of access, and cost.
- Although research from prescribed models shows benefits, ongoing review will be needed to ensure that benefits are maximized and potential harms and mitigated through non-prescription access.
- Robust oversight and monitoring are required to meet individual and, public health and safety concerns.

Part Three: Components of a Non-Prescriber-Based Regulated Drug Supply Model

A non-prescriber-based model must be informed by, and responsive to, the unique needs and circumstances of different communities and populations. Sufficient safety precautions must adequately balance the magnitude of the crisis with the need to minimize unintended potential harms.

As safer supply distribution programs would exist on a continuum, the ability for people to transition between a non-prescriber model, a medical model and substance use treatment (when appropriate) should be a key feature. The model must include processes for comprehensive data collection, real time monitoring, and measurable targets for outcome evaluation and monitoring. It must also include mechanisms that allow for approaches to be adapted quickly based on evidence generated through monitoring, evaluation, and oversight.

The panel recognizes the need for balance, ensuring the fewest barriers to access with the ability to maintain individual and public health and safety. Cost to participants for regulated drugs creates a barrier for some people to access but must be balanced off with individual and public health and safety concerns such as diversion. Charging participants a price equivalent to unregulated drugs would remove any incentive to divert non-prescribed regulated drugs, by eliminating any potential economic benefit. However, charging for non-prescribed drugs would create a barrier for people with limited income.

Options to achieve a balance of access and addressing concerns about diversion could be achieved by charging an equivalent price to unregulated drugs for people wishing to consume the substances offsite and providing the regulated drugs at no cost to people consuming drugs onsite. Additionally, in terms of establishing prices for regulated non-prescribed drugs, a user-pay model could apply other public health tools such as incentivizing lower potency drugs and alternatives.

The panel identified the following components/criteria that must be addressed to ensure the success of a request for an exemption under section 56(1) of the *CDSA*:

- Governance (Oversight) – at the provincial, regional and local levels
- Eligibility
- Program Access Processes
- Production and Procurement
- Supply Management and Distribution
- Staffing and Training
- Storage and Security
- Monitoring, Evaluation, and Research

Governance

A non-prescriber-based model would be overseen by the province, under the direction of the Ministry of Mental Health and Addictions, and with participation from all levels of government and Indigenous leadership. Regional and local governance structures should be established that include representation from people with lived and living experience.

The Ministry of Mental Health and Addictions would apply for a class exemption and, through its governance function, would delegate responsibility for distributing regulated drugs without a prescription to agencies who apply and satisfactorily demonstrate their ability to meet the established criteria to do so.

General Eligibility

The panel agreed that, while establishing criteria for eligibility was important, it must be balanced with the reality that anyone accessing the unregulated drug supply is at direct risk of death. Provincial eligibility criteria for non-prescriber drug supply:

- B.C. residents 19 years and older who are at risk of injury or death from drug poisoning.

Access

To maximize public health and public safety, the province must require that any agency applying to distribute non-prescribed regulated substances identify how participants would be:

- Verified for eligibility using provincial protocols;
- Reviewed for drug required, dosage and amount, risk of harm and counselled on ways to reduce that risk including access to substance use treatment (if applicable);
- Provided with information about drugs that are available, the risks and benefits;
- Offered connection to range of other existing services (including substance use and social services); and
- Referred to supports or services if ineligible for non-prescribed regulated drugs.

Standardized protocols must be established that determine participant needs and increase awareness of how to reduce risks of drug-related harms and how to access other substance use supports, treatment and services. Protocols will also need to identify the level of personal information needed to access non-prescribed regulated drugs.

Manufacturing, Production and Procurement

The province (in partnership with the federal government where appropriate) must establish an ability to acquire a quality-controlled supply of substances that is labeled, of known concentration and composition and from a regulated source. Focus should initially be on a limited number of products (i.e. opioids and stimulants) that are of a sufficient quality to minimize continued dependence on the unregulated market. Importantly, the list of substances will require regular review to ensure the evolving needs of the community are met. Compounding pharmacies should be engaged to investigate the production of specific formulations.

Securing a regulated supply may require the province to contract with suppliers to ensure the substances are manufactured in the quantity needed. Coordination at the provincial and federal level may also be required to ensure stable supply chains for these medications. This is critical to ensure that programs do not experience product shortages.

