

Toxic Drug **Response** Strategy

2025-2030



Territorial Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dăkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in Nations where we live, learn, collaborate, and work together.

Indigenous Partnerships

As IH continues to respond to the toxic drug emergency, we recognize the inherent rights and ways of knowing and being of First Nation, Métis, and Inuit Peoples.

IH acknowledges that our response to the toxic drug emergency requires us, both as individuals and as an organization, to work towards truth and reconciliation.

Secwépemc Territory, Tk'emlúps (Kamloops)



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• Continuing our Response • Acknowledgements
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• IH Toxic Drug Response Priorities
• Prevention and Promotion • Harm Reduction
• Treatment and Recovery • Indigenous Cultural Safety
• Safety and Respect • Community Partnerships and Collaboration



Leadership Message

The toxic drug crisis is a public health emergency that deeply affects people in British Columbia, and Interior Health is no exception. I recognize this emergency impacts so many of us - people who use drugs, their loved ones, their communities, and those working tirelessly to reduce its devastating harms. I have the utmost respect and compassion for all those affected, as well as a deep appreciation for the critical, continuous, and shared efforts that have already gone into addressing this emergency.

We know that addressing this emergency requires action beyond what the health system delivers. Many causes and effects are rooted in complex social, economic, environmental, and political problems that urgently need addressing. As the Chief Medical Health Officer, I encourage us to remember that health outcomes do not exist in a vacuum, and that we must work together to improve the determinants of health – the key building blocks of a healthy and vibrant society. It is our duty to ensure that all populations, especially equity-deserving peoples, have access to health services and supports that are culturally safe and free from stigma and discrimination.

The Strategy reminds us that we need to work together, tirelessly and courageously with commitment and determination to support one another. We must each do our part to overcome the many challenges involved in solving an increasingly complex public health emergency. I believe this Strategy will stimulate a broader, more comprehensive, more vigorous, and increasingly effective response to the ongoing toxic drug crisis. I am hopeful it will take us many steps closer to a healthier, more vibrant, caring, understanding, and supportive future.

DR. MARTIN LAVOIE

Chief Medical Health Officer



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Leadership Message

The toxic drug emergency is a critical issue affecting our communities that demands our collective compassion, dedication, and unwavering resolve. The IH Toxic Drug Response Strategy provides a shared vision for our approach to the toxic drug emergency, strengthening our response to date, and improving our services and supports across the continuum of care. As the Vice President for Clinical and Support Services, I am profoundly moved by the stories of resilience and recovery that have emerged from our efforts, and I am equally aware of the urgency and scale of the challenges we face.

We recognize that substance use is not a moral failing but a complex health issue that requires comprehensive, empathetic, and evidence-based responses. Our approach is multi-faceted, involving prevention, harm reduction, treatment, and recovery support, all tailored to meet the diverse needs of our community.

As leaders, we must embody the principles of compassion, empathy, and inclusivity in our actions. We must listen with open hearts, advocate tirelessly for resources and policies that support this Strategy, and remain steadfast in our commitment to those we serve. Our leadership is a powerful tool in driving change and fostering a culture of understanding and support.

I urge you—our dedicated staff, community partners, clients, and family members—to join us in this vital mission. Together, we hope to make a profound difference in the lives of many.

RICHARD HARDING

VP, Clinical and Support Services



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Nlaka'pamux Territory, Ashcroft



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Interior Health

Interior Health (IH) works with partners across British Columbia’s southern interior geographic region to deliver health-care services and supports to more than 870,700 people. Together we work to realize IH’s Vision, Mission, Values, and Goals, as outlined in the IH Strategic Plan 2024-2027.

Vision

Health and well-being for all.

Mission

Working together to improve quality of life for individuals and communities, inspired by innovation and partnership.

Values

- **Quality** - We strive for continuous improvement and best outcomes;
- **Integrity** - We are accountable for our actions and words, guided by honesty and trust;
- **Compassion** - We seek to understand, to listen, and to show kindness, as we treat each other and all people with respect; and
- **Safety** - We are committed to providing care and services that are safe, and to ensuring people feel culturally, socially, emotionally, spiritually and physically safe.

Goals

- Improve Health and Wellness
- Deliver High-Quality Care
- Embedding Person- and Family-Centred Care
- Cultivate an Engaged Workforce

Strategic Priorities

- Advancing Equity and Access
- Advancing Indigenous Health and Wellness
- Prioritizing Services that are Integral to Improving Health and Well-being for All
 - Primary Care
 - Mental Health and Substance Use
 - Seniors Care
 - Cancer Care
 - Surgical, Medical Imaging and Laboratory Services
- Embedding Person- and Family-Centred Care
- Modernizing Technology and Analytics
- Addressing Climate Change and Sustainability
- Supporting our People

Approaches to Our Work

- Taking a Population Health Approach
- Encouraging and Supporting Innovation

LEARN MORE

[Our Strategic Direction 2024-2027](#)

Dăkelh-Dené Territory



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Executive Summary

In response to increasing harms of the toxic supply of [unregulated drugs](#) (or “toxic drugs”) in British Columbia (B.C.), a provincial public health emergency (“toxic drug emergency”) was declared on April 14, 2016. Despite continued and sustained efforts of IH and our partners, since then, over 2,444 people in the Interior region have died due to unregulated drug toxicity (IH, 2024a) and countless others have been harmed physically and/or emotionally.

People use drugs for different reasons, including medical, recreational, religious, and spiritual use and to cope with trauma, stress, and pain. While some people’s drug use may be beneficial, the use of drugs carries risks and may lead to the development of a [substance use disorder](#). Only a minority of people who use drugs have a substance use disorder (Schlag, 2020); however, the unregulated drug supply can harm anyone who uses drugs. This is why the Toxic Drug Response Strategy 2025-2030 (TDRS) builds upon our efforts towards ensuring a comprehensive continuum of care to support peoples’ wellness journeys; to do this, IH is continuing to prioritize:

- **Prevention and Promotion,**
- [Harm Reduction](#), and
- [Treatment](#) and [Recovery](#).

