



ADMINISTRATIVE REPORT

Report Date: December 14, 2018
Contact: Kennedy Stewart
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VanRIMS No.: 08-2000-20
Meeting Date: December 20, 2018

TO: Vancouver City Council
FROM: Mayor Kennedy Stewart
SUBJECT: Mayor's Overdose Emergency Task Force - Recommendations for Immediate Action on the Overdose Crisis

OPENING REMARKS

Despite concerted efforts by government and community partners, Vancouver continues to be severely impacted by the convergence of a long-standing mental health and addictions crisis and increasingly potent and toxic drug supply, creating a sustained overdose crisis that will claim about the same number of lives in Vancouver in 2018 as it did in 2017. Bold actions need to be taken together with all partners to change the course of the crisis that has devastated thousands of Vancouverites who have lost family members and friends. While the City is not mandated to deliver health services, it has a long standing role in advocating reducing the harms caused by illicit drug use, recognizing addictions as a public health issue, not a criminal one, and promoting access to a wide range of treatment options.

All of our residents have the right to thrive to the best of their ability, let alone survive. Through the Healthy City Strategy, Vancouver is committed to addressing stigma, providing homes for everyone, supporting jobs and income opportunities to making ends meet and culturally safe environments for all. Recommendations in this report can be taken immediately to reduce deaths that are appropriate for the City to initiate, including the provision of immediate supports to urban Indigenous residents and their families, expansion of harm reduction, and support for peer responders. Ultimately, an agreement with senior governments for a programmatic and public health based response complemented by robust partnerships with the health authority, Local First Nations, First Nations Health Authority, Indigenous serving organizations, the justice system, and the Vancouver Police Department is necessary for us to work with the kind of perseverance, compassion, and innovative mind-set that our residents deserve to address the crisis in a cohesive and constructive way.

RECOMMENDATIONS

A. Results of the Overdose Emergency Task Force

THAT Council receive for information results of the Mayor's Overdose Emergency Task Force with details described in this report as well as recommendations for immediate action based on input from the Mayor's Overdose Emergency Task Force.

B. Invest in Indigenous Healing and Wellness

- i. THAT Council approve a one-time grant of up to \$100,000 to Metro Vancouver Indigenous Services Society to pilot wrap around supports and post-overdose response in collaboration with other Indigenous led and serving organizations. Source of Funds: 2018 Operating Budget.
- ii. THAT Council request that the Provincial and Federal governments commit to ongoing operating funding of approximately \$310,000 to Metro Vancouver Indigenous Services Society and \$120,000 to the Pacific Association of First Nations Women.
- iii. THAT Council approve a one-time grant of up to \$100,000 to the Pacific Association of First Nations Women to support Indigenous women including mothers who have lost loved ones due to the crisis in Vancouver as identified in this report. Source of Funds: 2018 Operating Budget.

C. Enable a Peer Based Organization/Drug user Network

THAT Council request that the Province provide \$1,000,000 annually in ongoing operating funding for a provincial organization(s) of people who use drugs to better engage their expertise in the municipal overdose emergency response as described in this report.

D. Save Lives at Home: SROs and Overdose Prevention

- i. THAT Council approve a one-time grant of up to \$106,000 for an 18 month pilot to the DTES SRO Collaborative Society for the Tenant Overdose Response Organizers ("TORO") to assist with the costs of space, furniture and tenant improvements for peer programs in five private single room occupancy (SRO) hotels where tenants are at risk of overdose, and that staff report back after the 18 month pilot on options for securing space in private SROs. Source of Funds: 2018 Operating Budget.
- ii. THAT Council request that the Province provide the DTES SRO Collaborative Society \$47,000/year annual funding to expand

existing overdose response operations and \$135,000 for the 18 month pilot noted in D(i).

- iii. THAT Council request that the Province provide additional annual funding to Vancouver Coastal Health in the amount of \$1,000,000 to expand the existing Vancouver Coastal Health overdose prevention services in non-profit SROs where tenants are at risk of overdose.
- iv. THAT Council provide a grant in the amount of \$44,000 to Lookout Housing and Health Society to support a one-year pilot for peers to monitor SRO washrooms in collaboration with Vancouver Coastal Health overdose prevention services. Source of Funds: 2018 Operating Budget.
- v. THAT Council direct staff to review the Vancouver Coastal Health washroom guidelines and develop an implementation strategy for working with not for profit and private operators by April 2019.

E. Expand Harm Reduction in the Downtown Eastside

- i. THAT Council request that the Province provide funding for Vancouver Coastal Health in the amount of \$355,000 in annual operating funding to support a new outdoor inhalation Overdose Prevention Service in the Downtown Eastside and direct staff to assist in identifying an appropriate outdoor site.
- ii. THAT Council direct staff to assess the level of risk in public washrooms and recommend any necessary changes to public washrooms by June 2019.

F. Secure Space for a Clean Supply project

- i. THAT Council direct City staff to work with partners to identify a location for a storefront service space in or adjacent to the Downtown Eastside for the BC Centre for Disease Control ("BCCDC") low barrier hydromorphone dispersal pilot enrollment project by April 2019.

G. Expand Access to Treatment Options

- i. THAT City staff be directed to work with VCH as needed to support the improvements anticipated by their new Cascade of Care model, including promoting and facilitating referrals and linkages to care and supports for marginalized people receiving care.
- ii. THAT Council send a request that the Province make significant additional investments in addictions treatment services in Vancouver and province-wide, with appropriate input from experts

at Vancouver Coastal Health, First Nations Health Authority, other health authorities, and the BC Centre for Disease Control.

- iii. THAT Council grant standing authority to the Mayor to request additional investment in addictions treatment services from the Province in Vancouver and province-wide should the need arise in the future, with appropriate input from experts at Vancouver Coastal Health, First Nations Health Authority, other health authorities, and the BC Centre for Disease Control.
- iv. THAT Council approve a one-time allocation of \$100,000 to the Vancouver Police Board to implement a pilot to address any gaps, improvements and recommendations that may be made relevant to continuity of treatment for detainees with opioid use disorder, including maintenance of opioid agonist therapy and connection to care upon release. Source of funds 2018 Operating budget.

H. Support programs providing low barrier employment and purposeful activity opportunities to understand the role of employment in maintaining therapy and recovery

THAT Council request that the Department of Employment and Social Development Canada contribute \$500,000 in one-time funding to EMBERS for Eastside Works to a pilot a program to evaluate and demonstrate the impact of income generation and purposeful activity on people with mental health and addictions.

I. Provide Harm Reduction, Treatment and Supports Across Vancouver Neighbourhoods

- i. THAT Council direct City staff to work with Vancouver Coastal Health to identify locations for Vancouver Coastal Health to park its mobile Overdose Prevention Services unit by April 2019 that will allow for an assessment of service needs in neighbourhoods outside the Downtown Eastside.
- ii. THAT Council direct staff to work with the BC Centre on Substance Use (“BCCSU”) to plan and implement a communications plan for distributing resources and information for families and people using illicit drugs across Vancouver.
- iii. THAT Council request that the Province provide additional funds to Vancouver Coastal Health to support wider distribution of and fentanyl test strips across Vancouver, targeting high risk areas with Vancouver Fire and Rescue Services, Community Centres, Libraries, Neighbourhood Houses and other social serving agencies.
- iv. THAT Council approve a grant in the amount of \$10,000 to the BCCSU to host five additional “Stronger Together” community sessions to increase awareness of resources and link to low-

barrier access to treatment in neighbourhoods outside of the Downtown Eastside. Source of Funding: 2018 Operating Budget.

- v. THAT Council approve a one-time grant of \$20,000 to RainCity Housing and Support Society to implement a pilot program to provide supports to sex workers along the Kingsway corridor. Source of Funds 2018 Operating budget.

