



## ADMINISTRATIVE REPORT

Report Date: June 25, 2019  
Contact: Mary Clare Zak  
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RTS No.: 13173  
VanRIMS No.: 08-2000-20  
Meeting Date: July 23, 2019

TO: Vancouver City Council  
FROM: General Manager, Arts, Culture and Community Services  
SUBJECT: Mayor's Overdose Emergency Task Force – Update

### **RECOMMENDATION**

- A. THAT Council receives for information an update on the Mayor's Overdose Emergency Task Force recommendations approved by Mayor and Council at a Special Meeting, December 20, 2018 (Appendix A).

#### **Indigenous Healing and Wellness: Equity and Decolonization**

- B. THAT Council approve the amendment of a previously approved one-time grant of \$106,000 to the DTES Collaborative Society for the Tenant Overdose Response Organizers ("TORO") (RTS# 12926) to assist with the creation of cultural and wellness spaces for the Downtown Eastside community, including temporary pop-up wellness spaces in privately-owned and non-profit single-room occupancy buildings run by non-profit operators. Source of Funding: 2019 Social Policy Grants Operating Budget.

#### **Drug Policy Reform: Safe Supply**

- C. THAT Council approve the safe supply statement in this report created in collaboration with the Vancouver Community Action Team and further request that the Mayor share the safe supply statement with other government partners, including the Government of Canada, to advocate for access to a regulated drug supply.
- D. THAT Council approve a motion in Appendix C for the Mayor to put forward to the Federation of Canadian Municipalities (FCM) for the FCM Board of Directors meeting, September 10-14, 2019 to support advancing drug policy reform.

**Safe Community Spaces and Places: Overdose Prevention**

- E. THAT Council approve an increase of \$103,500 to the Multi-Year Capital Project Budget for 2019 Renovations-Social Facilities for capital upgrades to City-owned and/or operated washrooms that will align with Vancouver Coastal Health Washroom Guidelines, funded from the 2019-2022 Capital Plan – Renovations to Keep Social Facilities Functional & Efficient. The expenditures in 2019 will be managed within the overall current Annual Capital Expenditure Budget.
- F. THAT Council request that the Federal government contribute \$2M in additional investments for all agencies in Vancouver offering services to those at risk of overdose death to ensure that these services, including overnight services, are accessible and safe for everyone: men, women and all genders, and that this funding be proportional to need and impacts; further that federal funding for harm reduction initiatives consider the over representation of Indigenous people in overdose deaths and the negative cultural impacts of historical colonialism and racism; and the needs of all those who may have difficulty accessing harm reduction services, including those who primarily use alcohol.
- G. THAT Council request that the Federal government contribute \$80,000 in annual funding to the Portland Hotel Society to support a coordinator role for recreation, food and cultural programming for people accessing the Drinker's Lounge managed alcohol program.

**Early Intervention: Youth Overdose Prevention**

- H. THAT Council request that the Federal government contribute \$1.3M to the Vancouver School Board to ensure continuation of the Supporting and Connecting Youth (SACY) and SACY Leadership and Resilience Program (LRP) team through the National Crime Prevention program to continue to prevent, delay, and reduce substance use related issues and promote relationships, connectedness, positive youth development, and social and emotional learning.
- I. THAT Council request that the Federal government contribute \$150,000 for three years of funding to McCreary Centre Society to ensure essential prevention initiatives for youth aging out of care provided by the Transition in Resources, Relationships and Understanding Support Together (TRRUST) Collective Impact project are not interrupted during the overdose crisis, thereby decreasing the risk of youth using high risk substances which increase the risk of overdose.
- J. THAT, pursuant to Section 206 (1)(j) of the Vancouver Charter, Council deem the organization in Recommendation B, which is not otherwise a registered charity with Canada Revenue Agency, to be contributing to the health and welfare of the City.

Recommendation B requires 2/3 affirmative votes of all Council members per Vancouver Charter S. 206(1).

## **REPORT SUMMARY**

Despite the focussed effort to prevent overdose deaths across the city and reduction in deaths to date in 2019, Vancouver continues to experience high numbers of drug overdoses as the overdose emergency continues.

This report provides:

- a) A review of the implementation of the 31 Mayor's Overdose Emergency Task Force recommendations approved by Mayor and Council on December 20, 2018 (Appendix A);
- b) A summary of engagement efforts and work to date since December 2018; and
- c) Recommendations to Mayor and Council reflecting additional responses to the overdose crisis.

Based on ongoing engagement with the Vancouver CAT and recent data, the recommendations in this Report focus on:

1. Advocating for changes to drug policy that will have an impact on everyone who uses, including addressing the stigma of drug use;
2. The need for increased investments, including for equity seeking groups and intermittent users; and
3. Safe places and spaces to support people who use substances and/or who are affected by the overdose crisis.

## **COUNCIL AUTHORITY/PREVIOUS DECISIONS**

In December 2018, Council approved over 30 recommendations in the **Mayor's Overdose Emergency Task Force Report**, including immediate actions in the areas of Indigenous healing and wellness, peer networks, promoting safety for those who use alone at home, harm reduction, safe supply, treatment, low barrier employment, and collective action for change.

In November 2018, Council approved a motion to for the appointment of the **Mayor's Opioid Emergency Task Force**, and for City staff to provide administrative and technical support to the work of the Task Force.

In October 2014, Council adopted the **Healthy City for All: Healthy City Strategy (2014 – 2025)**, which features Healthy Human Services and Being and Feeling Safe and Included as goals.

In September 2014, Council adopted the **“Caring for All” Phase I report of the Mayor's Task Force on Mental Health and Addictions**, which prioritized six action areas, including a peer-informed system and de-stigmatization.

In October 2013, Council established the **Mayor's Task Force on Mental Health and Addictions**. The Task Force was to provide recommendations to Mayor and council on priority actions to address an emerging mental health and addictions crisis.

In 2010, Council formally endorsed the **Vienna Declaration**, a scientific statement highlighting the failure of drug prohibition and recognizing that stigma undermines public health efforts around drug use.

In 2005, Council approved **Preventing Harm From Psychoactive Substance Use**, a plan that identifies stigma as a key driver of socialization and called for the Government of Canada consider regulatory alternatives to drug prohibition for currently illegal drugs.

In 2001, Council adopted the **A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver**, a comprehensive and evidence-based drug policy plan that acknowledges drug addiction as a health issue.

### ***CITY MANAGER'S COMMENTS***

The City Manager supports the recommendations in this report that call for a safe, regulated drug supply that is paramount to ending this crisis. However, until this is accomplished, this report calls on the federal government to increase investments in overdose prevention services overall. These critical services are effective in saving lives; health authority data demonstrates that the number of deaths would have been 2.5 times higher had the existing services not been in place.

Increased funding for overdose prevention from senior levels of government is needed to build capacity within existing services and to provide additional supports that include: 24 hour services; specialized services for Indigenous people, men and women, and trans and Two Spirited people particularly impacted by the crisis; and the expansion of Spikes on Bikes into other neighbourhoods across the city. Investments in a diversity of safe spaces and places, supports, and connections across individuals, families, peers, agencies, doctors and on the ground community services will prevent more deaths and other risks associated with the overdose crisis in Vancouver.