People who use drugs face stigmatization and discrimination, which increase harms from the toxic drug supply, with Indigenous people and other marginalized groups (e.g., BIPOC, 2SLGBTQIA+) experiencing disproportionate harms. IH is committed to addressing these harms. We continue our efforts to address the effects of stigmatization and discrimination as we recommit to prioritizing:

- **Indigenous Cultural Safety** and
- **Safety and Respect.**

T̓silhqot’in Territory, Hanceville



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IH also recognizes that we cannot address this emergency without working with our many wonderful external partners who commit themselves to reducing the impact of this emergency. This is why the TDRS identifies the continued importance of prioritizing:

- **Community Partnerships and Collaboration**

Our response to this emergency is led by the Toxic Drug Response Coordinating Committee (TDR-CC). The Committee is co-sponsored by the Vice President of Clinical & Support Services and the Chief Medical Health Officer, with broad representation from other IH departments.

The TDRS was identified as an action in IH's 2024-2027 Mental Health and Substance Use (MHSU) Strategy (IH, 2024b) and is informed by the findings and recommendations of numerous reports (see BC Coroners Service, 2022; BC Coroners Service, 2023; IH, 2021; IH, 2022; Legislative Assembly of BC, 2022). The TDRS aligns with provincial direction set forth in IH's Mandate Letter (Government of BC, 2023) and the Ministry of Mental Health and Addiction's Adult Substance Use System of Care Framework (Government of BC, 2022).

The TDRS also aligns with IH's [2024-2027 Strategic Plan](#). This strategy contributes to IH's goals of Improving Health and Wellness, Delivering High-Quality Care, Ensuring Sustainable Health Care and Cultivating an Engaged Workforce. This includes alignment with the Advancing Equity and Access, Prioritizing Services that are Integral to Improving Health and Well-being for All (Mental Health and Substance Use), Advancing Indigenous Health and Wellness, and Supporting our People strategic priorities. The TDRS follows IH's approaches to achieving these goals by taking an equity-enhancing population approach and encouraging and supporting innovation.



Ktunaxa Territory, Kootenay Lake, Creston



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Strategy Overview

Purpose

- Provide a collective vision and a comprehensive approach to the toxic drug response, rooted in the [dimensions of quality](#) and [cultural safety](#).
- Maintain a sense of urgency and priority with a shared responsibility to address the toxic drug emergency across the organization and throughout the Interior region.
- Enable IH programs to actively pursue the approved path forward set out in this strategy in a timely and efficient way that is proportional to the severity of the toxic drug emergency.

Goals

- Reduce deaths, harms and other adverse health events associated with drug toxicity.
- Improve services, supports and care that address the toxic drug response.
- Ensure people who use(d) drugs and their families feel heard, valued and safe, and receive coordinated services, supports and care free of stigma, racism and discrimination at all points of contact within the IH health-care system.
- Strengthen IH's leadership, governance, and coordination of IH's cross-portfolio response to the toxic drug emergency.
- Strengthen IH's relationships and knowledge-sharing with partners and the public to contribute to a cohesive and all-of-society regional response to the toxic drug emergency.



PRIORITY: Prevention and Promotion

Substance use risk factors are addressed at the individual, community, and population levels and protective factors are strengthened.



PRIORITY: Harm Reduction

People are provided timely and equitable access to information and services that utilize the harm reduction approach to minimize substance use harms.



PRIORITY: Treatment and Recovery

People have timely and equitable access to evidence-based treatment and recovery services for substance use disorder and related conditions that incorporate both pharmacological and psychosocial holistic approaches.



PRIORITY: Indigenous Cultural Safety

First Nations, Métis, and Inuit Peoples have access to services and supports that are distinctions based, culturally safe, anti-racist, trauma informed, accessible, and responsive to their expressed needs.



PRIORITY: Safety and Respect

Clients receive respectful supports and services that are free of stigma and discrimination and ensure the dignity of clients in a health service environment that is safe from physical and emotional harm.



PRIORITY: Community Partnerships and Collaboration

IH collaborates with and supports community partners, including peers, non-profit organizations, local governments, and others, in their health-enhancing and equity-enhancing responses to the toxic drug emergency.



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The Case for Change

The highly toxic and unpredictable unregulated drug supply puts all people who use toxic drugs at increased risk of harms, including death. It is estimated that as many as 225,000 people in B.C. are at risk of toxic drug injury or death (BC Coroners Service, 2023; Office of the Auditor General of BC, 2024). Between Jan. 1, 2014 and June 30, 2024, 16,133 people in B.C. died due to toxic drugs, with 2,597 of those deaths in the Interior region (BC Coroners Service, 2024). Following the provincial trend, IH saw high rates of [unregulated drug deaths](#) between 2016 and 2018, followed by a decrease in 2019 (BC Coroners Service, 2024).

IH has been working with our partners to address the toxic drug emergency through efforts to reduce individual and population-level harms and to support people on their wellness journeys. Our efforts have been making a difference; for example, due to the interventions of overdose prevention sites, take-home naloxone, and opioid agonist therapy, it is estimated that 41 per cent of potential unregulated drug deaths in the Interior region were averted between Dec. 1, 2021 and Dec. 31, 2022 (BCCDC, 2024a). Despite rapid implementation of these and other interventions, the COVID-19 pandemic resulted in a rebound of unregulated drug deaths that continued through 2023 (49.1 deaths per 100,000).