J. Collective Action for Systemic Changes

- i. THAT in the context of the crisis, the Mayor request that the City and Vancouver Police Department co-host a working group with Executive membership from the BC Ministry of Justice, BC Ministry of Mental Health and Addictions, Community Drug Court, Vancouver Coastal Health, BC Centre for Substance Use, Ministry of Social Development and Poverty Reduction, and People with Lived Experience) to identify risks to overdose deaths due to interface with the criminal justice system of those addicted to illicit drugs; and, for this Working Group to report back on a comprehensive program for action in Vancouver.
- ii. THAT Council approve a grant of up to \$20,000 to Drawing Wisdom to develop a training resource for the City, including the Vancouver Police Department and Vancouver Public Library, with a focus on colonization, and its resulting effect on social issues including criminalization. Source of Funding: 2018 Operating Budget.
- iii. THAT Council commit the City of Vancouver to approaching the Provincial and Federal Governments to seek their commitment to enter into a new Vancouver Agreement that will provide an ongoing programmatic relationship and a shared commitment to a long term approach to addressing the overdose crisis. Within the context of this agreement, partners will work together to identify and plan changes to the health care system to enable a robust system of continuity of addiction treatment that includes culturally safe practices.

K. THAT, pursuant to Section 206 (1)(j) of the Vancouver Charter, Council deem the organizations in Recommendations B(i), B(iii), D(i), D(iv), I(iv), I(v), and J(ii), which are not otherwise a registered charity with Canada Revenue Agency to be contributing to the health and welfare of the City.

L. THAT all grants to each organization be subject to executing and delivering a grant agreement (or signing and returning a grant letter agreeing in writing to its terms) on the terms generally outlined in this Report and otherwise satisfactory to the General Manager of Arts, Culture and Community Services and City Solicitor, and in the case of a grant agreement to be executed by the City Solicitor on behalf of the City.

- M.** THAT no legal rights or obligations are created by the approval of Recommendations B(i), B(iii), D(i), D(iv), I(iv), I(v), and J(ii), above unless and until an actual grant agreement (or letter agreement) is executed and delivered by the City and the recipient organization in accordance with Recommendation L above.
- N.** THAT Council authorize the Mayor to communicate all requests approved above on behalf of Council to each appropriate government authority.

Recommendations B(i), B(iii), D(i), D(iv), I(iv), I(v), J(ii) require 2/3 affirmative votes of all Council members per Vancouver Charter S. 206(1).

REPORT SUMMARY

This report recommends initial actions the City can take over the next 18 months to work together with community and government partners to fill current gaps and prevent death from overdose. Recommendations are based on input provided from the Mayor's Overdose Emergency Task Force that was established in November 2018. About 80 members met on December 6th. Other opportunities for Task Force members to provide input included a survey as well as in person meetings. The Metro Vancouver Aboriginal Executive Council also provided a written submission.

Recommendations in this report summarize the actions identified as priorities and where the City is able to take immediate action, recognizing that an end to the crisis will require longer term systems changes.

Recommendations for immediate action are identified under seven themes for immediate response:

1. Investments in Indigenous Healing and Wellness
2. Supporting Peer First Responders to Save Lives
3. Expanding Harm Reduction in the DTES
4. Support Clean Supply
5. Expand Access to Treatment Supports
6. Outside the DTES: Harm Reduction, Treatment, and Supports
7. Collective Action for Systemic Changes

COUNCIL AUTHORITY/PREVIOUS DECISIONS

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.

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 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 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 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 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 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.

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.

City's Response to Date

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, and one time funding to non-profit partners to provide naloxone training, support community peer resources in SROs and in community agencies, purchase toxic drug checking equipment, establish de-stigmatization programs, and support 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 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 of the \$3.5M. A full list of grants from the opioid crisis budget is provided in Appendix C.

Action	Year	Investment Amount	Dispersal – One Time Operating and Capital	Dispersal – Ongoing Operating	Total Dispersed to Date
Motion to increase taxes by 0.05% 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
Total			\$961,800	\$2,478,000	\$3.6M

The City co-Chairs the Provincially-funded Vancouver Community Action Team (CAT) with Vancouver Coastal Health. The CAT includes approximately 25 organizations who collectively represent the perspectives of all those involved in abating the overdose crisis, including people who use drugs, parents whose children have died of overdose deaths, not-for-profit and advocacy groups, urban Indigenous organizations, housing providers, researchers, as well as VCH, BC Ambulance, Police, and Fire & Rescue Services.

The City also partnered with Vancouver Coastal Health to support an additional \$200,000 for women's organizations in the overdose crisis, including expanded hours at

Atira's Overdose Prevention Site (OPS), SisterSpace, and Indigenous cultural activities in partnership with the Western Aboriginal Harm Reduction Society and Portland Hotel Society.

Opioid Crisis – Current State

Despite these efforts and a willingness to work together, the crisis is continuing to devastate hundreds of families and loved ones. As of December 16, 2018, an estimated 353 overdose deaths have occurred in Vancouver in 2018, which is almost on par with the 369 overdose deaths that occurred in 2017, despite the extensive harm reduction investments in Vancouver. Vancouver continues to have the highest rates of death per capita in BC, with 58 deaths per 100,000 people this year. Vancouver Fire and Rescue Services are responding to an average of 103 overdose-related emergency calls per week, slightly down from the 2017 average of 119 calls per week. The decreased rate in overdose deaths and calls could potentially be attributed to the increase in overdose prevention and response interventions across Vancouver, with an emphasis on the Downtown Eastside.

Regardless, Vancouver continues to be the most impacted city of the overdose crisis in Canada. From January to June 2018, BC had 754 opioid-related deaths – the most in the country. Vancouver also has more overdose deaths per capita than all of BC, which had 30 deaths per 100,000 people between January and June this year.

Mayor's Opioid Emergency Task Force

Recognizing the urgent need to prevent additional deaths from overdose, on November 13, 2018, Vancouver City Council passed the Mayor's motion to convene an Overdose Emergency Task Force to identify immediate actions the City could undertake to prevent deaths and save lives in the overdose crisis.

The Task Force was intended to be a 1 month initiative resulting in immediate actions within the City's jurisdiction that could be implemented rapidly. Recognition of the urgency of the crisis was the impetus for the short time frame. It was understood that the City's scope of jurisdiction limited its response and calls on public sector partners and senior levels of government would be required to stop the deaths and to address the crisis in a sustained way.

The Task Force includes 115 individual members. It includes members of the Vancouver CAT, which as noted above, represents approximately 25 organizations and individuals who bring a critical diversity of perspectives to the response to the crisis. Additional invitations to join the Task Force included local Nations, union leaders, a pharmacist leader, scientists and researchers, advocates and health industry leaders. See Appendix A for complete list of Task Force members.

Task Force Timeline

The Task Force was implemented and recommendations brought forward by staff in approximately 37 days. This was an aggressive timeline as noted above and staff and partners worked quickly to try to convene the group, solicit ideas, and sift through and analyse the many responses to identify immediate actions.

Date	Activity	Outcome
Nov 13	Council passes motion for Task Force	Task Force established
Nov 25	Task Force members confirmed Survey issued	Invitations issued 30 + responses
Dec 6	Task Force Meeting	80 + attendees
Dec 6-13	Data analysis & additional meetings including with VCH, VPD, and community organizations	80+ recommendations reviewed and recommendations drafted
Dec 14-16	Discussions with public sector partners	Recommendations vetted and confirmed
Dec 18	Mayor's report online	Mayor's report distributed to all Task Force members
Dec 20	Council Meeting	

Task Force Process

The work of the Mayor's Task Force involved gathering input from several sources described below:

1. Vancouver CAT Meeting – November 29, 2018

Members of the Vancouver CAT were invited to share their recommendations to the Mayor in person at the December 6th Mayor's Task Force meeting. To prepare for the December 6th meeting, the Vancouver CAT came together on November 29th to brainstorm ideas that would be shared with the Mayor. The session was facilitated by Indigenous facilitator, Jada Gabrielle-Pape, who used a decolonizing approach to create a safer environment for Indigenous people and everyone in the room.

The members organized into four discussion tables based on perspectives voiced in the room during the meeting: low-income housing, inhalation OPS, supportive environments, and clean supply.

After the table discussions, a representative from each table shared the key points from the discussion with the larger group, highlighting identified actions that could be implemented. Ideas were recorded by City staff and synthesized into one document.