Central Provisioning Resource

A central distribution centre model must be established to oversee supply management, drug orders, product security requirements, supply chain, medication availability, transport and delivery mechanisms. The central distribution resource would perform an auditing function and actively participate in program evaluation and monitoring.

Distribution from Supplier

To support rapid scale up, the province should leverage existing public health and public safety regulations regarding the distribution of regulated drugs. The province should also ensure protocols are in place for secure transport and delivery from the manufacturer to a secure storage facility (i.e. hospital/local pharmacy/community health centre).

Staffing and Training

The province would require standardized curriculum and skills training for those working in non-prescriber safe supply programs. Training would include knowledge of:

- Drugs and drug amounts;
- Methods of transitioning people from the illicit drug supply to the regulated drug supply;
- Drug storage and handling;
- How to assess participant needs;
- How to respond to a toxic drug emergency;
- Harm reduction and local/regional substance use supports, treatment and social services;
- Trauma-Informed Services; and
- Culturally safe and inclusive Indigenous perspectives on health and wellness and Indigenous models of care.

The province should develop the training in conjunction with other levels of government and Indigenous leadership. Training requirements will vary based on job function. The creation of additional work will necessitate additional work force staff. Recruitment efforts must include engagement of people with lived and living experience of substance use as potential employees.

Storage and Security

The province should utilize existing public health and public safety regulations with regards to storage and security of regulated drugs. Measures that would be in place to audit and maintain safety of inventory and security of the drugs (both in storage and in transit) would include:

- Appropriate storage for quantities of drugs on site;
- Security and safety measures in place for staff;
- Identified criteria for persons within agencies who will be responsible for drug supply management; and
- Accounting and handling processes to identify and mitigate risks of diversion or missing medications.

Monitoring, Evaluation and Research

A robust provincial and regional monitoring and evaluation process must be established to support client and public safety, generate evidence regarding the efficacy of the model, and support ongoing service quality improvements. Activities will need to be developed, and regional and agency data must be linked to overarching provincial non-prescription monitoring and evaluation processes.

Data will be made publicly available and program participants will be informed of ongoing program evaluation needs to support the viability of the program. Consent would be obtained for participation in any additional research or client surveys. The capacity to monitor the impact of a non-prescribed regulated drug supply on deaths and emergency health services already exists.

The panel discussed the need to balance low barrier access with the necessity of collecting information about participants. A requirement for participants to provide personal identifiers may prevent some people from accessing the program because of concerns about anonymity, distrust of government use of information, fear of employment or child welfare repercussions. Further, the ability to conduct program evaluation and generate population outcomes could be done without personal identifiers.

However, other forms of real time monitoring and evaluation would require personal identifiers. These would include:

- The ability to determine whether non-prescribed drugs contributed to an individual's death;
- The ability to determine whether non-prescribed regulated drugs were contributing to overall drug poisoning deaths; and
- The ability to track whether people were accessing non-prescribed drugs from more than one provider.

Monitoring, evaluation, and research should leverage existing systems and infrastructure such as the BC Centre on Substance Use and the BC Centre for Disease Control and include linkage to existing government databases to rigorously assess outcomes experienced at the individual and the population level. It would include qualitative and quantitative approaches and focus on the following approaches:

1. Operations and Service Delivery

- Participant surveys
- Implementation processes and outcomes
- Program evaluation: number of sites, number of participants, drugs dispensed, amount dispensed etc.
- Participant health indicators and outcomes
- Public safety indicators and outcomes
- ***Population Indicators (Provincially and by Local Health Area; not an exhaustive list):***
  - Numbers of drug poisoning deaths and death rates
  - Numbers of deaths and death rate attributed to a non-prescribed drug supply
  - Number of people with opioid use disorder, stimulant use disorder and alcohol use disorder over time
  - Data on patterns of youth substance use
  - EHS Attended Opioid Events
  - Hospitalization /ER visits for overdose
  - Newly diagnosed substance use disorders

2. Research and Evaluation

- Generate new knowledge – as there is not a precedent for a non-prescriber model of regulated drugs there is much to learn. It will be important to:
  - Determine the intended and unintended outcomes (i.e., deaths, injuries and diversion) of the non-prescriber program to allow quick program change and adaptation;
  - Determine beyond the impact on death rates, how a non-prescribed regulated drug program impacts upon the quality of the lives of people utilizing the program;
  - Determine lessons learned from program implementation; and
  - Identify and access appropriate health and other government data to measure and monitor longer term outcome through linked data sets.