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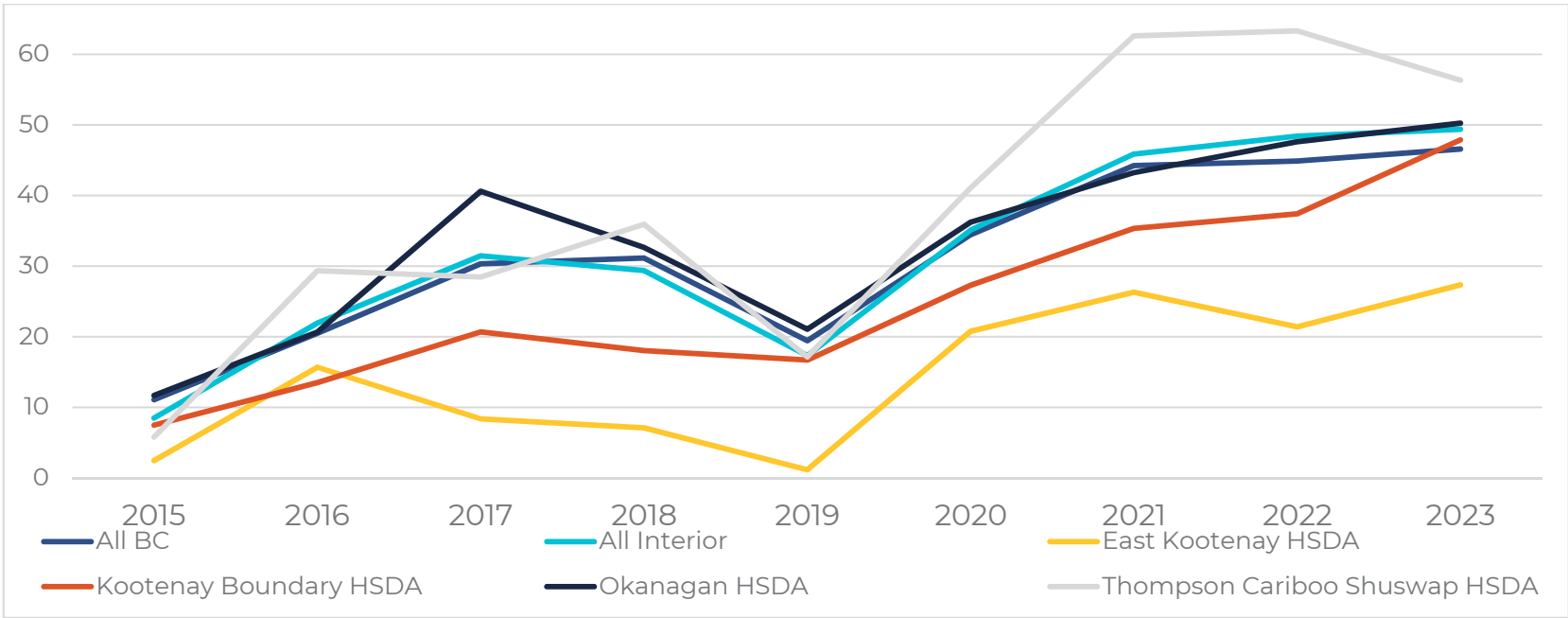
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Unregulated Drug Deaths, Rate per 100,000 Population, All Sex, HSDA (BCCDC, 2024a)



Unregulated drug toxicity had a significant impact on population health in the Interior Health region in 2023:

- Deaths due to unregulated drug toxicity were third after malignant cancers and heart disease in terms of potential years of life lost (BCCDC, 2024b)
- Unregulated drug toxicity was the leading cause of death in people aged 19-39 and second leading cause in people 40-59 (BCCDC, 2024b)

The toxic drug emergency's impact extends beyond the death toll. Many who survive experience lasting harms, including [anoxic brain injury](#) (Government of Canada, 2021). Families, friends, and communities of those who die from or are harmed by toxic drugs are also impacted; they can experience depression, anxiety, reduced ability to manage emotions, experiences of stigmatization

or judgement, financial strain, and physical health changes (Coady et al., 2021). The toxic drug emergency also creates strain for the health-care system, including in costs related to emergency department (ED) visits and hospital admissions (Rajabali et al., 2023).



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Toxic Drug Harms to Indigenous People

First Nations Peoples’ Overrepresentation in Harms from the Toxic Drug Supply

4.5%

of the region’s population are First Nations people*

14.4%

of toxic drug related deaths in 2023 were First Nations people*

18.3%

of toxic drug poisoning events in 2023 were First Nations people*

Deaths of First Nations people by sex*

66.7% male
33.3% female

All deaths by sex*

81% male
19% female

Toxic drug poisoning events of First Nations people by sex*

57.5% male
42.5% female

All drug poisoning events by sex*

70.2% male
29.8% female
(excludes unknown sex)

First Nations people are **3.7x** more likely to die of a toxic drug poisoning than other residents of the region*

First Nations people are **4.9x** more likely to experience a toxic drug poisoning event than other residents of the region*

The In Plain Sight Report (Government of BC, 2020) confirmed what Indigenous people know: systemic anti-Indigenous racism occurs in health-care settings in B.C. Anti-Indigenous racism and Western bio-medically structured health-care systems contribute to inadequate and harmful practices, generating mistrust that results in Indigenous people avoiding health care. The impacts of colonialism, Indigenous-specific racism, and the mismatch between Indigenous health needs and available services result in Indigenous people being overrepresented in toxic drug harms (Office of the Provincial Health Officer, 2024; Johnson, C, 2021). Compared to the general population, Indigenous women are at increased risk of overdose death (FNHA, n.d.(a)).

*FNHA, n.d.(a) | *BCCDC, 2024c

First Nations includes only Status First Nations people and their status-eligible descendants. Data are not currently available for non-status First Nation people, Métis people, and Inuit (FNHA (n.d. (a))), who are also impacted by many of the same determinants of health (e.g., anti-Indigenous racism) that lead to increased toxic drug harms. Data is sex-based and may misidentify transgender, nonbinary, and gender diverse people.



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Determinants of Health Contributing to Toxic Drug Harms

Harms from toxic drugs continue to persist due to multiple and complex factors that influence health, known as the [determinants of health](#).