2. Mayor's Ideas Survey – November 29, 2018

An online survey was created to gather additional ideas on actions that the City could take within its jurisdiction to prevent opioid overdoses and overdose deaths. The questions were open-ended and allowed space for respondents to describe their ideas in full. The questions were developed by the Mayor's office with input from the Social Policy Department and were distributed via email to members of the Vancouver CAT and other partners who would have insight into the topic.

The survey was active from Nov 29 to Dec 12, for a total of 13 days. The survey was completed by 33 respondents (n=33).

3. Mayor's Opioid Emergency Task Force Meeting – December 6, 2018

The Mayor met with the Vancouver CAT and other invited members of the Task Force to hear directly from members on their ideas for actions that the City could take to prevent overdose deaths. The meeting was facilitated by Jada Gabrielle-Pape. The Mayor recognized the expertise in the room, acknowledged the good work that was already underway, and invited members to share their ideas and stories. Many members shared their ideas and City staff recorded the ideas.

4. Sex Worker Focus Group – December 5, 2018

In response to the greatest overdose deaths to overdose calls ratio in the Kensington-Cedar Cottage area, a focus group with peer sex workers, including Indigenous and trans workers, was held to gather ideas about what responses were needed in the Kingsway area. The focus group was attended by 10 peers and was facilitated by City staff. The key points raised by participants included:

- There is currently no safe place for working women to go to at night, including no phone or services available to contact emergency services or help for an overdose, bad date, or other health related incident;
- Recognizing that many sex workers are moms and are grieving for and/or caring for children or family members; and
- The need for programs and supports for Indigenous women, including Indigenous mothers grieving for their families and/or children that have died due to an overdose.

5. Urban Indigenous Engagement and Leadership

The following reports involved extensive consultation with urban Indigenous partners, community members and leaders, and included recommendations related to saving lives from substance use and overdose deaths

- Aboriginal Health, Healing and Wellness in the DTES Study
- Urban Indigenous Health Strategy (VCH and FNHA)
- Written submission from MVAEC on the overdose crisis and gaps identified

These reports include the following key recommendations which were also considered when drafting the recommendations:

- Create an Indigenous healing and wellness centre
- Establish an Indigenous peer advisory at the City of Vancouver to advise on Indigenous healing and wellness
- Flexible and sustainable funding for Indigenous service providers
- Require cultural competency training and education for service providers and other staff working with Indigenous people
- Provide culturally safe and trauma-informed mental health counselling for Indigenous community members, both individually and collectively, emphasizing support for Indigenous service providers and Elders
- Provide traditional Indigenous healing supports, including Elder services and ceremony, for Indigenous community members and service providers

See Appendix B for a complete list of ideas generated by the Task Force.

What We Heard

Key message from the Task Force: Listen to Lessons Learned

Although the City has been working with many partners, including people with lived experience, to address the current crisis and has invested in key innovations over the past two years, without which would have contributed to 2.5 times more deaths, people are still dying and more immediate action is needed.

There are many lessons to be learned from the current work underway that can inform decisions on where immediate action needs to occur. Reflecting on the consultative data gathering through and leading up to the Mayor's Task Force, the following key lessons learned were identified:

1. Community-based interventions prevent overdose deaths

Based on the experience of working in partnership on the opioid overdose emergency response since the crisis hit in 2016, we have learned that community-based responses involving people with lived experience of substance use are most effective in preventing overdose deaths. The Overdose Prevention Society (OPS) sites, which are staffed by peers, have been effective in reversing every overdose that has occurred at an OPS site. Peers who have been trained in overdose response and who carry naloxone kits are acting as the most accessible first responders who save lives every day. Peer led-programs such as the Tenants Overdose Response Organizers (TORO) are working to prevent overdose deaths in SROs, which is a direct response to the majority of deaths that occur indoors and among people using alone.

2. Indigenous-led initiatives and access to culture saves Indigenous Peoples lives

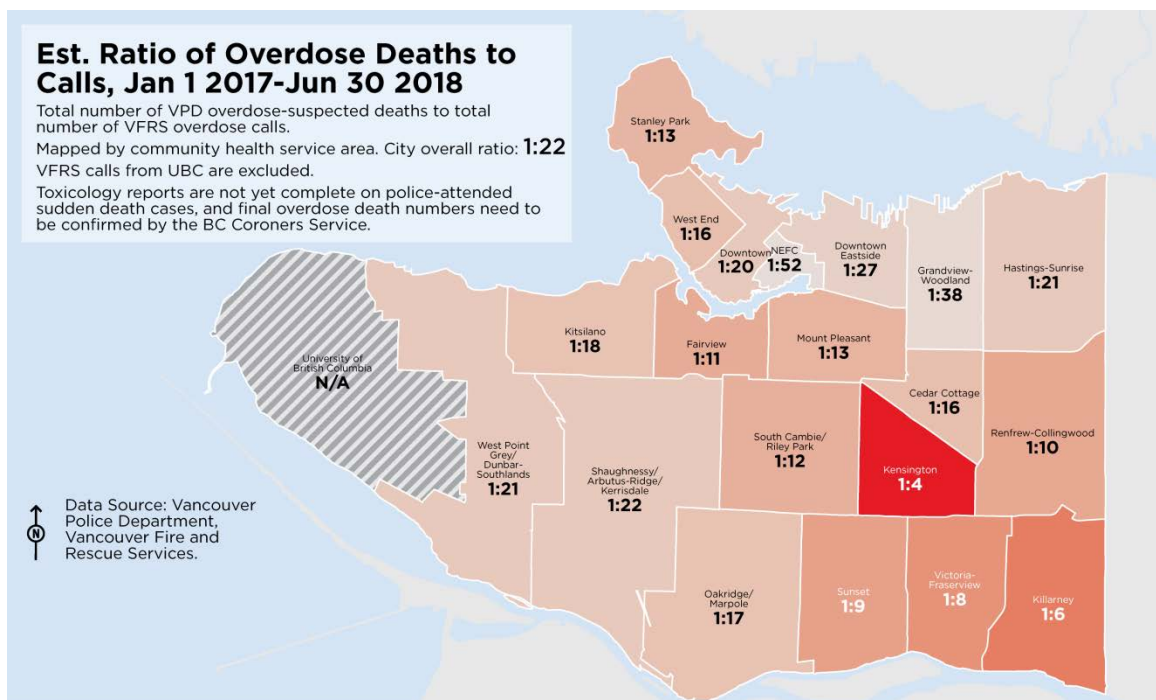
Given the disproportionate representation of Indigenous people in the overdose crisis and among overdose deaths, interventions are needed for Indigenous people specifically. Mainstream services and programs are often not appropriate or safe for Indigenous people due to the dominance of Western and colonial approaches, as well as ongoing racism and lack of knowledge on issues affecting Indigenous people. Overdose prevention and harm reduction services that are effective for Indigenous people must be culturally safe, which means involving Indigenous people in the design and delivery of service, and including Indigenous approaches to healing and wellness. In the overdose crisis, Indigenous-led initiatives, culture and ceremony, and the involvement of Indigenous peers and Elders have played a critical role in saving Indigenous peoples' lives.

3. Gaps in overdose response services outside the Downtown Eastside need to be addressed

VPD and VFRS data shows that although the majority of deaths from overdose occur in the Downtown Eastside, the ratio of overdose-suspected deaths to the number of overdose related emergency calls is highest outside of the city centre.

The map below illustrates the number of calls and the number of deaths in different neighbourhoods over an 18 month period between January 1 2017 and June 30 2018. The Kensington area in particular sees the highest number of overdose deaths per calls where there are no overdose prevention services. The ratio of deaths per calls is much lower in places where there are also overdose prevention services including the DTES, signalling the important role that these services play in saving lives.

The Kensington area includes the “Kingsway Stroll”, which is where many survival sex workers work at night. According to VPD emergency calls in from January 2017 to December 2018, there were a total of 28 suspected overdose-related deaths in the Kensington-Cedar Cottage area. The gap in services and programs in this area has created barriers to accessing services and support for survival sex workers, many of whom are affected by the opioid overdose crisis. City staff recommend that further assessment of service needs is required to ensure appropriate supports for this group are in place. In addition, the VCH mobile van will be deployed to that neighbourhood as one of the sites where VCH will assess the need for more permanent public health services.