### ***REPORT***

#### ***Background/Context***

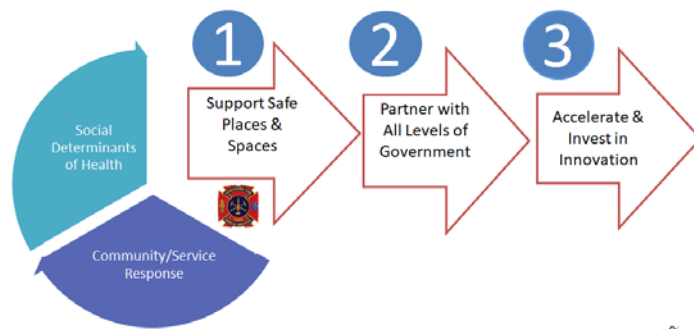
In April 2016, the Provincial Medical Health Officer declared a public health emergency due to the poisoning of the drug supply, primarily due to high doses of fentanyl. The Ministry of Mental Health and Addictions was established, and, in 2017, initiated an Overdose Emergency Response Centre (OERC), allocating \$150M for immediate overdose emergency funding across the Province. Over three years, a total of \$330M was provided by the Province. In 2018, \$1.5M from the provincial overdose emergency response funding was dedicated to establishing Community Actions Teams (CATs) throughout the province to address the overdose response in the local community.

#### **Role of the City**

The City has a limited but essential role to play in responding to the overdose crisis related to: 1) creating supportive built environments, including safe places and spaces, 2) partnering with all levels of government on drug policy reform and adequate investments, and 3) resourcing/staffing first responder (Vancouver Fire and Rescue Services and Vancouver Police Department) services and overdose response innovations. The City works in partnership with Vancouver Coastal Health and other partners to provide comprehensive well-being for all

individuals and communities<sup>1</sup> including services such as housing, food security, employment, and other neighbourhood resources.

Over the past two decades, the City has supported a public-health approach to substance use through evidence-based research and practice, as well as extensive community engagement and partnerships. Building on previously adopted strategies, including the Four Pillars Drug Strategy<sup>2</sup> and the long-term plan



describe in Preventing Harm from Psychoactive Substance Use<sup>3</sup>, the City has continued to adopt a holistic view of mental health and substance use, advocate for integrated approaches based on improving social determinants of health indicators that include engaging government and community partners, and recommending a shift in drug policy towards a comprehensive regulatory approach based on public health principles and evidence. In 2007, Council approved a Supportive Housing Strategy with Vancouver Coastal Health and BC Housing and, in 2010, Council endorsed the Vienna Declaration, a document that focuses on the harms of prohibition and calls on all governments to take an evidence-based approach to drug use and to decriminalize drug users. These strategic positions demonstrate the City’s leadership on evidence-based drug policy in Canada. This evidence based approach coupled with ongoing efforts to improve the social determinants of health helped to create the City’s current social sustainability plan, the Healthy City Strategy.

To date, the City has responded with investments towards immediate responses, instituting a 0.5% property tax in December 2016 to take effect as of 2017. The property tax (\$3.5M) increase provided an additional medic unit for Fire and Rescue Services, created a community policing centre in Strathcona, provided one time funding to non-profit partners to provide naloxone training, supported community peer resources in SROs and in community agencies, purchased toxic drug checking equipment, established de-stigmatization programs, and supported a low-barrier opioid dispensing pilot led by the BC Centre for Disease Control (BCCDC). These grants leveraged an additional \$1.07 million from other sources. All of these one-time initiatives were adopted and are being operationalized by Vancouver Coastal Health. This speaks to the ability of the City to work with non-profit and other partners to accelerate innovation and leverage the ongoing support of senior government.

The table below summarizes the City’s investments since 2016:

Action	Year	Investment Amount	Dispersal – One Time Operating and Capital	Dispersal – Ongoing Operating	Total Dispersed to Date
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<sup>1</sup> City of Vancouver (2014) *Healthy City Strategy* <https://vancouver.ca/files/cov/Healthy-City-Strategy-Phase-2-Action-Plan-2015-2018.pdf>

<sup>2</sup> MacPherson, D. (2001). *A Framework for Action: A four-pillar approach to drug problems in Vancouver.*

<sup>3</sup> City of Vancouver. (2005). *Preventing harm from psychoactive substance use.*

Action	Year	Investment Amount	Dispersal – One Time Operating and Capital	Dispersal – Ongoing Operating	Total Dispersed to Date
Motion to increase taxes by 0.5% to address opioid crisis	Dec 2016	\$3.5M			
Council Report	Jan 13 2017		\$10,000 to expand naloxone training to City staff	\$1.9M to VFRS for additional 3-person medic unit; \$208,000 for Strathcona CPC; \$220,000 inflationary adjustment to operating 11 CPCs	\$2,338,000
Council Report	Jan 31 2017		\$220,000 for peer-based initiatives in SROs	\$150,000 for enhanced health and wellness supports for VFRS first responders.	\$370,000
Council Report	Feb 21 2017		\$30,000 for peers on frontline; \$100,000 for de-stig programs; \$60,000 for Raycam youth response strategy		\$190,000
Council Report	July 14 2017		\$601,800 (16 grants for: innovative anti-stigma programs; building capacity with urban Indigenous community; addressing social isolation for drug users, especially men; expanding interventions beyond the DTES; strategies to address toxic drug supply.		\$601,800 – Note: Leveraged \$1,036,000 from partners.
Council Report	Apr 17 2018		\$85,000 for Speaker's Bureau; \$15,000 for Watari Resource Guide		\$100,000
Council Report	Dec 20 2018	\$500K	\$500K for community-based initiatives responding to overdose crisis and VPD partnerships to address gaps in treatment for those at risk of overdose (\$400K in community grants and \$100K to VPD)		\$500,000
<b>Total</b>			<b>\$1.6M</b>	<b>\$2.4M</b>	<b>\$4M</b>

Mayor's Overdose Emergency Task Force – November - December 2018

City Council approved a motion to form the Mayor's Overdose Emergency Task Force (OETF) in late November 2018 to make urgent recommendations for interventions to address the

escalating rate of overdoses and overdose deaths in Vancouver. The Task Force built on the emerging work of the Vancouver Community Action team, recently formed to work with the City and Vancouver Coastal Health to help address the crisis, and included over 100 representatives from approximately 50 different organizations and community groups.

On December 20, 2018, City Council unanimously approved 31 actions presented by the OETF. Approximately half of these actions directed requests to senior governments for funding and/or leadership (see *Appendix B for a table summarizing the funding requests*). The remaining recommendations sought City support for non-profit initiatives, including \$500,000 in community grants and initiatives to determine sites for various projects, to engage in research and knowledge gathering, to lead collaborative initiatives, and to communicate to the public on the overdose emergency.

Staff developed a comprehensive 2019 work plan that includes regular meetings with the Vancouver Community Action Team, Vancouver Coastal Health (VCH), the Vancouver Police Department (VPD), and Vancouver Fire and Rescue Services (VFRS).