"Evaluation ….is fundamental to determining the impacts of this policy, and to identify, understand, and prevent or mitigate any potential risks or harms to individual clients, as well as at a population level." (Government of BC, 2021)

Provincial Delegation to an Agency

An agency seeking to deliver a program providing non-prescribed substances would apply through provincial application for licensure and delegated authority. The agency would need to identify through the application how it will:

- Govern and oversee the program;
- Comply with the provincial eligibility criteria;
- Ensure participant needs were adequately assessed;
- Utilize the services of the central distribution centre;
- Comply with workforce recruitment, staff training and safety protocols;
- Comply with provincial storage and security expectations and utilize existing secure storage where available; and
- Provide program participant information for monitoring and evaluation purposes.

> *"Safer supply means providing people who use drugs with drugs that are safe, regulated, and of known type, quality, and concentration so that they are not seeking those drugs."*
> (PHO, 2021)

Part Four: Recommendations

The panel recognizes that Indigenous peoples are disproportionately impacted by the unregulated drug crisis. In respecting commitments to reconciliation and supporting self-determination, the Province must further engage with Indigenous leadership to identify Indigenous-led solutions that align with *UNDRIP* and *DRIPA,* and to develop safer supply models that are designed for and by Indigenous communities.

The panel further acknowledges that the primary driver of the drug crisis is the inherently toxic and volatile nature of the unregulated drug supply. Providing people at risk of dying with access to quality controlled, regulated alternatives is required to significantly impact the number of people dying.

The existing recommendations made in the death review panel reports issued in 2018 and 2022 remain urgent priorities today.

In addition, due to significant limitations of the current medical model, a non-prescribed approach must be adopted, implemented, and evaluated. To urgently reduce the number of people dying, by general consensus the panel recommends:

1. That the provincial Ministry of Mental Health and Addictions immediately begin taking steps to apply to the federal Minister of Health and Minister of Mental Health and Addictions for a class exemption to the *Controlled Drugs and Substance Act (CDSA)* to allow access without a prescription to the class of opioid and stimulant drugs, for people at risk of dying due to the toxicity of the drug supply in British Columbia.

   The exemption request must describe how the Province will implement the necessary policy and programmatic structures to ensure public health and public safety will be addressed through:

   a. Governance and oversight at the provincial, regional and program levels;
   b. Eligibility criteria for people accessing non-prescribed controlled substances;
   c. How an eligible person's substance needs will be assessed to determine which substances can be accessed, and in what amounts;
   d. How the province would procure and sustain a legal and pharmaceutical grade supply of regulated substances;
   e. How the regulated substances would be managed and distributed from a central distribution resource;
   f. Minimum staffing requirements for programs, including staffing and training requirements for those providing services;
   g. The methods of storing and securing the regulated substances; and
   h. The methods of monitoring, evaluating, researching and reporting on implementation and outcomes.

2. That the Ministry of Mental Health and Addictions develop an application for agencies to apply for licensure and delegated authority to distribute the regulated substances on a non-prescription basis requiring:

    a. Agency governance and oversight of the program;
    b. That processes are in place to comply with the provincial eligibility criteria;
    c. That processes are in place to support participants to access treatment services as desired;
    d. That program processes/protocols are in place to ensure participant and public safety needs are adequately and safely determined;
    e. That processes are in place to utilize the services of a central provincial distribution resource;
    f. That workforce recruitment, staff training and safety protocols are developed;
    g. Compliance with provincial storage and security requirements and utilization of existing secure storage where available; and
    h. That processes are in place to provide program data and client information to the province for monitoring and evaluation purposes.

3. That the Ministry of Mental Health and Addictions engage with people with lived and living experience with substance use and family/caregivers in the process of planning, implementation, and evaluation to ensure the needs of people most at risk of dying from the unregulated drug supply are met.

4. That the Ministry of Mental Health and Addictions, in conjunction with the Ministry of Health and the Ministry of Indigenous Relations and Reconciliation, and respecting Indigenous self determination, further fund, support and engage with Indigenous leadership to identify Indigenous solutions to the crisis, potentially including, but not limited to the actions suggested above.