Health-Care Supports and Barriers to Access

Some people experience a mismatch between their needs and available supports and barriers to accessing services (Bardwell et al., 2023; Hu et al., 2022; IH, 2021; IH, 2022). Barriers include lack of phone, long appointment wait times, lack of transportation, and services' limited hours of operation (IH, 2022). Those who manage to access services sometimes do not get the support they need (IH 2021).

Using Alone and Location of Use

Between 2021 and 2024, 57 per cent of unregulated drug deaths in IH occurred in private residences and an additional 21 per cent occurred in another residence type (BC Coroners Service, 2024). People in private or other residences are more likely to use alone (Government of BC, 2021), which contributes to the likelihood of unregulated drug harms. Reasons for using drugs alone include stigma/hiding drug use, having no one around, safety concerns, and not wanting to share drugs with others (Papamihali et al., 2020).

Drug Supply and Usage Patterns

The toxicity and unpredictability of the unregulated drug supply has exacerbated harms. Factors contributing to the increasingly toxic drug supply include:

- Increasing occurrence and concentrations of fentanyl and fentanyl analogues,
- Presence of benzodiazepines in combination with fentanyl,
- Fentanyl contamination of stimulants or “uppers” (e.g., cocaine or methamphetamine), and
- Unpredictable concentrations and types of drugs found in a substance (IH, 2021).

[Polysubstance use](#) also contributes to harms. For example, alcohol was relevant to 16.6 per cent of IH unregulated drug deaths in 2023 (BC Coroners Service, 2024).

Trauma, Social Deprivation, and Material Deprivation

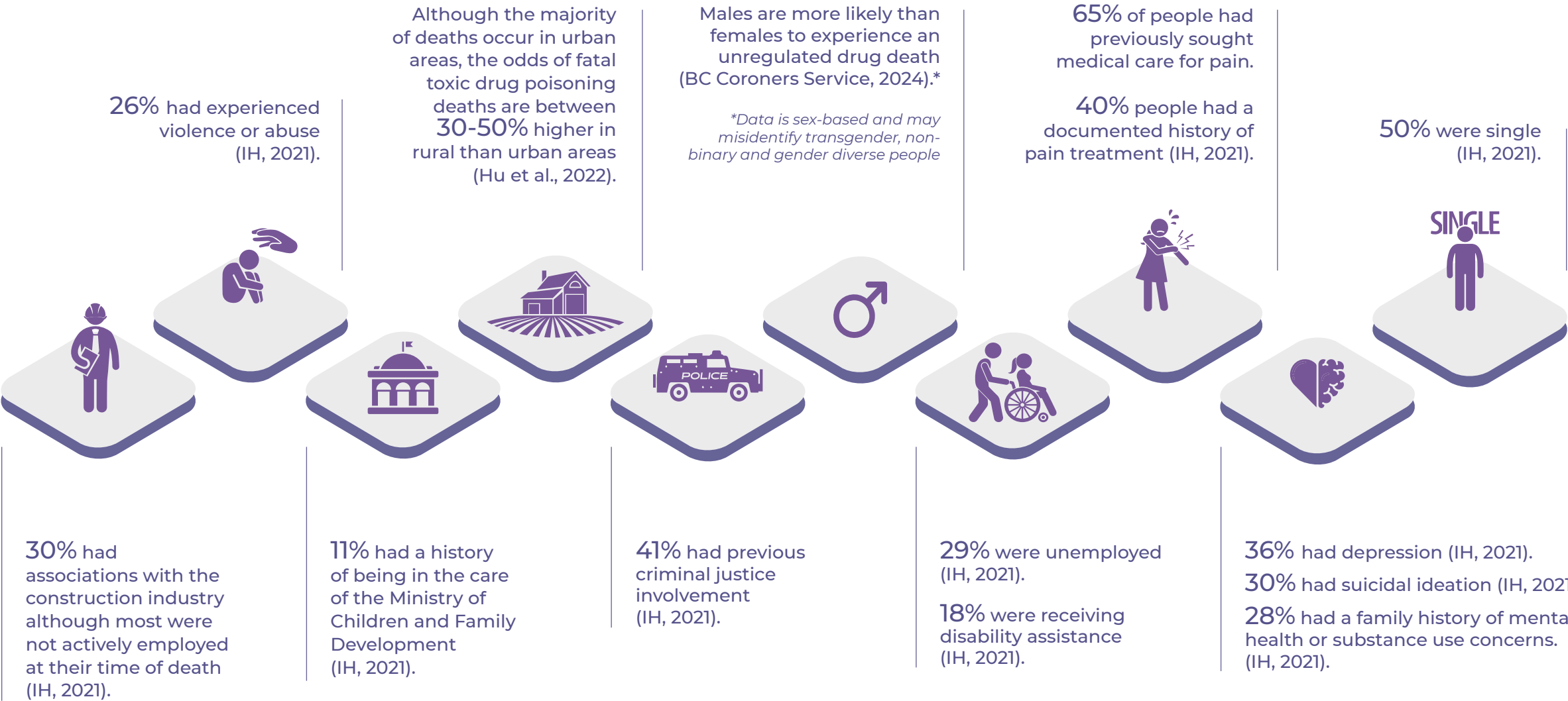
Trauma, social deprivation and material deprivation amongst those who died of drug toxicity were some of the key themes identified in an IH chart review (IH, 2022). The toxic drug emergency has had disproportionate impacts across various populations in IH; our toxic drug response must be informed by an equity-oriented approach that addresses determinants of health for diverse populations (e.g., BIPOC, youth, 2SLGBTQIA+ people, rural and remote residents, people working in the trades, people experiencing homelessness) (Legislative Assembly of BC, 2022).