The 31 actions were grouped into the following six categories:

- I. **Senior Government Partnerships** – (4 actions) Requests to the Provincial and Federal government for funding and leadership on issues related to the overdose crisis.
- II. **Investments in community based initiatives and addressing gaps in the criminal justice system** – (9 actions) City grants awarded to non-profit organizations in the amount of \$500,000) for expanding and developing community-based initiatives and responses to the crisis, as well as providing funding to the VPD for a partnership-based approach to addressing gaps in access to treatment and harm reduction in the criminal justice system.
- III. **Sites for Overdose Prevention Facilities** - (4 actions) Identification of sites for harm reduction treatment and services.
- IV. **Research and Review** - (6 actions) Reviewing current documents and literature related to best practices in overdose response, reviewing policy to address gaps in overdose prevention and response, and engaging researchers in studies and initiatives related to harm reduction and treatment.
- V. **Collaborative Leadership** - (5 actions) Working in partnership to address gaps in the criminal justice system including VPD, as well as supportive employment programs.
- VI. **Communication** - (3 actions) Distribution of resources and information to the public related to the overdose crisis and substance use

## ***Strategic Analysis***

### Ongoing Context

Vancouver residents continue to die of overdose across the city at an alarming rate. In 2017 and 2018, there was more than one overdose death per day in Vancouver, with 376 deaths in 2017 and 389 in 2018. To the end of May 2019, deaths in 2019 are lower than in 2018, with the BC Coroners Service reporting 127 overdose deaths in Vancouver to the end of May 2019, compared to 172 during the same period in 2018, a 26% decrease. While rates of deaths have decreased, this high death rate remains untenable. Further, the calls to VFRS are higher. Yearly data to date (Jan – June 2019) indicate Vancouver Fire and Rescue Services have responded to an average of 117 emergency calls per week relating to overdoses, compared to a weekly average of 101 in 2018. These data indicate that the crisis continues, and there is an ongoing need to invest in response and prevention.

### Status of the 31 Council Approved Directions

Of the 31 actions, 16 are in progress, 14 are complete, and 1 has been delayed with plans for implementation in the fall of 2019. A full update on activities related to the 31 recommendations is included in Appendix A.

### Engagement Efforts since December 2018

Ongoing engagement with key stakeholders remains essential to the implementation of the OETF recommendations and ongoing assessment of gaps and emerging priorities. The main platform for this engagement remains The Vancouver Community Action Team (CAT), which is funded by the Ministry of Mental Health and Addictions and co-chaired by VCH and the City, and includes representatives from over 25 organizations and approximately 80 individuals, including people with lived and living experience of substance use, medical/public health professionals, the First Nations Health Authority, VPD, Fire and Rescue Services, Indigenous service providers as well as senior governments and community organizations. The CAT continues to meet every 6 weeks to discuss the OETF recommendations implementation and priority areas for action, including drug policy, investments, and advocacy.

In addition to providing input into the Council recommendations in 2018, the CAT is working on the following activities, to be completed by August 2019:

1. *Created a Governance Structure:* Established working groups aligned to CAT priorities, including safe supply, Indigenous responses, justice and human rights, and peer innovation and engagement.
2. *Drafted a Safe Supply Statement:* One priority area of focus defined by the CAT is to advocate for a safe supply of substances. The entire CAT was consulted and provided feedback on the development of the draft Safe Supply Statement in this report. The draft was then further workshopped with about twenty people with lived experience who self-selected to be involved in further refining the statement.
3. *Allocated Funding to Community Partners:* The CAT is provided with funding to support one time initiatives in overdose response and prevention. A total of \$60,000 was allocated to Spikes on Bikes, operated by the Portland Hotel Society, and SisterSpace,



operated by Atira Housing Society, for two community-based programs that provide overdose prevention and harm reduction services.

4. *Identified Investment for Peer Innovation and Engagement*: \$50,000 from the CAT budget was allocated for peer wellness and engagement. Through the CAT working groups, peers will have an opportunity to decide on future spending related to community based initiatives.

As this report is being written, three of the five identified CAT working groups noted above have met at least once to identify and refine key actions for the CAT to recommend.

### Proposed Amendment and New Recommendations

Progress on implementing the original 31 recommendations continues. The following identifies a suggested amendment to one recommendation, a follow-up funding request arising from another completed recommendation, and several new recommendations that have emerged from ongoing work.

#### **1. Proposed Amendment: Tenant Overdose Response Organizers (TORO) Grant**

Council approved a previous recommendation in the December 2018 report for the DTES Collaborative Society for the TORO to provide cultural and wellness spaces within private SROs. However after further consideration, TORO suggests that a different model than what was originally suggested be applied.

Staff now recommend that the previously approved \$106,000 in funding be applied to assist with the creation of cultural and wellness spaces for the Downtown Eastside community. TORO will provide pop-up wellness spaces in residences, meeting people where they live and incorporating overdose prevention and harm reduction training with cultural and wellness activities. These wellness spaces will operate in privately-owned and non-profit single-room occupancy buildings run by non-profit operators. The Source of Funding – 2019 Operating Budget – remains the same.

The recent release of the First Nations Health Authority's overdose data (2019) demonstrates the widening gap between rates of overdose deaths between First Nations and non-First Nations people. The TORO program is an example of an approach that is rooted in Indigenous leadership and principles. TORO has a number of Indigenous staff, some of who have taken on prominent roles in the community and have been able to foster both harm reduction and cultural approaches to services for people living in the DTES.

The expansion of TORO into additional SROs to provide harm reduction services and culture in people's homes is a way of address overdose that occur inside private residences, a key concern identified by the BC Coroners Service. In 2019, 88% of fatal illicit drug overdoses occurred inside private residences, with 30% in residences such as social and supportive housing, SROs, shelters and hotels<sup>4</sup> (BC Coroners Service, 2019).

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<sup>4</sup> BC Coroners Services (2019). Illicit drug overdose deaths in BC: January 1, 2009 – March 31, 2019. Accessed June 17, from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

Considering the City's connections with social housing and SROs, preventing overdose deaths in social housing remains one of our priorities.

Recommendation B seeks this revised approval.

## **2. Next Step Recommendation: Overdose Prevention in Washrooms**

In the December 2018 Overdose Emergency Task Force Report, Council directed staff to completed an overdose prevention washroom strategy.

The Overdose Prevention Washroom is being developed based on recommendations identified by people who are responding to overdoses in public washrooms and who have insights on what could improve the response. During the Mayor's Task Force consultations, we heard stories of people who had overdosed in a washroom and who had died because they did not receive help in time. Since that time, two civic entities and four external partners were consulted in the development of the Overdose Washroom Safety Strategy, including TORO, Lookout Housing + Health Society, Vancouver Coastal Health (VCH), BC Emergency Health Services, Vancouver Fire and Rescue Services and Park Board. The progress of this initiative was also shared with the broader CAT membership.

Recommendation E in this report seeks one-time funding for some updates to washrooms as a 'quick start' initiative. Staff are finalizing the full strategy and will consider putting forward requests for operating funding as part of the 2020 operating budget process.

## **3. New Recommendations: Emerging Work**

The new recommendations arising from ongoing work on the originally approved OETF recommendations and emerging priorities fall into the following three categories:

1. Advocating for changes to drug policy that will have an impact on everyone who uses, including addressing the stigma of drug use;
2. The need for increased investments, including equity seeking groups and intermittent users; and
3. Safe places and spaces to support people who use substances and/or who are affected by the overdose crisis.