Appendix 1: Glossary

The following terms are used within this report to mean:

Decriminalization is an evidence-based policy strategy (PHO, 2019) meant to reduce the harms* associated with the criminalization of unregulated substances by removing mandatory criminal sanctions and replacing them with access to a wide range of prevention, harm reduction and treatment services.

Drug checking is a service that allows people who use substances to identify the contents of an unregulated drug and receive drug information or counselling about using unregulated substances. It helps people understand the risks that are present in unregulated drugs so that they can use the information to reduce their risk. In Canada, drug checking requires an "exemption under the *Controlled Drugs and Substances Act* to allow service staff to offer clients the means of drug checking without handling the samples themselves" (BC Centre on Substance Use, 2017).

Drug poisoning refers to physiological harms that can occur from consumption of substances. Drug poisoning is preferred to the term "overdose" as it is also used in toxicology to describe the physiological harms that can occur from consumption of substances. Overdose is used to discuss current programs and initiatives (i.e. overdose prevention services).

Injectable Opioid Agonist Treatment (iOAT) (prescription diacetylmorphine, injectable hydromorphone) is an evidence-based treatment alternative for persons who cannot be effectively treated using oral OAT (buprenorphine/naloxone, methadone or slow-release oral morphine) (B.C. Centre on Substance Use, 2017) (Byford et al, 2013) (Lingford-Hughes et al., 2012).

Naloxone is an opioid antagonist medication that reverses the effects of an opioid drug (heroin, morphine, fentanyl or oxycodone, etc.). Naloxone is administered (by IM or nasal route) to reverse life-threatening respiratory depression and restore breathing.

Overdose Prevention Sites (OPS) are service locations where people who use unregulated substances can be observed for the primary purposes of responding promptly to any drug poisoning that may occur. They are also able to be connected to health and social services. Sites provide various levels of services, including overdose prevention education and Take Home Naloxone training and distribution. Some sites may also distribute harm reduction supplies (such as sterile needles, filters, cookers, condoms, etc.) offer safe disposal options, and facilitate referrals to mental health and substance use services. Currently, each British Columbia overdose prevention site offers drug-checking services (Government of BC).

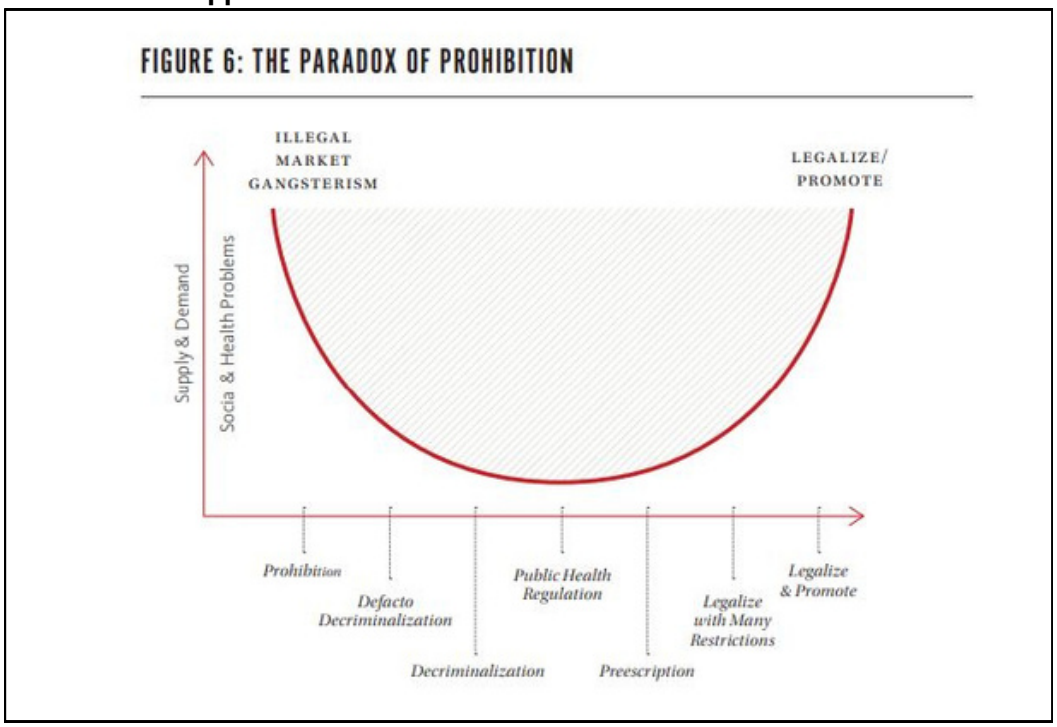
Opioid Agonist Treatment (OAT) (methadone, buprenorphine/naloxone, methadone or slow-release oral morphine) is an evidence-based pharmacological approach to treating and managing OUD.