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Determinants of Health Contributing to Toxic Drug Harms



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What We Heard Through Engagement

In our consultations, we heard recognition of the extensive, innovative, and collaborative work of those involved in the toxic drug response. However, we also heard of gaps and opportunities for enhancing our response, including the need for a comprehensive framework to guide the response to the toxic drug emergency and to act with urgency to address this public health emergency. We heard the need to consider the root causes of substance use and related harms; address stigma; provide the full range of health services and supports to match the needs of people who use, used, or are at risk of using toxic drugs, with particular emphasis on Indigenous Peoples and other groups who are disproportionately affected by the emergency.



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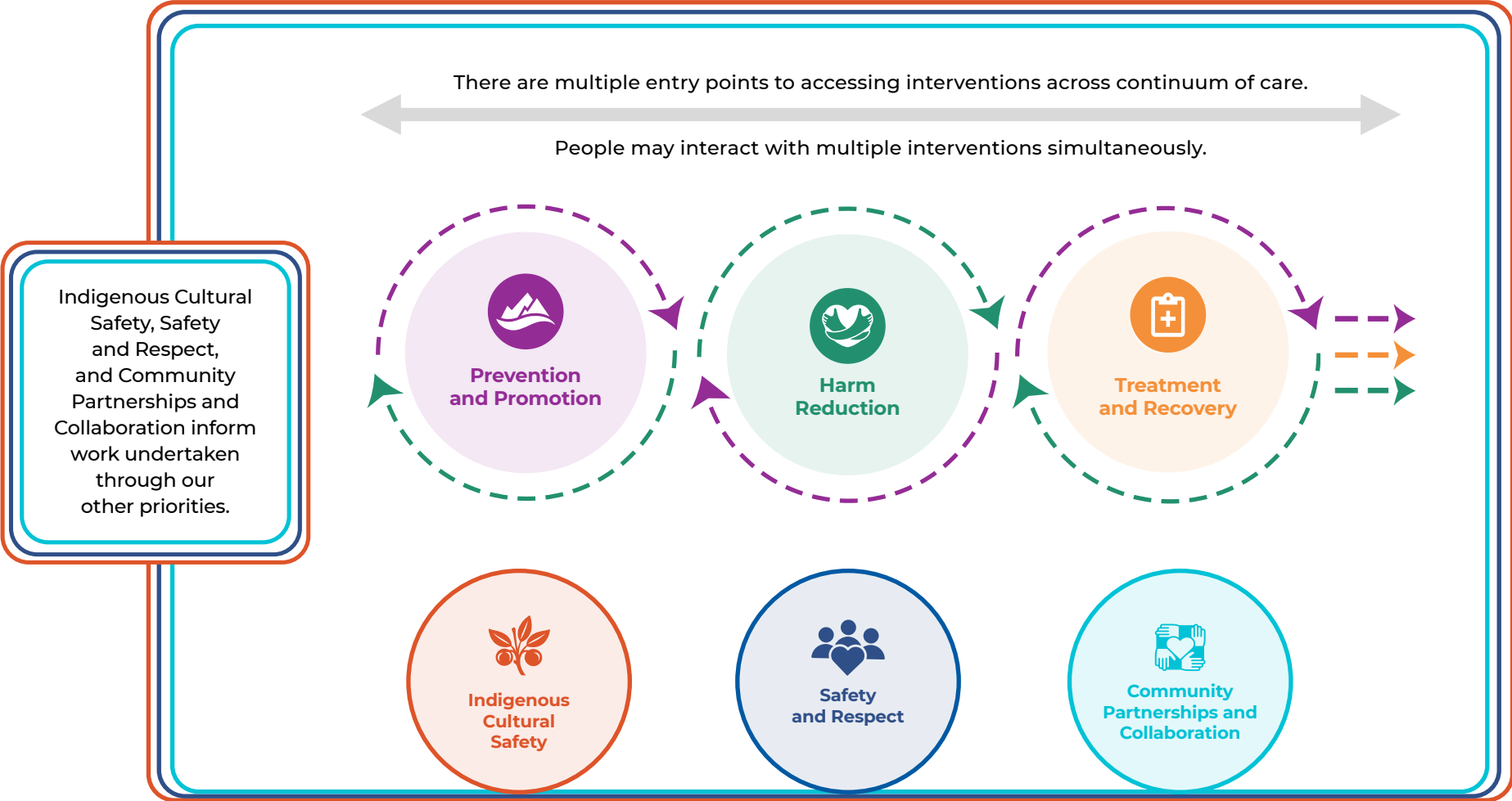
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IH Toxic Drug Response Priorities

Our priorities address the continuum of health, from upstream interventions that create the conditions for health and wellness (e.g., healthy public policy), through downstream care services that prevent severe outcomes, including hospitalization and death (e.g., prescribed alternatives). At all levels, a harm reduction approach that uses compassion and understanding to keep people as safe as possible, while respecting their human rights and dignity, is embraced.



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PRIORITY: Prevention and Promotion

GOAL

Substance use risk factors are addressed at the individual, community, and population levels and protective factors are strengthened.

Preventing harms from toxic drugs requires a [population health approach](#) to address the determinants of health. Health promotion, capacity building and community engagement are some of the key elements to ensure a sustained and equitable response.



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FOCUS AREAS

Addressing determinants of health, including:

- Monitoring population-level health outcomes to understand and address inequities through surveillance, monitoring, and needs assessment.
- Supporting capacity building to address the social determinants of health, including informing and advocating for healthy public policy at the local government level.
- Supporting access to housing and health services through collaboration with community partners and clients.
- Identifying and preventing root causes that lead to initiation of substance use.

Expanding health-enhancing substance use education, including:

- Knowledge translation of evidence-based practices and innovation, such as developing and implementing targeted and universal educational campaigns.
- Expanding school-based and youth-focused approaches to prevent or delay initiation of substance use.

Enhancing early intervention, including:

- Strengthening connection points between clients and the health system for early detection and intervention (e.g., implementing screening in acute and primary care settings and strengthening referral pathways).
- Supporting individuals to prevent progression toward problematic substance use.
- Enhancing access to trauma care and/or pain management.
- Identifying and addressing health-care practices that may contribute to substance use risks (e.g., pain management practices).