### *Recommendation C: Safe Supply Statement*

Staff recommend that Council approve a safe<sup>5</sup> supply statement created in collaboration with the Vancouver Community Action Team, including people with lived and living experiences of drug use, VCH and the VPD, and that the Mayor share the statement with other government partners, including the Government of Canada, to advocate for access to a regulated drug supply.

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<sup>5</sup> There is some discussion about whether "safer supply" or "safe supply" should be used given one can never make a drug perfectly safe: people can overdose from alcohol, not following a prescription or from taking non-prescription drugs like marijuana or even aspirin. In short, regulation mitigates safety risks, but cannot guarantee there will not be harms. City staff understand this distinction, but recommend proceeding with "safe supply" given the intent is for a regulated, poison-free supply; whether someone then proceeds to misuse this supply resulting in overdose is distinct from the quality of the supply.

The Provincial Health Officer's 2019 Special Report, *Stopping the Harm: Decriminalization of People who use Drugs in BC*, describes a highly toxic drug supply that has almost entirely replaced the illegal market of heroin and other opioids with fentanyl.<sup>6</sup> The report calls for immediate action to decriminalize possession of drugs for personal use and for police to use a harm reduction rather than enforcement approach across BC and more widely in Canada. In alignment with this call to action the Canadian Association of People who use Drugs (CAPUD) released a report in February articulating the need for a legal and regulated supply of drugs that has been previously only accessible through the illegal drug market.<sup>7</sup> The BC Centre of Substance Use simultaneously released a report on *Heroin Compassion Clubs*, a cooperative model for distributing a regulated supply of opioids, an example of an innovative community-based approach to reducing deaths and disrupting organized crime.<sup>8</sup>

The proposed safe supply statement reads as follows:

*“Vancouver is in a state of emergency. People are dying every day from an unregulated, contaminated drug supply - these are preventable deaths. People have been dying for many years as a result of the toxic drug supply, and following a drastic spike in deaths in April 2016, a provincial public health emergency was finally declared. Since that time thousands of people have lost their lives to a drug supply poisoned with Fentanyl; a cheap and synthetic opioid detected in the majority of overdose deaths. To date, drug testing has indicated further contaminants such as Carfentanil and benzodiazepines, making it more difficult and complex to reverse overdoses.*

*We often hear this crisis referred to as an overdose crisis, but really, we are in a drug poisoning crisis. One of the primary causes of overdose is the contamination of the illicit drug supply, and we believe that future deaths could be prevented if people could access a regulated safe supply.*

*Drug poisoning is affecting many different people who use different substances for different reasons. It is affecting people who use opioids, people who use stimulants, people who use regularly, and people who use occasionally. People from all walks of life are affected; we are all in this together.*

*Urgent action is required on multiple levels to prevent further deaths from drug poisoning. This includes advocating for a safe supply as well as supporting people in their chosen paths to wellness. We call upon health professionals, all levels of governments, and the public to join us in advocating for a safe supply of drugs, to protect and prevent further loss of our family members, friends, neighbours and loved ones.”*

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<sup>6</sup> Office of the Provincial Health Officer. (2019). *Stopping the harm: Decriminalization of people who use drugs in BC*. Provincial Health Officer's Special Report.

<sup>7</sup> Canadian Association of People who Use Drugs (CAPUD) (2019). *Safe supply: Concept document*.

<sup>8</sup> BC Centre on Substance use (2019). *Heroin compassion clubs*.

*Recommendation D: Federation of Canadian Municipalities, Safe Supply Motion*

Staff recommend that Council approve a proposed motion in Appendix D for the Mayor to put forward to the Federation of Canadian Municipalities (FCM) Board of Directors meeting, September 10-14, 2019 to support advancing drug policy reform.

The need for a safe supply is a national issue across Canada. Drug poisoning within the illicit drug supply has resulted in over 11,500 deaths in Canada between January 2016 and December 2018. Hospitalizations due to opioid-related poisonings have increased 27 per cent over the last five years. Life expectancy is a hallmark indicator of people's well-being and a recent reduction in life expectancy of Canadians has been linked to the death toll of the crisis. Federal governments have the ability to implement regulatory frameworks for the provisions of a safe supply of drugs for those at risk. The Federation of Canadian Municipalities (FCM) safe supply motion builds on the experiences across the country to propose a proactive public health solution in the form of safe supply initiatives

*Recommendation E: Overdose Prevention Washroom Strategy*

The Overdose Prevention Washroom Strategy is based on recommendations identified by people who are responding to overdoses in public washrooms, and who have insights on what could improve the response. During the Mayor's Overdose Emergency Task Force consultations, we heard tragic stories of people who had overdosed in a washroom and who had died because they did not receive help in time. The implementation of this Strategy has the potential to improve response times to overdoses or other emergencies that occur in washrooms and to save lives.

*Recommendation F: Need for Further Investment in Existing Services and Service Gaps*

Overdose prevention services have prevented deaths and are expanding in Vancouver, but gaps in service continue to exist including geographical gaps and hours of operation: for example 24-hour access is not currently available. This report recommends that Council request that the Federal government contribute \$2M in additional investments to address these gaps in service, and that these services continue to address the needs of all ages and genders including youth, men, women, transgender and Two-Spirited people.

Role of First Nations Women as Matriarchs:

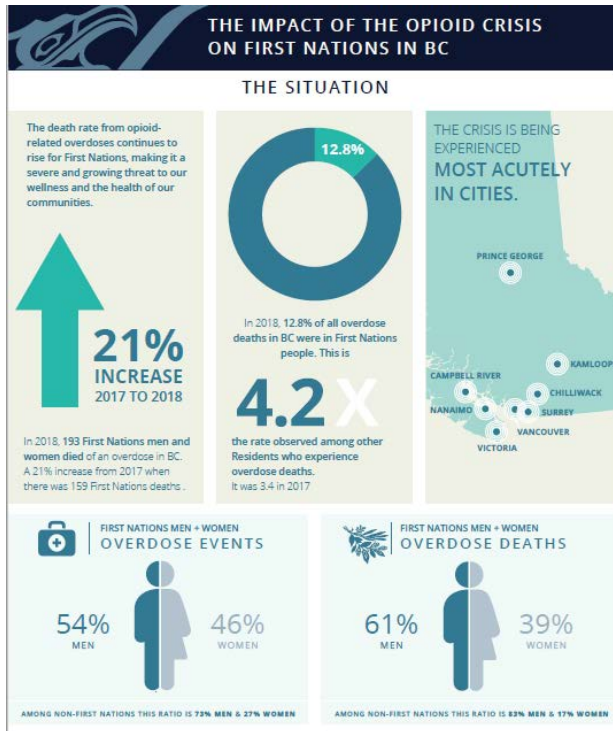
This Report calls for increased investments in culturally safe and appropriate services for First Nations women. The wellness of First Nations women is held sacred as the givers of life in families, communities, and nations. Including First Nations women in overdose response efforts is essential because they are recognized as matriarchs, as life-givers, grandmothers, clan mothers and steering decision-makers, and yet often are not recognized in colonial systems or institutions. First Nations women are also leaders in community organizing, resistance, advocacy and caring for each other.<sup>9</sup>

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<sup>9</sup> Downtown Eastside Women's Centre (2019). Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside.