4. Links between de-stigmatization and the need for decriminalization

There were several Task Force members voicing concerns that until illicit drug use is decriminalized, the fear of using illegal substances will continue to keep drug users isolated. There was also concern expressed about alleged arrests of low level dealers and how this impacted people’s access to a more trusted drug supply through their dealer was raised.

Strategic Analysis

Based on the discussions of the Task Force and using their recommendation of basing work moving forward on the lessons learned to date, the recommended actions identified as most effective in preventing overdose deaths and saving lives thus focus on:

- Scaling up existing approaches in which community members are already engaged;
- Investing in culturally safe, Indigenous-led healing and wellness initiatives; and
- Investing in culturally safe services outside of the Downtown Eastside.

Criteria for Determining Immediate Recommendations

The Mayor's Task Force and surrounding consultation and review of existing reports resulted in a range of ideas. The following criteria were identified to help refine the list and decide which actions to pursue:

1. Effectiveness in Preventing Overdose Deaths

The ideas brought forward ranged from immediate action to “stop the bleeding” to upstream prevention of overdose deaths through system change, with varying degrees of impact. Although actions are needed at all levels on the prevention spectrum, considering the urgency in preventing overdose deaths, actions that are most effective in directly and immediately saving lives and reducing overdose deaths were prioritized for recommendation. This criteria was based on data gathered through overdose surveillance indicates, the majority of opioid overdose deaths occur indoors and among people who are using alone. For this reason, immediate actions are needed in indoor locations, particularly SROs and non-market housing where people are using at home.

Research in treating opioid use disorder has shown that Opioid Agonist Therapy (OAT), including injectable (i.e. prescription heroin and hydromorphone) and oral therapies are effective in preventing death.

Opioid Prevention Sites (OPS) and supervised consumption sites have also been successful in preventing deaths among 100% of overdoses occurring at an OPS. Many people raised the need for a decriminalized approach, because arresting drug dealers interferes with people's ability to access a trusted supply, and people who use drugs are at higher risk for overdose death when being released from jail due to decreased tolerance and toxic supply.

While the recommendations do weigh heavily on the side of immediate action, several recommendations call for investment in systemic changes to address root causes and address existing systems that further intensify and marginalize people with addictions.

2. Commitment to Reconciliation and Empowering Indigenous Led responses

Indigenous people continue to be disproportionately represented among overdose deaths, particularly among Indigenous women.

These inequities result from the compounded effects of colonialization and colonialism, including the legacy of residential schools, as well as ongoing structural racism and gendered violence against Indigenous women and girls.

The City's commitment to reconciliation acknowledges the City's responsibility in working towards repairing relationships with Indigenous peoples, part of which includes listening and responding to Indigenous peoples' perspectives. Indigenous people and groups are represented and involved in the Mayor's Overdose Emergency Task Force, and have provided recommendations related to the opioid overdose crisis. Honouring the commitment to reconciliation means focusing on actions that are identified by Indigenous peoples as the most needed for them, which includes responding to and acting on recommendations that Indigenous people have already provided through various engagements with the City, including various reports already published that involved Indigenous communities and impacts.

3. City's Role and Ability to Immediately Implement, Evaluate, and Adapt

Although many ideas for addressing the overdose crisis were brought forward by members of the Task Force, focusing on the actions that are most feasible require considering the City's role and capacity to implement immediately. This means focusing on actions that primarily fall within the City's jurisdiction and/or do not require time-consuming or complex solutions to implement, such as extensive consultations involving multiple partners on systemic change, removal of municipal policy barriers, investments in community-serving organizations, and advocacy of senior levels of government for increased investment in Vancouver.

Based on the criteria above, recommended actions for the City were identified based on:

- Evidence showing the most promise in effectively and directly reducing deaths and saving lives, including housing-based interventions, opioid substitution, and Overdose Prevention Sites;
- The perspectives of Indigenous peoples and groups, including recommendations from Indigenous Task Force members, as well as previous relevant reports where Indigenous people were consulted; and
- Actions that fall within the City's jurisdiction and are able to be implemented immediately or quickly.

The recommendations were grouped into the following seven theme areas:

1. *Invest in Indigenous Healing and Wellness*
2. *Support Peer Responders to Save Lives*
3. *Expand Harm Reduction in the DTES*
4. *Support Clean Supply*
5. *Expand Access to Treatment Supports*
6. *Outside the DTES: Harm reduction, Treatment, and Supports*
7. *Collective Action for Systemic Changes*

This section provides an overview of the proposed recommendations under each theme area. Given the urgent need for the rapid response to the increasing death toll from

overdose, the recommendations proposed in this report are focused on actions that fall within the City's jurisdiction so that they can be implemented quickly in the immediate term. As already noted, in addition to directing City staff effort on some areas within the City's jurisdiction and some additional investments beyond what was already invested in 2016 and 2017, some recommendations seek for the City to call on senior levels of government for immediate investment in public health interventions and medical services, as well as for investments in community-based groups and immediate convening of sector and government partners for discussion around critical changes to key societal systems and approaches.

This report recommends the following immediate contributions:

<i>City of Vancouver:</i>	\$500,000	(one-time)
<i>Province:</i>	\$2,697,000	(\$2,562,000 ongoing; \$135,000 one-time)
<i>Federal:</i>	\$770,000	(\$270,000 ongoing; \$500,000 one-time)

Most of the City's recommended contributions are one-time grants to community organizations. Generally in granting City funds, staff implement a competitive grant process. In this report, due to the urgent need to deploy City funding to these efforts, staff have advised that sole source grants to specific organizations who are already offering services to expand, scale up, or pilot complementary services are possible. All grants would be subject to standard City accountability and reporting processes.

Staff have identified that a source of funds for the recommended one-time City contributions are staff vacancy savings in the 2018 ACCS and PDS operating budgets.

Theme 1: Invest in Indigenous Healing and Wellness

Two organizations are being recommended for one-time City grant funding to expand or pilot services where there are gaps. Also it is recommended that senior government be requested to augment funding to both of these organizations. As noted above, the commitment to indigenous partners is to honour and respect their leadership and support Indigenous-led responses, in particular given the impacts of colonization and colonialism and the over representation of Indigenous people dying of overdose deaths.

Recommendation 1: One-time grant to Metro Vancouver Indigenous Services Society

Recommended grant: \$100,000 to Metro Vancouver Indigenous Services Society to pilot wrap around services and post-overdose response in collaboration with other Indigenous- led and serving organizations.

The Metro Vancouver Indigenous Services Society is a subsidiary society of the Metro Vancouver Aboriginal Executive Council. MVAEC has taken a strong leadership role to respond to the crisis, beginning with seed funding from the City to create an Indigenous led opioid overdose support circle. This group has identified a service gap of about \$335,000, including a mobile unit to provide outreach, navigator positions, and additional support from Elders to service providers and for Indigenous people needing access to cultural supports.

It is also recommended that the City request that the Province direct \$160,000 to the First Nations Health Authority to work with MVAEC on community-based services, and that the Federal Government contribute \$150,000 a year on going so that MVAEC has sufficient funding year round to sustain services.

Recommendation 2: One-time grant to Pacific Association of First Nations Women: Women-led Indigenous Healing and Wellness

Recommended grant: \$100,000 in one-time funding to support Indigenous women and families impacted by the overdose crises across the city. While there are non-Indigenous support groups for mothers and families, none exist for Indigenous women and families. Based on the success of the Women Rise program, which has no more funding, the City grant will support opportunities for gathering, ceremony, and supports.

It is also recommended that the City request that the Federal Government contribute \$120,000 a year ongoing to support this organization's service delivery.