EXPECTED OUTCOMES

- Community leadership is aware of the toxic drug emergency and its relationship to determinants of health, so communities consider health outcomes in the design of their services and communities are supported to be healthy and resilient.
- Better connections to and transitions within the social and health system, so people can access services earlier in their substance use journey and experience fewer harms.
- Toxic drug supply knowledge is translated, so the public is educated and empowered to make informed decisions about their substance use and supported to identify harmful behaviour earlier on.

STRATEGIC ALIGNMENT

- IH 2024-2027 Strategic Plan (Taking a Population Health Approach, Advancing Equity and Access Strategic Priority)
- IH Digital Health Strategy



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PRIORITY: Harm Reduction

GOAL

People are provided timely and equitable access to information and services that utilize the harm reduction approach to minimize substance use harms.

Harm reduction strategies complement medical interventions, mitigate negative outcomes associated with substance use, and provide an opportunity to connect people with other health and social services (University of Victoria, 2017; Irvine et al., 2019).

IH HARM REDUCTION

- Between 2019 and 2023, 18,822 drug samples were tested in IH. 17 per cent did not match expected drugs; 25 per cent contained fentanyl; and 16 per cent contained benzodiazepines (BCCSU, 2024)
- 84,307 Naloxone kits distributed (2013-2022)
- 45,108 visits to Overdose Prevention and eOPS/Supervised Consumption Sites
- 8,214 consumption visits with zero deaths in 2023



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FOCUS AREAS

Strengthening workforce knowledge and skills in harm reduction, including:

- Providing IH workforce with education opportunities, clinical guidelines, and practice support.

Expanding access to harm reduction strategies, supplies, and tools, including:

- Expanding availability and accessibility of overdose prevention services and acute care [substance use safety services](#) and increasing access to virtual overdose prevention monitoring services (e.g., overdose response apps).
- Enhancing public harm reduction education/promotion.
- Addressing gaps in access to harm reduction supplies (e.g., take-home Naloxone, fentanyl testing strips, safer substance use supplies).
- Expanding access to drug checking, including in rural and remote communities.
- Integrating innovative harm reduction strategies into the system of care (e.g., pharmaceutical alternatives).
- Enhancing youth harm reduction, including through development and implementation of youth education (e.g., Safety First) and partnerships with schools, youth peers, and community organizations.

EXPECTED OUTCOMES

- Improved workforce knowledge of harm reduction and increased workforce ability and willingness to provide services to people who use drugs, so people who use drugs receive improved services.

- Increased awareness of toxic drug trends and increased ability to share knowledge, so more people can adopt safer use strategies.
- Drug checking is available in more communities with increased service availability, so more people can check the composition of their drugs and make informed decisions to reduce their risk of harm/death.
- Improved access to harm reduction, so people are provided with timely and equitable access to services that minimize substance use harms.
- Increased ability to provide services for youth and young adults who use drugs, so more services are available to them.
- Increased access to harm reduction curriculum, so there is increased literacy around harm reduction for youth.

STRATEGIC ALIGNMENT

- IH 2024-2027 Strategic Plan (MHSU and Supporting Our People Strategic Priorities)
- BC Provincial Health and Human Resources Strategy
- IH Digital Health Strategy



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PRIORITY: Treatment and Recovery

GOAL

People have timely and equitable access to evidence-based treatment and recovery services for substance use disorder and related conditions that incorporate both pharmacological and psychosocial holistic approaches.

People seeking substance use treatment and recovery face numerous barriers. To meet the needs of people who use or used toxic drugs, the TDRS focuses on intervening early, and ensuring “every door is the right door,” so people have supports to navigate the system, and can access the services and supports they want to support their personal wellness goals – whether, or not, those goals include abstinence.



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FOCUS AREAS

Enhancing access to and improving substance use treatment and recovery services, including:

- Enhancing community and hospital-based substance use screening and treatment services, including in rural areas and for youth.
- Expanding access to in-person and virtual addiction medicine.
- Enhancing withdrawal management and stabilization; availability and quality of bed-based and community substance use services; supporting transitions between services; and centralizing access (e.g., Road to Recovery).

Integrating and innovating in substance use-related treatment and services, including:

- Enhanced support and treatment related to substance use, which may include substance-use related trauma-specific care, pain management in opioid use disorder, substance use acquired brain injury care, and novel approaches to substance use care.

EXPECTED OUTCOMES

- Expanded availability and improved wait times to enable more timely access to bed-based substance use services and aftercare.
- Increased availability and accessibility of outpatient substance use counseling and treatment services, so people with substance use disorders can work on individual treatment plans to reduce or stop their substance use.
- Increased engagement with and retention in supports and treatment, so people with substance use disorders have increased success in managing their disorders.
- Broader access to addiction medicine services, including increased numbers of patients being

seen, so people have timely and equitable access to evidence-based treatment and recovery services.

- High completion rates of standardized substance use screening and consistent and effective intake processes, so more clinical areas can effectively screen for substance use disorders.
- Implementation of innovative approaches to substance use treatment, so comorbidities are addressed as part of addiction treatment.
- Improved transitions from hospital to community care, so people can seamlessly engage with treatment and services when they move between different parts of the substance use continuum, including out of care.

STRATEGIC ALIGNMENT

- IH 2024-2027 Strategic Plan (MHSU Strategic Priority)
- IH MHSU Strategy
- IH Digital Health Strategy



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PRIORITY: Indigenous Cultural Safety

GOAL

First Nations, Métis, and Inuit Peoples have access to services and supports that are distinctions based, culturally safe, anti-racist, trauma informed, accessible, and responsive to their expressed needs.

Indigenous people who experience colonial harms are disproportionately represented in drug toxicity deaths. IH works with Indigenous partners to support Indigenous communities to provide culturally based healing.