*-Substance use harms include stigma and shame associated with substance use, criminal justice system involvement, using alone and high-risk consumption patterns, the transmission of blood-borne disease, and drug toxicity injuries and death.

Opioid poisoning refers to drug poisoning caused by opioids (i.e. fentanyl, heroin). Drug or opioid poisoning reflects the unpredictability and volatility of the toxic unregulated drug supply used instead of drug poisoning.

Prohibition means legislation and policies that restrict access to and criminalize the sale and possession of certain drugs.

Public Health Approach



Source: Canadian Drug Policy Coalition, 2013

"There is a "sweet spot" of sorts, at which the harms associated with rigid control of a substance (social stigma, criminal convictions, lack of access to treatment) are minimized as are the harms of a completely uncontrolled, commercially driven market in which substance use increases despite deleterious effects. Health and social harms may be similar in magnitude under either prohibition or total legalization. Further those harms can never be fully eliminated, only minimized through responsible public health regulation focused on harm reduction" (Steiner, & Nicol, & Eykelbosh, 2019, page 10).

Regulated substance refers to a substance that is currently legal and controlled by *CDSA*.

Risk Mitigation Interim Clinical Guidance (RMG) is the prescribing of pharmaceutical alternatives to the toxic drug supply in the context of COVID-19 risk for infection, which were implemented in March 2020. The RMG provided clinical guidance to prescribers on providing pharmaceutical alternatives that could reduce the risk of deaths and COVID-19 risk and transmission due to illicit drug toxicity and withdrawal symptoms related to opioid, stimulant, benzodiazepine and alcohol consumption.

Supervised Consumption Services (SCS) provide similar services to OPS sites. These operate under a federal exemption under section 56.1 of the *Controlled Drugs and Substances Act*, to provide drug poisoning (overdose) prevention and response for people using substances. SCS have been proven to reduce overdoses, morbidity (e.g. HIV and HCV acquisition) and mortality from drug use, syringe sharing, unsafe injection practices, public injection drug use and public syringe disposal (Bouvier et al., 2017). Systematic reviews have demonstrated that SCS do not increase injection drug use, drug trafficking or crime in surrounding areas (Bouvier et al., 2017).

Unregulated substance refers to a substance that is currently illegal and not monitored for quality or consistency (i.e. crystal methamphetamine). Often referred to as “illicit substances” or “street drugs.”

Appendix 2: Sources

BC Centre for Disease Control. Overdose Response Indicator Report, March 2022. Overdose Response Indicator Report.pdf (bccdc.ca)

BC Centre for Disease Control, BC Centre on Substance Use, FNHA. Core Framework Draft, October 2022. Unpublished.

BC Centre on Substance Use. "Risk Mitigation Evaluation Interim Report." 2020. Retrieved from https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public Health-Emergencies-v1.5.pdf.

BC Centre on Substance Use. "A Report on British Columbia's Unregulated Drug Supply: Results from British Columbia's Community Drug Checking Service, June 2018 – December 2019." 2020. Retrieved from https://drugcheckingbc.ca/wp-content/uploads/sites/2/2020/12/BCCSU_BCs_Drug_Checking_Results_Report.pdf.

B.C. College of Family Physicians (BCCFP), 2022. https://bccfp.bc.ca/wp-content/uploads/2022/04/BCCFP_MFDC_2022_Release-April-12_eblast.pdf

BC Coroners Service, 2017. Illicit drug overdose deaths in BC: January 1, 2007 – March 31, 2017. http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf

BC Coroners Service, 2021. Illicit Drug Toxicity Deaths in BC January 1, 2011 – September 30, 2021. https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

BC Coroners Service Infographics 2023. bccs_illicit_drug_summary_infographic_2016-2022_infographic.pdf (gov.bc.ca) Accessed June 1, 2023

BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths. Release Date March 9, 2022. Death Review Panel Report (gov.bc.ca)

BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths. Release Date April 5, 2018. BC Coroners Service Death Review Panel: A Review of Illicit Drug Overdoses - April 5, 2018

BC Coroners Service, 2023. Illicit Drug Toxicity Type of Drug Data: Data to December 31, 2022. BCCS Illicit DRUG TYPE data to Dec 2022 - Final (gov.bc.ca)

Canadian Drug Policy Coalition, 2023 Decriminalization - Canadian Drug Policy Coalition.