Theme 2: Support Peer Responders to Save Lives

Recommendation 1: Enable a Peer Based Organization/Drug User Network

Task Force participants identified the needs of peer workers and the peer workforce. Every day, peer responders are working to save lives and need the support of one another and a backbone organization to promote their wellbeing and build capacity. Research also demonstrates that a peer informed system has benefits for program users as well as improved policy change. It is recommended that Council request that the Province provide \$1,000,000 annually in ongoing operating funding for a provincial organization (s) of people who use drugs to better engage their expertise in the municipal overdose emergency response and to enable:

- Involvement of people with lived experience in strategic program planning and priority setting
- Diversity of paid peer program opportunities
- Peer-led overdose response initiatives
- Peer training opportunities

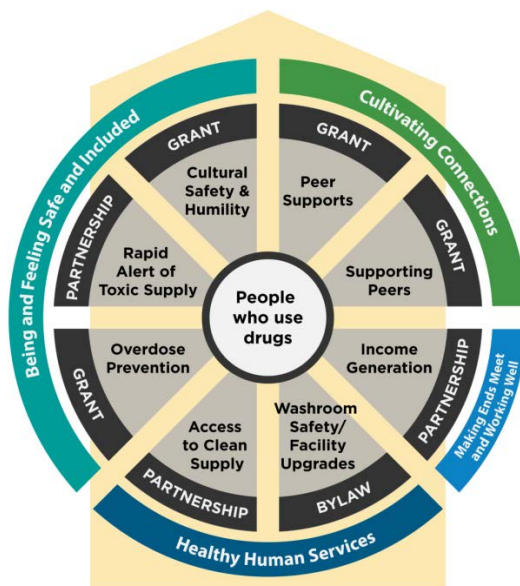
Staff have noted that they have heard consistently from peers about the need for trauma supports. It is anticipated that these supports would emerge as a priority when the peers are planning for the programs of this network. It is also assumed that this organization would enable a Vancouver chapter or group for to ensure the needs and voices of local peers.

Recommendation 2: Save Lives at Home: SROs and Overdose Prevention

The diagram below describes what Task Force participants want to see in their home environments. People who use illicit drugs are at the centre, and ultimately need access to basic social determinants of health that are part of the Healthy City Strategy: to feel safe and included, have connections with others, have

access to the health care they need, and opportunities for vocation and income generation. In order for this to happen, the interventions needed include overdose prevention services, cultural safety and humility, access to clean supply, and the support of and connection to peers.

Task force participants identified that if people are dying in their homes then more supports need to be placed in both private and publicly funded single room occupancy hotels (SROs). This includes supporting peers who are often the first responders and who are saving lives in their communities every day. Funding is needed to support peers who are working to prevent overdose deaths in outdoor spaces, as well as indoors in people's homes, which is where the majority of overdose deaths occur.



This recommendation includes three components: a recommended approach for private SROs in which there are typically no supports, an approach for non-profit operated SROs in which there are often some base supports, and a response to washrooms in SROs.

Recommendation 2.1: Private SROs: One-time grant to Tenant Overdose Response Organizers (TORO) and request to Province for funding for pilot and expansion of existing work

In 2017, the City provided one time funding to the DTES SRO Collaborative Society for the Tenant Overdose Response Organizers (TORO) to create an innovative program to provide in-reach into private SROs recognizing that private buildings have fewer social and health supports. This program has continued with funding from the Province, but increased investment would save more lives.

Two actions are recommended:

- That the Province be requested to provide TORO an additional \$47,000/year in annual operating funding to expand existing overdose response services; and
- That the City and Province co-fund TORO to implement an 18-month pilot of an overdose prevention site in at least 5 private SROs where tenants are at risk of overdose, with the City to contribute grant for space in private SROs (\$106,000) and the province to fund the operations (\$135,000).

That City staff be directed to report back to Council after the 18 month pilot to report on outcomes and how the spaces in the five SROs can be secured, and whether or not there is evidence that the pilot should be expanded or enhanced.

Recommendation 2.2: Non-Profit operated SROs: Ask Province to expand funding to VCH to implement overdose prevention services in an additional 10 buildings and one-time City grant for washroom monitoring pilot

Two actions are recommended:

- Request additional funding from the Province for VCH to expand the existing VCH overdose prevention services in non-profit SROs where tenants are at risk of overdose. VCH currently funds in 27 buildings. This request is to expand VCH's funding to enable funding of a further 10 buildings. The cost is currently \$100,000/building/year so the funding request to the Province would be for \$1,000,000 annually.
- Task Force participants also spoke to the need to monitor washrooms and a grant in the amount of \$44,000 to Lookout Health and Housing Society to support a one year pilot for peers to monitor washrooms in collaboration with the Vancouver Coastal Health SRO pilot is recommended.

Recommendation 3: Safe Washrooms at Home

It is recommended that staff be directed to review the Vancouver Coastal Health washroom guidelines and develop an implementation strategy for working with not for profit and private operators by mid- 2019.

Theme 3: Expand Harm Reduction in the Downtown Eastside

Recommendation 1: A New Inhalation Overdose Prevention Site

The need for additional inhalation spaces was raised by Task Force members. The BC Coroners report confirms that about 40% of deaths are caused by inhaling fentanyl, however, there is only one inhalation tent operating in Vancouver. It is recommended that Council request that the Province provide

funding for Vancouver Coastal Health in the amount of \$355,000 in annual operating funding to support a new outdoor inhalation Overdose Prevention Service in the Downtown Eastside. City to assist in identifying an appropriate outdoor site(s).

Recommendation 2: Public Washrooms Assessment

City staff to assess the level of risk in public washrooms and recommend any necessary changes to public washrooms. Administrative assessment to be completed by April 2019. Report back to Council would include any financial implications.

Theme 4: Support Clean Supply

Recommendation: Access to Clean Supply

There has been a strong call for a clean drug supply to avoid overdose deaths from a contaminated drug supply. It is recommended that the City prioritize and identify space for a suitable location for a storefront service space, either in or adjacent to the Downtown Eastside, where the BC Centre Disease Control can launch their pilot enrollment project. If City staff can identify a city owned space, staff would report back to Council with lease terms as soon as possible.

The primary recommendation for immediate action is that City staff be directed to work with partners to identify a location for a storefront/service-point adjacent to the DTES for the BC Centre for Disease Control Opioid Agonist Therapy dispersal pilot enrollment project.

Further discussions with BCCDC and VCH will explore additional action in this area.

Theme 5: Expand Access to Treatment Supports

Recommendation 1: Support the Implementation of VCH's Cascade of Care

Vancouver Coastal Health is developing and implementing improved models of care for addictions, to ensure people with opioid use disorder and other substance use disorder are linked to care, supported to initiate evidence-based treatment and supported to stay on treatment across the life course.

City staff should work with VCH as needed to support the improvements, including promoting and facilitating referrals and linkages to care and supports for marginalized people receiving care.

Recommendation 2: Standing Approval to Request Treatment investments in Vancouver

It is also recommended that Council send a request that the Province make significant additional investments in addictions treatment services in Vancouver and province-wide, with appropriate input from experts at Vancouver Coastal

Health, First Nations Health Authority, other health authorities, and the BC Centre for Disease Control.

It is further recommended that the Mayor be granted standing authority to request additional investment in addictions treatment services from the Province in Vancouver and province-wide should the need arise in the future, with appropriate input from experts at Vancouver Coastal Health, First Nations Health Authority, other health authorities, and the BC Centre for Disease Control.

Recommendation 2: Continuity of Treatment Pilot

City staff to work with VCH and VPD to implement a pilot to address any gaps, improvements and recommendations that may be made relevant to continuity of treatment for detainees with opioid use disorder, including maintenance of opioid agonist therapy and connection to care upon release. Provide \$100,000 to VPD to support the pilot implementation.

Recommendation 3: Purpose and Employment – a one-time grant to support low barrier employment

City to request that the Department of Employment and Social Development Canada contribute \$500,000 in one-time funding to support a pilot program by EMBERS for Eastside Works to evaluate and demonstrate the impact of income generation and purposeful activity on people with mental health and addictions.

Theme 6: Outside the DTES: Harm reduction, Treatment, and Supports

Recommendation 1: VCH Mobile Overdose Prevention Site

Staff to work with Vancouver Coastal Health to identify locations for VCH to park its mobile Overdose Prevention Services by April 2019 that will allow for an assessment of service needs in neighbourhoods outside the Downtown Eastside.