The important cultural role that First Nations women play as matriarchs needs to be recognized and acknowledged as an intervention. Services and supports are needed for First Nations women so that they are protected, can build up their capacity, and play a leadership role in taking care of their communities.<sup>10</sup>

The ratio of overdose deaths of men and women is closer between First Nations men and women compared to non-First Nations men and women. Data from the First



Nations Health Authority shows that the ratio of overdose deaths of First Nations women is 39% compared to First Nations men (61%).<sup>11</sup> Working with First Nations women to build their capacity and to help plan and deliver services is essential for reaching all Indigenous people and addressing gaps.

Gender Lens:

While overdose prevention sites are open to all genders, research identifies that some women and trans people experience marginalization within existing spaces. Research participants characterized overdose prevention sites as a safe place to use drugs and an escape from many types of violence, however access for some women and trans people, including those who are Indigenous, was jeopardized.<sup>12</sup>

Therefore, this report also recommends a gender-based lens in operation of all overdose prevention services.

Source: First Nations Health Authority, 2019

*Recommendation G: Programming for the Drinker's Lounge*

This recommendation is that Council ask the Federal government to contribute \$80,000 in annual funding to the Portland Hotel Society (PHS) to support a coordinator role for recreation, food and cultural programming for people accessing the Drinker's Lounge for managed alcohol program sustained core operational funding for this key program serving Indigenous men who have difficulty accessing overdose prevention services.

The Chief Medical Health Officer of Vancouver Coastal Health (VCH) reported that many people who are dying from drug poisoning are not daily opioid users and may not have

<sup>10</sup> National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) (2019). *Reclaiming power and place: The final report of the National inquiry into missing and murdered Indigenous women and girls.*

<sup>11</sup> First Nations Health Authority (2019). *The impact of the opioid crisis on First Nations in BC.* Infographic.

<sup>12</sup> Boyd, J., Collins, A. B., Mayer, S., Maher, L., Kerr, T., & McNeil, R. (2018). *Gendered violence and overdose prevention sites: a rapid ethnographic study during an overdose epidemic in Vancouver, Canada.* *Addiction*, 113(12), 2261-2270. While this research included a small cohort of participants – 35 research participants – this is a peer-reviewed academic journal and qualitative research often contains smaller cohorts so, at the very least, these findings point to the need for a gendered lens and further assessment.

“opioid use disorder.”<sup>13</sup> Of those who died in VCH in 2017, for whom detailed drug use history was available, 61% did not use opioids daily. This means that for a substantial proportion of people Opioid Agonist Therapy (OAT) may not be appropriate treatment as they may not have opioid use disorder. Therefore, to prevent overdose deaths in these individuals, interventions that address the risk associated with intermittent use and the use of other substances such as alcohol and stimulants, need to be explored.

The Drinker's Lounge is an innovative program that engages alcohol users in harm reduction and health promotion activities. This program serves the needs of those who have alcohol use disorder. With its focus on harm reduction, this program uniquely reaches an underserved population that is at risk for opioid overdose.

#### *Recommendation H: Supporting Youth Development and Connection*

This recommendation is that Council ask the Federal Government to contribute a \$1.3 M investment to ensure the continuation of the Supporting and Connection Youth (SACY) and SACY Leadership and Resilience Program (LRP) team through the National Crime Prevention Program.

Initiatives focused on youth, including youth in care and Indigenous youth can help to prevent deaths, save lives among the future generation, and invest in future leaders. Focusing on supporting youth development of protective factors in areas such as family, school, peers, community, and internal assets, may be more effective in addressing issues related to substance use than specific substance use prevention initiatives ). Engaging youth who use drugs and youth organizations in overdose response efforts, as well as investing in health promotion, harm reduction and treatment for youth, can help to tailor initiatives to be more relevant, accessible and effective for youth.

Health promotion and access to culture can have significant impacts on youth when accessed at an early age. Youth have unique factors shaping substance use and risk for overdose, including the role of peers.

For youth in care, there are additional factors at play such as changing schools, lack of connection to where they are from, and aging out of care.<sup>14</sup> The legacy of colonization, residential school and racism has resulted in a disproportionate number of Indigenous children and youth in the child welfare system, with Indigenous children representing 52.2% of all children in foster care, despite being only 7.7% of the population<sup>15</sup>.

Supporting and Connection Youth (SACY) Leadership and Resiliency (LRP) program is focused on engaging youth in upstream activities that contribute to substance use prevention, including personal growth and social connectedness. This program has demonstrated successes in engaging youth who may be more likely to use substances, and the benefits go far beyond overdose prevention. As part of the Vancouver School Board, this program has the potential to reach a broad number of youth.

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<sup>13</sup> Vancouver Coastal Health (2019) Medical Health Officer's Update to Vancouver CAT. Presentation.

<sup>14</sup> Representative for Children and Youth (2018). Time to listen: Youth voices on substance use. Province of British Columbia.

<sup>15</sup> Government of Canada (2019). Reducing the number of Indigenous Children in Care. First Nations Child and Family Services. Accessed June 11, from <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>.

The program has operated for the last 5 years with annual staff/family/youth evaluations. SACY LRP quick facts:

- 100% of youth reported a decrease in depression and feelings of hopelessness as well as a decrease in feelings of anger.
- 83.5% of parents/caregivers reported that the program has made a significant difference in their youth and coping skills.
- 91% of youth have reported learning relationship skills to make new friends.

The LRP program funding grant will end in January 2020. Currently, efforts to secure funding have been unsuccessful in securing ongoing funding that will allow this program to continue. With the support of ongoing funding, the SACY and SACY LRP team can continue to facilitate the fostering of youth resiliency and capacity building for parents and teachers. This upstream approach to counteracting the opioid crisis will positively shift the trajectory for our youth and our community. Funding this initiative will provide an opportunity to continue reaching youth and preventing overdoses among young people across the city.

*Recommendation 1: Overdose Prevention for Youth Aging out of Care*

This recommendation is that Council ask the Federal government to contribute \$150,000 for three years of funding to McCreary Centre Society to ensure essential prevention initiatives for youth aging out of care provided by the TRRUST Collective Impact project are not interrupted during the overdose crisis, when reducing the risk of youth using substances can be lifesaving.

Mental health concerns and rates of overdose death among youth are highest among those in care.<sup>16</sup> Despite this, youth and youth in care are rarely involved in decision-making or planning related to mental health and substance use. The TRRUST Collective Impact is unique in its engagement of youth in issues that affect the health and lives of youth aging out of care. Increased funding is need to continue the TRRUST program and to sustain the engagement of youth who are aging out of care and who may be more likely to use substances.

## **FINANCIAL IMPACTS**

Financial impacts in this report include an increase of \$103,500 to the Multi-Year Capital Project Budget for 2019 Renovations-Social Facilities for capital upgrades in City-owned/operated washrooms. The increase is funded from the 2019-2022 Capital Plan – Renovations to Keep Social Facilities Functional & Efficient. The expenditures in 2019 will be managed within the overall current Annual Capital Expenditure Budget.

The report also requests an additional \$3.53M contribution to overdose efforts from the federal government.