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FOCUS AREAS

Strengthening care pathways and access to services, including:

- Developing and implementing culturally safe and anti-racist programs, enhancing care in rural and remote areas, and increasing understanding of program delivery roles.
- Enhancing Indigenous-specific positions/teams into toxic drug response programming and ensuring these staff have appropriate supports in a culturally safer work environment.

Building and strengthening relationships with Indigenous partners, including:

- Working toward truth and reconciliation by acknowledging, taking accountability for, and repairing the harms (past and ongoing) committed within the health-care system.
- Supporting Indigenous-led initiatives based on the distinct needs of each Nation, community, or organization.

Improving communication and information sharing and data governance, including:

- Improving information exchange between IH and Indigenous community services and fostering community engagement, including through regular meetings (e.g., MHSU local action tables) and collaborative educational opportunities.
- Supporting the OCAP® principles—ownership, control, access, and possession (First Nations Information Governance Centre, 2024) — that highlight the distinct management of Indigenous data and Indigenous rights to control how their data is collected, used, and shared.

EXPECTED OUTCOMES

- Increased supports for Indigenous-specific positions responding to the toxic drug response, so job satisfaction and retention is improved in work environments that are described as being culturally safer.
- First Nations, Métis, and Inuit people have access to services and supports that are distinctions-based, culturally safe, anti-racist, trauma-informed, accessible, and responsive to their expressed needs, so there is increased service utilization and reduced toxic drug harms and deaths for Indigenous Peoples.
- Indigenous partners report improvements in communication and care coordination with IH, so there is increased access to services and supports both through IH and Indigenous community services.
- Improvements in IH information-sharing processes, so collaboration with Indigenous partners on toxic drug response is improved.

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STRATEGIC ALIGNMENT

- IH 2024-2027 Strategic Plan (Advancing Indigenous Health and Wellness IH Strategic Priority)
- IH MHSU Strategy
- IH Indigenous Health and Wellness Strategy (2022-2026)
- Métis Nation BC – Interior Health Métis Health and Wellness Plan
- Digital Health Strategy
- IH Indigenous Employee Experience Strategy: Weaving an organizational approach (2024-2029)
- Truth and Reconciliation Commission of Canada Calls to Action (22, 23)
- Declaration on the Rights of Indigenous People Act Action Plan (3.7, 4.7, 4.8, 4.11, 4.12, 4.13, 4.26)
- In Plain Sight Report (Recommendation 14)
- OCAP® principles
- BC Provincial Health and Human Resources Strategy

Secwépemc Territory, Shushwap Lake, Tk'emlúps (Kamloops)



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PRIORITY: Safety and Respect

GOAL

Clients receive respectful supports and services that are free of stigma and discrimination, and ensure the dignity of clients in a health service environment that is safe from physical and emotional harm.

People who use drugs face threats to their physical and emotional safety, and attacks against their dignity. The stigmatization of people who use drugs and other marginalized groups (e.g., BIPOC, 2SLGBTQIA+ people) exists within society, including within IH (IH, 2021). Stigmatization results in marginalization and discrimination, which increase health and social inequities. Stigma associated with substance use disorder creates barriers for many people who might otherwise seek help (BC Coroners Service, 2023). Addressing stigma and discrimination is essential to creating safe care environments and communities (University of Victoria, 2017).

St'at'imc Territory, Fraser River



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FOCUS AREAS

Improving the quality of care by strengthening anti-discrimination processes, including:

- Developing tailored education to internal IH audiences that are strengths based and safe for client growth.
- Improving processes to address concerns about quality of care and discrimination.
- Providing appropriate supports for staff facing substance use challenges.
- Ensuring policies and processes are in place and providing our workforce with the tools and resources required to provide quality care in a safe work environment.

Supporting client self-determination and autonomy, including:

- Enhancing staff awareness of and comfort with offering a range of services and supports to meet people who use drugs where they are at in their wellness journeys.

EXPECTED OUTCOMES

- Increased awareness, compassion, and understanding of the toxic drug emergency at the organizational, community and public level, so people who use drugs face less stigma and discrimination.
- IH workforce and leadership demonstrate improved knowledge and reduced discriminatory beliefs about substance use, so clients receive respectful supports that ensure the dignity of clients in a safe care environment.
- Staff who use drugs have appropriate support pathways for harm reduction, treatment, and recovery, so they can maintain their employment.

- Clients report higher satisfaction and feel respected and safe in a stigma-free environment, so they are more willing to engage in and be retained by services.

STRATEGIC ALIGNMENT

- IH 2024-2027 Strategic Plan (Supporting our People Strategic Priority)
- IH MHSU Strategy
- BC Provincial Health and Human Resources Strategy
- IH Digital Health Strategy



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PRIORITY: Community Partnerships and Collaboration

GOAL

IH collaborates with and supports community partners, including peers, non-profit organizations, local governments, and others, in their health-enhancing and equity-enhancing responses to the toxic drug emergency.

Strengthening partnerships is essential for a comprehensive toxic drug response strategy. Partnerships allow to increase trust and mobilize knowledge resulting in tailored services for the specific needs of the community. Mobilizing communities around the toxic drug crisis, and engagement on the toxic drug emergency enables resilience and maximizes efforts. Peer engagement and building capacity for peer-led services, is critical for an effective community-based toxic drug response (University of Victoria, 2017; Mamdani et al., 2021; Scow et al., 2023).



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FOCUS AREAS

Strengthening community partnerships, including:

- Building capacity, fostering connections, and clearly defining roles and responsibilities, with a focus on youth organizations, municipalities, and other non-government, non-profit groups.

Expanding opportunities for peer, family and care-circle engagement and support, including:

- Engaging authentically using A Blueprint for Authentic Engagement Framework (BC Coalition of Organizations by and for People Who Use Drugs, n.d.) to foster inclusivity, co-creation, continuous feedback, capacity building, and system change.