Recommendation 2: Expanding Access and Awareness: one-time grant and information distribution

Approve a one-time grant in the amount of \$10,000 to the BC Centre on Substance Use (BCCSU) to host five additional “Stronger Together” community sessions to increase awareness of resources and link to low-barrier access to treatment in neighbourhoods outside of the Downtown Eastside.

Staff to work with BCCSU to plan and implement a communications plan for distributing resources and information for families and people using drugs outside the DTES.

Recommendation 3: Expand Harm Reduction Supplies Across the City

City to request that the Province provide additional funds to Vancouver Coastal Health to support distribution of wide naloxone and fentanyl test strips across Vancouver, targeting high risk areas with Vancouver Fire and Rescue Services,

community centres, libraries, neighbourhood houses and other social serving agencies.

Recommendation 4: Initiate supports for sex workers along the Kingsway corridor

During the Task Force engagement, staff confirmed that an at-risk group of community members are the sex workers who work along the Kingsway stroll. The need for a 24/7 drop-in service and supports for Indigenous women were identified. While this group is not identified by Vancouver Coastal Health as a group at high risk of overdose death based on their data analysis, City staff are concerned about the vulnerability of this group and their exposure to multiple risks including health-related, violence, etc.

The recommendation is that City provide a one-time grant of \$20,000 to RainCity Housing Society immediately to pilot peer and other supports for sex workers, including overdose prevention, and staff will report back on additional safety needs of this community.

Theme 7: Collective Action for Systemic Changes

Recommendation 1: Mobilizing a Justice System Response

In context of crisis, the Mayor requests the City and Vancouver Police Department co-host a Working Group with Executive membership from the BC Ministry of Justice, BC Ministry of Mental Health and Addictions, Community Drug Court, Vancouver Coastal Health, BC Centre of Substance Use, Ministry of Social Development and Poverty Reduction, and People with Lived Experience) to identify risks to overdose deaths due to interface with the criminal justice system of those addicted to illicit drugs; and, for this Working Group to report back on a comprehensive program for action in Vancouver.

Recommendation 2: One-time Destigmatization Grant of \$20,000

Provide a one-time grant of \$20,000 to Drawing Wisdom to develop a training resource for the City, including the Vancouver Police Department and Vancouver Public Library, with a focus on colonization, and its resulting effect on social issues including criminalization.

Recommendation 3: Sign a new Vancouver Agreement

Commit the City of Vancouver to approach the Provincial and Federal Governments to commit to sign a new Vancouver Agreement that commits to ongoing programmatic relationship and shared commitment to a long-term programmatic approach to addressing mental health and addictions, including the overdose crisis.

Within the context of this agreement, identify and plan changes to the health care system to enable a robust system of continuity of addiction treatment, including culturally safe practices.

Given the ongoing work in dealing with the crisis, the City will continue to work and liaise with cities across the country that are also dealing with this crisis. The Mayor will continue to work with peers at the Federation of Canadian Municipalities' Big City Mayors' caucus to share experiences and provide support for similar crisis across the country.

Timeline

Given the urgency of the crisis and the need to take immediate mitigating actions, it is recommended that the Mayor immediately contact all named senior governments to update them on this work and signal that a formal letter will follow and that all requests for funding or partnership to senior levels of Government should be sent by end of January.

Recommendations that identify staff action have timelines that staff have identified as timely but achievable. All approved grants would be dispersed by staff as a matter of urgency, subject to receipt of appropriate documentation from the grantees.

The General Manager of Arts, Culture, and Community Services (ACCS) has been identified as the staff position responsible for follow up and completion of all recommendations in this report. The Social Policy Department within ACCS has been identified as the coordinating Department.

Implications/Related Issues/Risk

Financial

This report recommends the following immediate contributions:

<i>City of Vancouver:</i>	\$500,000	(one-time)
<i>Province:</i>	\$2,697,000	(\$2,562,000 ongoing; \$135,000 one-time)
<i>Federal:</i>	\$770,000	(\$270,000 ongoing; \$500,000 one-time)

Source of funds for the recommended one-time City contributions are staff vacancy savings in the 2018 ACCS and PDS operating budgets.

Chart: Recommended one-time City funding

Activity	Grant/City cost	Grant recipient	Value
Pilot services led by Indigenous communities	Grant	Metro Vancouver Indigenous Services Society	\$100,000
Supports for Indigenous mothers	Grant	Pacific Association of First Nations Women	\$100,000
Peer support pilot in private SROs	Grant	DTES SRO Collaborative	\$106,000
Peer washroom pilot	Grant	Lookout Health and Housing Society	\$44,000
Continuity of	City expense	Vancouver Police	\$100,000

Treatment in Detainment		Department	
Destigmatization pilot	Grant	Drawing Wisdom	\$20,000
Support and treatment information outside the DTES	Grant	BC Centre for Substance Use	\$10,000
Sex worker peer support pilot	\$20,000	RainCity Housing	\$20,000
Totals			\$500,000

These initiatives will be funded by staff vacancy savings in the 2018 ACCS and PDS operating budgets.

Process for granting: Generally in granting City funds, staff implement a competitive grant process. In this report, due to the urgent need to deploy City funding to these efforts, staff are recommending sole source grants to specific organizations who are already offering services to expand, scale up, or pilot complementary services. All grants would be subject to standard City accountability and reporting processes.

CONCLUSION

The overdose crisis is ongoing in Vancouver and across North America. The drug supply in Vancouver continues to be poisoned with toxic levels of fentanyl, and the crisis response overlaps prevention, harm reduction, treatment, and enforcement through decriminalization of people who use drugs. Until there are comprehensive legislative and healthcare provisions to ensure all opioid substance users have access to a clean supply, all partners will need to contribute to responsive, adaptive and urgent actions that will save as many lives as possible. Next steps will be to innovate, evaluate and respond with recommendations for short-longer term actions the City may consider to prevent loss and quality of life for people who use drugs in Vancouver.

* * * * *

APPENDIX A – Mayor’s Opioid Emergency Task Force: Advisory & Membership

	Stakeholder/Organization	Representative Name	CAT Member	Invited Delegate	Attended Dec 6 Mtg
1.	Addictions Physician	Dr. Keith Ahamad	√		
2.	Atira Women's Resource Society	Anne M'mithiaru	√		
3.	Atira Women's Resource Society	Janie Picard	√		
4.	BC Housing	Brenda Proskan	√		√
5.	BC housing	Will Valenciano	√		
6.	BCAPOM; VANDU	Al Fowler	√		√
7.	BCEHS	Andrew Kang	√		
8.	BCEHS	Tom Venables	√		√
9.	BCCSU	Dean Wilson			√
10.	CAPUD	Hawkfeather Peterson	√		
11.	CAPUD	Jordan Westfall	√		√
12.	CHIMO	Joyce Alisharan	√		
13.	City of Vancouver	Dianna Hurford	√		
14.	City of Vancouver	Ethel Whitty	√		
15.	City of Vancouver	Alycia Fridkin	√		
16.	City of Vancouver	MaryClare Zak	√		
17.	City of Vancouver	Bronwen McRae-Smith			
18.	Culture Saves Lives	Cody Hunt			
19.	FNHA	Riley David	√		
20.	FNHA	Delaram Farshad	√		
21.	iOAT rep	Lianne Gladue	√		
22.	iOAT rep	David L. Napio	√		
23.	Karmik Vancouver	Munroe Craig	√		
24.	Lookout Emergency Aid Society	Shayne Williams	√		√
25.	Lookout Housing and Health Society	Jana Sasaki	√		√
26.	Lookout Housing and Health Society	Keir Macdonald	√		
27.	Lookout Housing and Health Society	Amy Vils	√		√
28.	Lookout Housing and Health Society	Tamara Speiran			√
29.	MCFD	Sheila Robinson	√		
30.	MCFD	Katy Forward	√		
31.	MCFD	Shirin Jangi	√		√