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<sup>16</sup> Smith, A., Poon, C., Beggs, M., Ferguson, M., Peled, M., & McCreary Centre Society's Youth Research Academy. (2018). Starting a conversation: An upstream approach to reducing potentially harmful substance use among BC youth. Vancouver, BC: McCreary Centre Society.

**CONCLUSION**

The overall progress on implementation of the Task Force has been steady, with the majority of actions on-track and some completed. Many partnerships have been strengthened and established. This report requests the Federal government to invest an additional \$4.5M in targeted investments to deepen impacts on overdose prevention and response in Vancouver, and additional City investments to bring facilities with high volumes of drug overdoses into closer alignment with Vancouver Coastal Health overdose prevention guidelines. Consultation with partners, including people with lived and living experience of substance use, will be maintained throughout the duration of implementation.

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## Appendix A: Mayor's Overdose Emergency Task Force Recommendations - Work to Date

### *I. Senior Government Partnerships*

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#### Summary:

#### **Letters to Government Partners**

*Status: On Track - Complete*

Multiple provincial requests were summarized in one letter to Premier John Horgan and relevant Ministers with a request for funding and leadership on various issues related to the overdose crisis. Issues highlighted in letter from the Task Force Report include: safe supply, overdose services, urban Indigenous initiatives, peer support, support within SROs, treatment and recovery, community safety and inclusion. Two letters were sent to the federal government: 1) to the Prime Minister and relevant Ministers requesting funding for urban Indigenous healing and wellness and peer employment programs; and, 2) to the Ministers responsible for public safety and security requesting policy changes to enable a safe supply.

#### **Alternative Models for Issuing Social Assistance Cheques**

*Status: On Track - In Progress*

In addition to the requests to senior government to address a number of issues, including exploring alternatives to issues social assistance cheques, staff are working with BCCSU on a study examining different models for social assistance. Dr. Lindsey Richardson shared a brief of this study sent to the Ministers of Social Development and Poverty Reduction and the Minister of Mental Health and Addiction with Mayor and Council on Friday, May 4, 2019, and will be releasing her work on June 2 and 3. Staff are engaged with the provincial government and other partners to explore innovative income assistance models that are in alignment with the Poverty Reduction Plan.

#### **Safe Supply Statement**

*Status: On Track - Complete*

A safe supply statement was initially drafted with feedback incorporated from VCH and the VPD in January/February 2019, prioritizing a health response for safe supply for people with opioid use disorder. Additional process to include further discussion with drug users, and the Vancouver Community Action Team (CAT) in March/April 2019, requested a stronger decriminalization focus and the right for all people who use drugs, intermittently and regularly, to know the composition of what is purchased. A drug user working group provided additional feedback on the revised statement on Friday, April 26. Please see Appendix C for the Safe Supply Statement.

#### Next Steps:

- Convene meetings with senior government partners.

## ***II. Granting Initiatives***

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### Summary:

#### ***Non-Profit Community Grants***

*Status: On Track - In Progress*

Terms of Reference and Letters of Agreement are currently in preparation for 6 of the 7 grant recipients: Metro Vancouver Aboriginal Executive Council, Pacific Association of First Nations Women, Lookout Housing + Health Society, RainCity Housing, BC Centre for Substance Use, and Drawing Wisdom.

The Council recommendation for granting \$106,000 to the DTES SRO Collaborative Tenant Overdose Response Organizers (TORO) pilot is presented in this report for an amendment to better align with community readiness.

#### *Summary of Grant Projects:*

1. ***Metro Vancouver Aboriginal Executive Council*** – hiring a coordinator for cultural healing and wellness activities and a peer navigator to help Indigenous clients access mental health and substance use services;
2. ***Pacific Association of First Nations Women*** – providing opportunities for gathering, ceremony, harm reduction workshops, and supports for Indigenous women who have experienced grief and loss;
3. ***Lookout Housing and Health Society*** – training and hiring peers to monitor washrooms in Powell Street Getaway and Lookout SRO hotels;
4. ***RainCity*** – gathering data and holding community consultations to inform the development of a drop-in and OPS for sex workers along the Kingsway corridor;
5. ***BC Centre for Substance Use*** – developing and hosting a series of six dialogue sessions to engage, learn from and support families impacted by substance use in Vancouver;
6. ***Drawing Wisdom*** – developing a training resource for the City, including the Vancouver Police Department and Vancouver Public Library, focusing on colonization and its resulting effect on social issues such as substance use and criminalization.

#### ***VPD Grant***

*Status: On Track – Complete*

The VPD received a grant of \$100,000 to develop a pilot for addressing gaps in continuity of treatment for people who are engaged in the criminal justice system. This work will be informed by a Justice Working Group that is being convened for implementation of the Task Force recommendations. The Working Group is described in more detail in subsequent sections.

Next Steps:

- Grants will be dispersed in Q2.
- Council Action re: TORO will be brought to Council in Q2 for amendment.

***III. Site Identification for Overdose Prevention Facilities***

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Summary:

***Outdoor Inhalation Overdose Prevention Site (OPS)***

*Status: On Track - In Progress*

Alternate locations for the outdoor inhalation OPS are being considered, although site identification is not an immediate urgency. VCH is working with City staff and BC Housing to consider potential new locations for the indoor and outdoor OPS should the redevelopment of their current locations proceed in 2020 (58 E Hastings and 62 E Hastings respectively). Operational efficiencies and safety protocol require that the outdoor inhalation OPS be adjacent to an indoor OPS. Future decisions will be based on where overdose prevention services are most needed, in the context of the public health emergency.

***Mobile OPS***

*Status: On Track - In Progress*

An initial site for VCH's mobile Overdose Prevention Site (OPS) has been identified. This mobile service will be operated by the PHS Community Services Society in a neighbourhood outside the Downtown Eastside. City staff has worked with VCH to identify a location area to pilot this new service based on a) the rates of overdose calls and deaths in the surrounding area and, b) its proximity to a community health centre where other services are available for people who use substances. City staff are working to provide power and water to the site, support regulatory processes, and lead communication with the local residents in partnership with VCH ahead of anticipated launch in Q3 2019. As this is a pilot approach to OPS expansion into neighbourhoods outside of the DTES, if the pilot identifies the need for services in this location, they will be implemented as appropriate and VCH will then move the van to identify additional high risk neighbourhoods and locations. If it is found the service is not utilized, the OPS is mobile and can be moved to other sites for access piloting.

***BCCDC Low Barrier Hydromorphone Dispersal Pilot***

*Status: On Track – Complete*

VCH has joined BCCDC as an operational partner for this project, and the location for the BCCDC low barrier hydromorphone dispersal pilot will be confirmed by VCH and BCCDC once the program operation planning is completed. VCH and BCCDC intend to implement this program within an existing overdose prevention site to leverage staffing and clinical resources.

***Kingsway Drop-in and OPS***

*Status: On Track - In Progress*

RainCity has conducted a series of community consultations with sex workers who work along the Kingsway corridor, as well as collected data through surveys that were distributed through

the MAP van, in order to inform the development of a drop-in an OPS in the Kingsway area. The synthesis and analysis of data is currently underway. This work was done in partnership with various Kingsway sex worker serving organizations, including but not limited to WISH/MAP Van, SAFE in Cedar Cottage drop-in (funded by VCH), and Atira Housing, etc. Staff are continuing to search for a suitable location for the drop-in and OPS.