European Monitoring Centre for Drugs and Drug Addiction (2019), Drug-related deaths and mortality in Europe: update from the EMCDDA expert network, Publications Office of the European Union, Luxembourg.

European Monitoring Centre for Drugs and Drug Addiction (2023). EU Drug Markets: In-depth analysis | www.emcdda.europa.eu accessed June 1, 2023.

First Nations Health Authority, 2021. First Nations Toxic Drug Deaths Doubled During the Pandemic in 2020. First Nations Toxic Drug Deaths Doubled During the Pandemic in 2020 (fnha.ca)

First Nations Health Authority, 2023. FNHA-First-Nations-and-the-Toxic-Drug-Poisoning-Crisis-in-BC-Jan-Dec-2022.pdf Accessed June 2, 2023.

Gillian K., & K., Fajber (2023). Safer Opioid Supply Program Evaluation: A comparison of SOS client outcomes from 2022 and 2023. London: London Intercommunity Health Center. September 2023

Government of BC, 2021. Access to Prescribed Safer Supply in British Columbia: Policy Direction July 15, 2021. Ministry of Mental Health and Addictions Ministry of Health prescribed_safer_supply_in_bc.pdf (gov.bc.ca)

Government of BC, 2022. Adult Substance Use System of Care Framework A Technical Policy Document to Support Health Systems Planning. Ministry of Mental Health and Addictions. https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/substance-use-framework/mmha_substanceuseframework_dec2022.pdf

Government of Canada, 2019. Deputy Minister Briefing Material – September 2019 - Canada.ca

Government of Canada, 2022. Exemptions from provisions of the Controlled Drugs and Substances Act - Canada.ca. Accessed October 17, 2023

Government of Canada, April 25, 2023. Safer supply: Prescribed medications as a safer alternative to toxic illegal drugs - Canada.ca. Accessed September 19, 2023

Health Canada Expert Task Force on Substance Use Report #2 Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS) Final June 11, 2021. report-2-HC-expert-task-force-on-substance-use-final-en.pdf (canada.ca). Accessed November 1, 2021

Legislative Assembly of BC, 2022. Select Standing Committee on Health: Closing Gaps, Reducing Barriers: Expanding the Response to the Toxic Drug and Overdose Crisis. Select Standing Committee on Health November 2022, First Report, Third Session, 42 Parliament. SSC-Health-Report_42-3_2022-11-01_Final.pdf (leg.bc.ca). Accessed June 1, 2023

Nosyk, Bohdan. "Towards a Comprehensive Performance Measurement System for Opioid Use Disorder in British Columbia." 2021 (Unpublished presentation).

Office of the Provincial Health Officer. 2019. Stopping the Harm. Decriminalization of People who use Drugs in BC. stopping-the-harm-report.pdf (gov.bc.ca)

The Ontario Drug Policy Research Network. Safer opioid supply: A rapid review of the evidence. Toronto, ON: Ontario Drug Policy Research Network; 2023. Safer Opioid Supply: A rapid review of the evidence (odprn.ca)

Palis, H., Zhao, B., Nicholls, & Slaunwhite. 2020."Risk Mitigation Guidance" prescribing in British Columbia for people at risk of overdose during Covid-19. University of British Columbia, Department of Psychiatry, BC Centre for Disease Control. https://med-fom-psychiatry.sites.olt.ubc.ca/files/2021/05/Palis-Heather-Risk-Mitigation-Guidance-prescribing-in-BC-for-people-at-risk-of-overdose.pdf

Slaunwhite, A., Palis, H., Urbanoski, K., Pauly, B., et. al. 2023. Unpublished review of safer supply impacts on all-cause mortality.

Steiner, Leela & Nicol, Anne-Marie & Eykelbosh, Angela 2019). How we talk about "Pot" matters: strategies for improved cannabis risk communication. Environmental Health Review. 62. 8-13. Page 10. 10.5864/d2019-005

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