	Stakeholder/Organization	Representative Name	CAT Member	Invited Delegate	Attended Dec 6 Mtg
32.	MCFD	Mike White	√		√
33.	MCFD	Yolanda Drost			√
34.	Metis Nation BC	Ashley Turner	√		
35.	Metro Vancouver Transit Police	Julien Ponsioen	√		
36.	Ministry of Social Development and Poverty Reduction	Dave Jagpal	√		√
37.	Moms Stop the Harm	Leslie McBain	√		
38.	Moms Stop the Harm	Deb Hale Bailey	√		√
39.	Moms Stop the Harm	Louise Cameron	√		
40.	MVAEC	Patrick Smith	√		
41.	MVAEC	Colter Long	√		√
42.	NWIBC	Spike			√
43.	OPS	Ronnie Grigg	√		√
44.	Overdose Prevention Society	Sarah Blyth	√		√
45.	Peer/ Person With Lived Experience	Sam Pran	√		
46.	Peer/ Person With Lived Experience	Laura Shaver	√		
47.	Peer/ Person With Lived Experience	David Hauck	√		
48.	PHS Community Services Society	Dr. Christy Sutherland	√		
49.	PHS Community Services Society	Susan Alexman	√		√
50.	PHS Community Services Society	Andy Bond			√
51.	PHS Community Services Society	Coco Culbertson			√
52.	PHSA	Sameer Gill	√		
53.	PHSA – BCCDC	Annelies Becu	√		
54.	Providence Health Care	Dr. Scott McDonald	√		√
55.	Providence Health Care	Scott Harrison	√		
56.	RainCity Housing and Support Society	Catharine Hume	√		
57.	RainCity Housing and Support Society	Sean Spear	√		√
58.	SSOSS	Ryan Vena	√		
59.	SSOSS	Deanna Levi			√

	Stakeholder/Organization	Representative Name	CAT Member	Invited Delegate	Attended Dec 6 Mtg
60.	TORO	Marina Classen			√
61.	TORO	Rhunda Steph			√
62.	TORO	Tawnya Lee			√
63.	TORO	Laura Holland			√
64.	TORO/WAHRs	Samantha Pranteau			√
65.	Urban Native Youth Association	Fleurie Hunter	√		
66.	VAFCS	Susan Tatoosh	√		
67.	Vancouver Fire and Rescue Services	Darrell Reid	√		√
68.	Vancouver Police Department	Bill Spearn	√		√
69.	Vancouver School Board	Art Steinmann	√		√
70.	VANDU	Marion Allard	√		
71.	VANDU	Aiyanas Ormond	√		
72.	VANDU	(illegible)			√
73.	VCH	Caitlin Etherington	√		
74.	VCH	Jeff West	√		
75.	VCH	Mary Marlow	√		√
76.	VCH	Justine Patterson	√		
77.	VCH	Dr. Lindsay Mackay	√		√
78.	VCH- OERC	Miranda Compton	√		√
79.	VCH	Elizabeth Holliday	√		√
80.	VCH	Helenka Jedrzejowski	√		
81.	VCH	Laurel Jebamani	√		√
82.	VCH	Dr Reka Gustafson	√		√
83.	VCH	Dr Mark Lysyshyn	√		√
84.	VCH	Arthur Yee	√		
85.	VCH/ DoFP	Dr. Clare Alexander	√		
86.	VCH	Steven Yau			√
87.	VCH	Bonnie Wilson			√
88.	WAHRs	Shelda Kastor	√		
89.	WAHRs	Delilah Gregg	√		
90.	WAHRs	Linda Steinhower	√		√
91.	WAHRs	Melissa Steinhower	√		√
92.	WAHRs	Malcolm Tourourgen	√		√
93.	WAHRs	Tracey Draper			√
94.	WAHRs	Ida Pranteau			√
95.	WISH	Mebrat Beyene			√

	Stakeholder/Organization	Representative Name	CAT Member	Invited Delegate	Attended Dec 6 Mtg
96.	SNAP	Dave Murray			√
97.	Squamish Nation	Khelsilem		√	
98.	Squamish Nation	Kristen Rivers		√	
99.	Squamish Nation	Joshua Joseph		√	
100.	Tsleil-Waututh Nation	Sarah Thomas		√	
101.	Musqueam Indian Band	Christina Nahanee		√	
102.	Member of Parliament	Libby Davies		√	
103.	BCCDC	Mark Tyndall		√	√
104.	BCCDC	Eris Nyx			√
105.	BCCDC	Emily Sollows			√
106.	VCH	Patricia Daly		√	
107.	Unaffiliated	Karen Ward		√	√
108.	CUPE 15	Warren Williams		√	
109.	CUPE 391	Aliza Nevarie		√	√
110.	IAFF 18	Rob Weeks		√	
111.	IAFF 18	Chris Coleman			√
112.	VPU	Tom Stamatakis		√	
113.	CUPE Local 1004	Andrew Ledger		√	√
114.	Local				
115.	BC Pharmacy Association	Geraldine Vance		√	√

APPENDIX B – Ideas for Action – Full Inventory – December 15, 2018

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
1.	Scale up TORO/Community organizing/peer workforce by finding city organizers to care for SROs	Harm reduction in SRO's/ non-profit housing	Immediate	Funding, partnership, strategy
2.	Hire Repair Advocates to improve conditions in SROs	Improve housing conditions	Immediate	Funding, program development
3.	Improve conditions of SROs and non-profit housing	Improve housing conditions	Mid-term	Standards of maintenance bylaw/ SRO bylaws/capital funding/ Peer Programs
4.	Transition SROs to non-profit housing/long-term plan for SROs	Improve housing conditions	Long-term	Create long-term strategy with partners
5.	Increase access to housing for Indigenous people/Indigenous housing	Systemic racial discrimination in access to housing	Mid-term	Work with Indigenous partners to reduce barriers and/or create policy change for city housing
6.	Non-profits to operate Housing Overdose Prevention Sites (HOPS)	Prevent OD deaths in housing	Mid-term	Funding
7.	Increase/double temporary modular housing, include 2-3 bedroom units	Increase housing	Mid-term	Funding, build/provide units, city land
8.	Include OD prevention as a requirement in bylaws	Improve OD response/reduce deaths in SROs and non-profit housing	Mid-term	Examine and amend SRO and Standard of Maintenance bylaws
9.	Create City standards for what constitutes supportive housing	Improve housing conditions	Mid-term	Policy analysis and development
10.	Provide training for Biltmore staff on responding to OD	OD response outside DTES, capacity building	Immediate	Fund
11.	Ask police to 'stand down' and not arrest drug users	Enforcement, decriminalization	Mid-term	Work with VPD – Mayor as Chair of board, policy
12.	Train/police to support OPS and frontline workers	Safe place to use Prevent deaths from OD Harm reduction	Immediate	Work with police board to strategize, fund
13.	Stop arresting drug dealers	Prevent disruption	Long-term	Work with policy –

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
		of familiar/safer supply		protocol or policy development, training
14.	Eliminate red-zoning	Low-barrier access to treatment	Mid-term	Advocacy, work with treatment centres and VCY
15.	Safe use rooms/lounges in SROs on every floor staffed by peer and non-peer teams	Prevent people from dying in rooms	Mid-term	Pay for/rent rooms in SROs
16.	Hire 24-hour floor monitors in SROs including washroom checks	Prevent people from dying in rooms	Immediate	Fund
17.	Install light or technology in washroom for when in use for longer than 10 min	Prevent people from dying in washrooms	Mid-term	Fund, coordinate
18.	More harm reduction services and OPSs outside DTES	OD response outside DTES	Immediate	
19.	24-hour safe drop-in centre for sex workers on Kingsway Stroll	Sex worker safety, safe place to use, prevent violence, response to assault/injury/ODs outside DTES	Immediate	Fund, provide space, link to services and programs, coordinate consultation
20.	More discarded needle boxes along Kingsway stroll in discreet places	Needle management outside DTES	Immediate	Needle management, fund
21.	Increase availability of/access naloxone kits from Biltmore and other places outside DTES	OD response outside DTES	Immediate	Funding, distribution
22.	Hire peer workers for Kingsway Stroll and Trans Stroll area to rove with naloxone and other supplies	OD response outside DTES	Immediate	Fund peers
23.	Create RainCity Van for Kingsway area	Increase OD response outside DTES	Mid-term	Fund, permits
24.	Keep programs open and peer shifts during evening and night/late night hours, not 9-5	Increase OD response outside DTES	Mid-term	Fund