Next Steps:

- Launch mobile OPS in Q3.
- Continue to seek possible locations for the Kingsway drop-in and OPS as part of overdose response and UN Scoping Study, Safe Cities for Women & Girls.
- Develop a scoping document from project operations.
- Interpret findings from Kingsway data to inform recommendations, developed by Q4.

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#### ***IV. Research and Review***

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Summary:

***Washroom Strategy***

*Status: On Track - In Progress*

Several meetings with multiple partners have been convened in Q1 to create a washroom strategy. A core working group has been established and consultation has occurred with internal consultants, first responders, Park Board, community centre operators, and housing partners. The strategy objectives, scope, and plan for assessment was developed and a technical team conducted on-location assessments of City-owned washrooms identified as high risk for overdose. Further washroom assessments will be conducted in Q3 for housing sites and community centres identified as high risk for overdose, and City staff will work in collaboration with operators to identify and implement changes.

***BCCSU Report Review***

*Status: Complete*

Staff conducted a review of the BC Centre for Substance Use report, *Strategies to Strengthen Recovery in British Columbia: The Path Forward*. An analysis of the 39 recommendations revealed some considerations and next steps for working with partners to support treatment and recovery in Vancouver. A one-page summary of the analysis is included in Appendix D.

***City By-Law Review***

*Status: On Track - Scheduled to begin Q3*

The review of City policies and by-laws that marginalize and criminalize people who use drugs, will occur within two groups that have been convened for this Task Force: 1) the Mayor's Overdose Emergency Task Force drug user working group, whose role is to provide input on the implementation of the Task Force actions; and 2) a Justice Working Group that includes partners such as the VPD, drug treatment court, judicial representatives and people who use drugs, whose role is to identify and address gaps related to risk for overdose for people interacting with the criminal justice system.

### **Four Pillars Review**

*Status: On Track - Scheduled to begin in Q3*

The Four Pillars review will be conducted in partnership with the Justice Working Group described in the previous paragraph, which is currently being scheduled for Q3. The Community Action Team will also have opportunity to provide input.

### **Cannabis Study for Opioid Use**

*Status: On Track – In Progress*

Conversations are underway between Dr. M-J Milloy, the founders of High Hopes Cannabis Dispensary (a non-profit social enterprise) and City staff, including Social Policy, Legal, and Licensing. Milloy and research team are designing a research study to explore the potential benefits and risks of cannabis for people who use opioids.

#### Next Steps:

- Review washroom recommendations for implementation and conduct washroom assessment for housing sites and community centres.
- Policies and by-laws needing revisions to be identified at drug users working group meetings held in Q3.
- The Four Pillars review will be completed in Q3 and informed by discussion from the Justice Working Group and members of the Community Action Team.
- Staff will continue to liaise with M-J Milloy on steps to initiate cannabis study once Health Canada license is achieved.

## **V. Collaborative Leadership**

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#### Summary:

### **Mayoral Actions**

*Status: On Track - In Progress*

Mayor Stewart is liaising with key provincial and regional partners on the option of striking a sub-committee of the Metro Vancouver Mayor's Committee to address the overdose crisis.

### **VCH Partnership**

*Status: On Track – In Progress*

The City is meeting regularly with VCH partners, including VCH Aboriginal Health, to discuss the implementation of the Task Force recommendations. These bi-weekly sessions have provided an opportunity for knowledge exchange, co-planning, and requests for support on action items, including the Cascade of Care model, and emerging items such as OPS tours and opportunities for indoor inhalation OPS sites.

### **Employment Programs**

*Status: On Track – In Progress*

EMBERS Eastside Works has developed a summary document to identify barriers to recruiting and retaining both employees and employers due to persistent and/or periodic mental health and substance use challenges. Staff are liaising with VCH and EMBERS to create a detailed

proposal for the federal government request for additional and dedicated funding. In addition, an overview of Embers and video for philanthropists to provide information to funders is currently under development for distribution for potential funders and philanthropic partners to support the overall stability of the low-barrier employment program operations.

***Justice Working Group***

*Status: On Track – In Progress*

A Justice Working Group co-hosted by the City of Vancouver and the Vancouver Police Department will work to identify gaps and risks of overdose in the criminal justice systems starting in Q3. A significant amount of attention has been paid to scoping around a terms of reference. Membership has been identified in collaboration with the VPD, VCH, BCCSU and Indigenous partners. Identifying current issues resulting in high risk for overdose upon sentencing, admittance to Vancouver jails and discharge will be the priority focus and staff will keep Mayor and Council comprised on immediate actions and recommendations throughout Q3 and Q4.

Next Steps:

- Mayor to present on the overdose crisis and work of the Task Force at the upcoming quarterly Metro Vancouver Mayor's Committee meeting in July.
- Continue to meet bi-weekly with VCH on Task Force implementation.
- Phase 2 project scoping for Eastside Works mental health and substance use supports for employees.
- Justice Working Group to meet in Q3.

***VI. Communication***

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Summary:

***BCCSU Resource Distribution***

*Status: Complete*

BCCSU distributed existing information and resources related to the overdose crisis based on input from the City and VCH.

***Recognition of Lives Lost***

*Status: Complete*

The City Flag was flown at half-mast and a news release was distributed on April 14<sup>th</sup>, the 3-year anniversary of the announcement of the overdose crisis. Arrangements have been confirmed with the City Manager's office to fly the flag at half-mast again on August 31<sup>st</sup>, International Overdose Awareness Day.

***Public Information Sharing***

*Status: Complete*

City staff engaged with VCH to improve communications to the public, including expanding the reach of existing communication mechanisms such as VCH's overdose alert system and drug checking results.

The City website has been updated to include recent data on overdose calls, as well as information on overdose response and mental health and substance use, including resources for people seeking support. A new website tool – counter of days since the City of Vancouver has been declared a state of emergency - was developed and added to the website prior to the April 14<sup>th</sup> 3-year anniversary.

Next Steps:

- Consult the Vancouver CAT and Peer Working Group on ways of improving communications for people affected by and working in the overdose crisis.

Appendix B: Summary of Funding Requests to Senior Government (December 2018)

	Committed from City	Requested from Province	Requested from Federal	Ongoing (ON) or One-Time (OT)
<b>Indigenous Healing &amp; Wellness</b>				
Metro Vancouver Aboriginal Executive Council	100,000	310,000*		ON
Pacific Association of First Nations Women	100,000	120,000*		ON
<b>Peer Based Organization / Drug User Network</b>				
Provincial organization for People Who Use Drugs		1,000,000		ON
<b>Save Lives at Home: SROs and OD Prevention</b>				
Tenant Overdose Response Organizers pilot	106,000	182,000		ON/OT**
Expand OD Prevention in SROs		1,000,000		ON
Lookout Housing Society 1-year washroom pilot	44,000			OT
<b>Harm Reduction in Downtown Eastside</b>				
Outdoor inhalation Overdose Prevention Site		355,000		ON
<b>Secure Space for Clean Supply</b>				
n/a				
<b>Expand Access to Treatment Options</b>				
Vancouver Police Board pilot re: continuity of treatment	100,000			OT
<b>Low Barrier Employment</b>				
EMBERS Eastside Works pilot and evaluation			500,000	ON
<b>Harm Reduction, Treatment and Supports</b>				
BC Centre for Substance Use 'Stronger Together' sessions	10,000			OT
RainCity Housing pilot program for Sex Workers***	20,000			OT
Kingsway Stroll Drop-in/OPS for Sex Workers***		\$2,500,000		ON
<b>Collective Action for Systemic Changes</b>				
Drawing Wisdom for training resources	20,000			OT
<b>Total</b>	<b>500,000</b>	<b>5,252,000</b>	<b>715,000</b>	

\*As of July 2019, there has been no response from senior levels of government to the City's requests.