Enhancing peer involvement across the continuum of care, including:

- Ensuring appropriate funding for peer initiatives and for peer remuneration.
- Providing peer mentorship and supports.
- Inclusion of peer youth.
- Providing training to enable IH workforce and peers to work effectively together.

EXPECTED OUTCOMES

- Improved relationships and improved collaboration with partners, so there is a more effective response to the toxic drug emergency.
- Increased meaningful engagement of peers and families, including youth and Indigenous participants, so services better meet the needs of people who use drugs.
- Increased peer participation and engagement across all levels of care, so there are more equitable, responsive, and effective systems and improved service quality and effectiveness.

STRATEGIC ALIGNMENT

- IH 2024-2027 Strategic Plan (Advancing Indigenous Health and Wellness, MHSU, and Embedding Person- and Family-Centred Care Strategic Priorities)
- IH Indigenous Health and Wellness Strategy
- Interior Health Person- and Family-Centred Care Framework
- IH Digital Health Strategy
- IH Mental Health and Substance Use Strategy



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Continuing our Response

The development of the Toxic Drug Response Strategy is the first key step in enhancing IH's ongoing efforts to address the toxic drug emergency. Significant work remains, which to be successful requires strong resolve, commitment, perseverance, leadership, communication, collaboration, coordination, and integration within IH and with our external partners.

Our continuing response to the toxic drug emergency will be enhanced by:

- | | |
|--|--|
| Establishing an efficient and accountable governance structure | Building a robust TDRS evaluation plan that uses data to inform and drive decisions and is inclusive of an equity lens |
| Completing an implementation plan and monitoring framework | Promoting the goals of the TDRS and IH's toxic drug response within IH and with our external partners |

As IH moves forward with our toxic drug response, collaboration across all IH clinical, operational, and corporate portfolios will be required, along with meaningful and continued engagement of Indigenous communities, community groups, and public and peer partners. Through this work, we will continue to fulfill the vision of IH: health and well-being for all.

Ktunaxa Territory, Yankee Creek



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syilx Territory, Rainbow Falls



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Glossary

Anoxic brain injury | A type of non-traumatic brain injury caused by a lack of oxygen supply to the brain. The severity depends on the amount of time the brain goes without sufficient oxygen supply and can vary between people. The term is sometimes used interchangeably with hypoxic brain injury (Government of Canada, 2021).

Cultural Safety | Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (FNHA n.d. (b)).

Determinants of Health | The broad range of personal, social, economic, and environmental factors that determine individual and population health. Main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, sexuality, culture, race/racism (Government of Canada, 2024).

Dimensions of Quality | Quality is made up of five dimensions and focus on the individual experience from both a person and population perspective: Respect, Safety, Accessibility, Appropriateness and Effectiveness. Two dimensions focus on the performance of the systems in which health and wellness services are delivered: Equity and Efficiency (Health Quality BC, 2020).

Harm Reduction | Harm reduction is an evidence-based practice that aims to keep people safe and minimize death, disease, and injury from behaviour that involves risk, such as substance use.

Material Deprivation | A lack of access to essential needs and can result in an inability to access medical care (e.g., inability to obtain childcare to attend appointments, access necessary medicine or medical equipment) (IH, 2022).

Person- and Family- Centred Care | PFCC puts individuals at the forefront of their health and care, ensures they retain control over their choices, helps them make informed decisions and builds relationships with individuals, families/support people and health-care service providers (BC Ministry of Health, n.d.). PFCC includes care that is recovery focused, committed to harm reduction, trauma informed, stigma-free, and discrimination free.



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Polysubstance Use | Refers to the use of two or more drugs (licit or illicit) consumed together, whether intentional or unintentional. Polysubstance use can increase a risk of harm or death.

Population Health Approach | A population health approach aims to improve and protect the health of entire populations, and reduce unfair differences in health between population groups, by acting upon the many factors that influence our health and wellness (Government of Canada, 2013).

Recovery | Recovery is a process of healing that can include multiple pathways, including professional treatment, risk reduction, peer support and other supports (Government of BC, 2021). The endpoint of recovery may or may not include complete abstinence from substance use.

Social Deprivation | Refers to when a person is lacking a sense of connection or ability to remain close to and connected to family, friends, community, and/or culture; it is often the result of marginalization resulting from when a person (or group) is treated as unimportant or insignificant (IH, 2022).

Substance Use Disorder | A treatable medical condition affecting the brain that involves compulsive and continuous use despite negative impacts (Government of Canada, 2022; IH, 2022).

Substance Use Safety Services (SUSS) | Provide a safe place for people to consume drugs and be monitored for an overdose while they are a registered patient in a hospital (ED, inpatient, outpatient). SUSS are authorized through Provincial Ministerial Order.

Trauma | Result of both physical and emotional injuries, including from racism and discrimination, early childhood trauma, grief, and multi-system trauma (i.e., injuries to the body that affect more than one body system) (IH, 2022).

Treatment | Treatment includes both psychosocial and medical interventions that seek to manage substance use.

Unregulated Drug Deaths | Refers to deaths due to unregulated drugs and/or drugs sold illicitly including controlled drugs (heroin, cocaine, MDMA, methamphetamine, illicit fentanyl, fentanyl analogues, etc.), medications not prescribed to the deceased but obtained/purchased from unknown means or where origin of drug not known, and combinations of the above with prescribed medications. Includes accidental or undetermined deaths. Does not include intentional drug toxicity deaths nor unintentional deaths due solely to one's own prescribed medications (BCCDC, 2024)

Unregulated Drugs (Toxic Drugs) | Unregulated drugs and/or drugs sold illicitly including controlled drugs (heroin, cocaine, MDMA, methamphetamine, illicit fentanyl, fentanyl analogues, etc.), medications not prescribed to the deceased but obtained/purchased from unknown means or where origin of drug not known, and combinations of the above with prescribed medications (BCCDC, 2024).



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