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**Appendix C: Safe Supply, Federation of Canadian Municipalities**

July 23, 2019

**WHEREAS**, Every day more than 11 Canadians die of an opioid overdose and life expectancy in Canada has stopped increasing for the first time in more than four decades, due largely due to deaths in British Columbia and Alberta;

**WHEREAS**, Between January 2016 and December 2018 there were 11,577 deaths in Canada were related to opioids with polysubstance components;

**WHEREAS**, 73 per cent of accidental apparent opioid-related deaths in 2018 involved fentanyl or fentanyl analogues in Canada;

**WHEREAS**, Hospitalizations due to opioid-related poisonings have increased 27 per cent over the last five years, with hospitalization rates 2.5 times higher in smaller communities, with populations between 50,000 and 100,000;

**WHEREAS**, A recent increase in drug offences and seizures involving methamphetamine, including a 590% increase in possession incidents between 2010 and 2017, suggests the availability of methamphetamine has been introduced and increasing in recent years;

**WHEREAS**, In Manitoba, monthly emergency room visits by patients who are using methamphetamine increased 1,700% between 2013 and 2017;

**WHEREAS**, Safe supply prescription programs have been launched in Vancouver and others are planned in British Columbia to provide people who use drugs with safe supply;

**WHEREAS**, Canada's Chief Public Health Officer has stated that the toxic drug supply is a key part of Canada's opioid epidemic and that a safer supply is being actively reviewed and discussed with provinces and territories;

**WHEREAS**, In Budget 2019, the federal government committed \$30.5 million over 5 years, starting in 2019-20 for targeted measures to address persistent gaps in harm reduction and treatment, and specifically identified that funding will support efforts to expand access to a safe supply of prescription opioids, protecting people with problematic opioid use from the risks of overdose and death;

**WHEREAS**, Municipalities are on the front lines of the overdose crisis, currently escalated by poisoning within the illicit opioid drug supply; therefore be it

**RESOLVED**, That FCM call on the federal government to expand access to safe supply by proactively supporting all doctors, health authorities, provinces and all relevant professional colleges, including physicians and surgeons across Canada, to safely provide regulated opioids or other substances through a free and federally available Pharmacare program.

**RESOLVED**, That FCM call on the federal government to declare a national public health emergency, AND, thereby, provide Section 56 exemptions of the Controlled Drugs and Substances Act to allow cities and towns to implement innovative pilot programs that prioritize diversion to safe supply.

*Sponsor: Mayor of Vancouver, Kennedy Stewart*

## Appendix D: Review of BCCSU's Report - Strengthen Recovery in British Columbia: The Path Forward

### Background

Released July 2018, *Strategies to Strengthen Recovery in British Columbia: The Path Forward* identifies priorities for expanding and improving addiction recovery services in the province. The report, developed by the BC Centre on Substance Use (BCCSU), concludes it will convene four working groups comprising of health leaders and individuals with expertise in recovery to progress 39 priority action items towards improving recovery services in BC. Working groups are to be clustered as follows:

- Health Systems, Education and Clinical Tools
- Underserved and Vulnerable Populations
- Awareness and Celebration
- Policy, Regulation, Licensing and Enforcement.

BCCSU is a provincial organization mandated to develop, help implement, and evaluate evidence-based approaches to substance use and addiction.

### Summary

The *Strategies to Strengthen Recovery in British Columbia* report provides a definition of recovery and a high-level summary of four recovery-oriented programs; residential treatment, recovery residences, 12-step mutual support groups and therapeutic communities. These programs were identified as important interventions for achieving and sustaining recovery. This is based on the findings of the *Survey of Life in Recovery from Addiction in Canada*.

Beyond drawing on the results of the *Survey of Life in Recovery from Addiction in Canada*, the report's methodology is not detailed and as a result, the basis of the recommendations provided later in the report are unclear, calling into question the rigor and validity of the report's findings.

A report released in 2017, by the Centre for Applied Research in Mental Health and Addictions (CARMHA) undertook a provincial review of publicly funded supportive residential programs<sup>17</sup>. While not mentioned in the BCCSU report, the results of CARMHA's study suggest that clients admitted to live-in addiction recovery services in BC, both supportive residential programs and residential treatment programs have additional barriers to health, including mental health. Furthermore, CARMHA found that many people in live-in addiction recovery services also experience issues associated with unstable housing, homelessness, unemployment and involvement in the criminal justice system, contributing to adverse trajectories and persistent health inequities.

Public calls for the decriminalization of drugs from leaders such as the Canadian Drug Policy Coalition and Dr Bonnie Henry, BC Provincial Health Officer, also remains a critical issue to substance use policy and a recovery-oriented system of care; however, these perspectives are not raised in the report. A special report released by the BC Provincial Health Officer on 24 April,

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<sup>17</sup> Centre for Applied Research in Mental Health and Addictions (2017) Publicly-Funded Live-in Addiction Recovery Services in BC: A Snapshot of the Sector, Retrieved from <http://www.streetohome.org/wp-content/uploads/2017/04/Final-LIAR-Report-2017-May.pdf>

2019 recommends that the Province of BC urgently move to decriminalize people who possess controlled substances for personal use<sup>18</sup>.

While the BCCSU concludes it will convene four working groups comprising of health leaders and individuals to progress 39 priority action items, neither the membership nor a plan for implementation is identified. A number of actions assigned to specific working groups are within municipal jurisdiction (i.e. examine zoning bylaws and business licensing practices to ensure that recovery residences are well regulated and to prevent the proliferation of unsafe illegal rooming homes); however, the City of Vancouver's membership is not specifically identified or called upon in the report. Furthermore, the strategic lead of the BCCSU's Recovery Initiatives, Marshall Smith has since resigned from BCCSU and it is unclear what the next stages of this work might be given the sharpening focus of BCCSU and all partners on safe supply. It is also worth noting that Vancouver Coastal Health includes access to safe supply as part of recovery from opioid use disorder, rather than abstinence-based approaches.

### **Recommendations**

- Based on this review there are no actions that can be immediately implemented by the City of Vancouver.
- If the City is to be engaged in future work, it should look to support policy, regulation, convening and stewardship of resources and activities that seek to advance recovery options for equity seeking groups in a way that is:
  - Considerate of trauma and concurrent conditions; and,
  - Seeks to address systems and structural issues at a municipal level associated with criminalization and persistent health and social inequities.

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<sup>18</sup> Office of the Provincial Health Officer (2019) Stopping the harm: Decriminalization of people who use drugs in BC, Retrieved from <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>