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
25.	Schools should have naloxone kits and staff should be trained in OD response	Increase OD response to youth and outside DTES	Long-term	Support, advocate
26.	Develop needle management strategy	Needle management city-wide	Mid-term	Lead the strategy
27.	Create small action grants for OD response or peer programs on a quarterly rather than annual cycle	Increase community and peer-based OD response	Long-term	Create call, review process, funding stream
28.	More peer involvement and Indigenous involvement, including working with UIOTF	Promoting effective responses	Ongoing	Build relationships, dedicate positions on all committees
29.	Make WAHRS autonomous/independent organization/program	Indigenous involvement	Long-term	Determine role, support capacity building
30.	Offer free OD response/first aid training to the public	Capacity building	Mid-term	Partner with VCH to promote, strategize, fund
31.	Training, naloxone kits and security manuals for City staff to respond to ODs	Capacity building	Mid-term	Coordinate, fund
32.	Create OD emergency hotline/phone line	Rapid access to OD response and/or treatment	Mid-term	Coordinate with 211 or provincial intake line
33.	Expand/Scale up Overdose Outreach team	Increase OD response	Mid-term	Partner with VCH
34.	Expand, scale up, support and fairly compensate peer workforce	Support and employ peers, staff OD response	Mid-term	Create strategy with partners, fund, coordinate
35.	Create an RFP for DTES Market to keep it harm reduction focused	Safe inhalation site	Mid-term	Create and manage RFP
36.	Advocate for scale up of Crosstown Clinic/increase access to prescribed heroin and fentanyl	Clean supply Reduce crime	Long-term	Advocacy, space, address NIMBY
37.	Clean Supply Dispensing Models/Machine	Clean supply Reduce crime	Mid-term	Find/identify locations, NIMBY, policy,

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
				security/VPD
38.	Examine smoking bylaws to identify and remove barriers to inhalation OPS.	Increase access to OD and death prevention	Immediate	Policy analysis, advocacy
39.	Include naloxone/opioid medications and harm reduction supplies in public first aid kits around the City	Increase access to overdose prevention equipment/prevent deaths from OD	Immediate	Coordinate, fund
40.	Increase community coordination/daily warning in the crisis	Not knowing what's happening across the City	Mid-term	Assist in coordination and communication
41.	Increase (peer-run) drug use organizations	Increase support a, resources, and employment for drug users	Long-term	Link to DTES strategy and other City strategies
42.	Unionize peer workers	Improve conditions for peer workers	Long-term	Support gatherings, provide space for meetings
43.	Lease City space for harm reduction/OAT services	Increase harm reduction/OAT	Mid-term	Find and secure space
44.	Investigate money laundering in casinos and re-invest in services	Unethical profiting of OD deaths	Mid-term	VPD can lead investigation and direct money into community services
45.	Mass duplication/scale up of OPSs/extend OPS to 24 hours	Safer places to use / prevent deaths from OD	Immediate	Provide space, fund peers, work in partnership with VCH
46.	Provide supportive places for youth trying to access cannabis to work through grief and trauma	Prevention of opioid use	Long-term	Fund SACY
47.	Low barrier rapid access to all OAT/iOAT substitutes without daily witnessing	Clean supply, access to treatment	Immediate	Provide space, work in partnership, advocacy
48.	Replace Methadose with Methadone	Clean supply, access to treatment	Mid-term	Support dialogue
49.	Produce clean supply locally	Clean supply	Long-term	Advocacy
50.	Increase access to drug testing, including machine that indicates the amount, not just presence, of fentanyl	OD and death prevention	Mid-term	Advocacy
51.	Create addictions clinic for only	Increase access to	Mid-term	Advocacy,

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
	women	harm reduction and treatment		community engagement
52.	Increase access to prescription pain medications in hospitals/medical clinics	Reduce dependence on street drugs	Long-term	Advocacy
53.	Use space/beds in other nearby institutions, have government funded rehab annexes in institutions	Reduce wait times and administrative barriers to accessing treatment centres	Long-term	Advocacy
54.	Create program to follow up with people after ODing re: treatment options and/or support	Increase support for drug users and access to treatment	Immediate	Advocacy, work in partnership
55.	Work with VCH to provide detox beds	Increase access to treatment	Long-term	Partner with VCH
56.	Fund Indigenous youth treatment centres/programs	Increase Indigenous youth access to treatment	Mid-term	Indigenous community engagement, advocacy, work in partnership, fund/make unused space available
57.	Fund and support low barriers access to Indigenous approaches to healing and treatment, including culture and ceremony	Prevent Indigenous ODs and ODs deaths, promote Indigenous healing and access to treatment, health promotion	Immediate	Fund, Indigenous community engagement, access to land for land-based programs
58.	Create culturally safe grief support program for Indigenous mothers	Indigenous women's healing and health promotion	Mid-term	Fund, community engagement
59.	Create an Indigenous healing centre	Increase Indigenous' people's access to treatment, care, healing/health and wellness	Ongoing	Contribute to funding, provide space, community engagement, work in partnership
60.	Support and fund Indigenous-specific-services	Increase Indigenous peoples' access to services, improve Indigenous health/wellness	Mid-term	Community engagement
61.	Address urban/rural on/off reserve jurisdictional issues	Increase Indigenous people's access to	Long-term	Work in partnership, advocacy

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
		services on and off reserve		
62.	Increase connections between encampments and safe housing by looking at bylaws	Increase transitions of support	Mid-term	Examine bylaws, communication
63.	Lobby provincial government on K-12 education on poverty, addiction/drug use, reconciliation	Education and awareness, anti-stigma	Long-term	Advocacy
64.	Eliminate No Guest policy in SROs on cheque day	Decrease OD deaths/increase OD response in SROs	Long-term	Policy development, advocacy
65.	Keep programs/services open and peer shifts during weekends evening and night/late night hours, not 9-5	Increase access to services, prevent ODs	Mid-term	Advocate, fund peers
66.	Need programs/funding to take care of children who have lost parents to the overdose crisis	Indigenous health promotion, healing and wellness	Long-term	Advocacy, community engagement
67.	Join/connect detox and treatment centres, secondary program for housing, third program for life skills, etc.	Improve transition of care	Long-term	Advocacy, work in partnership
68.	Allow partners or friends to go to treatment centres together	Increase access to and sustainability of treatment	Long-term	Advocacy
69.	Create contracts with written consent to allow shelters and police provide info to help find missing family members who may be on the street	Increase support and housing for drug users	Long-term	Work in partnership to support families
70.	Investigate and stop imports	Enforcement	Long-term	Lead investigation
71.	Provide prevention programs for non-drug users who struggle with life issues	Promote healing and health promotion, substance use prevention	Long-term	Advocacy, work in partnership, community engagement
72.	Support connections to employment for drug dealers, users, those in recovery, etc.	Increase access to employment, promote recovery	Mid-term	Fund or expand existing programs like Embers/Exchange
73.	Invest in promoting cultural safety and humility in programs and services	Anti-Indigenous racism/discrimination and unsafe care	Mid-term	Advocacy, work in partnership, engage communities
74.	Support Indigenous youth in care	Health promotion, substance use prevention	Long-term	Advocacy, work in partnership

	Actionable Idea	Issue(s) being Addressed	Timing	Potential Role of the City
75.	City community centres provide free recreation programs for people/peers working in the OD crisis	Support peer workforce	Mid-term	Provide access, program development
76.	Address NIMBY attitude	Barriers to OPSs and safer use rooms in shelters	Mid-term	Public messaging/advocacy
77.	Champion/advocate for decriminalization	Safer supply, stigma, access to harm reduction and safe use sights, stigma, reduce crime, reduce survival sex work	Immediate	Advocacy
78.	Keep opioid crisis issues present in the news	Address NIMBY, anti-stigma	Ongoing	Media releases
79.	Mayor leadership/advocacy on harm reduction approaches	Address NIMBY, anti-stigma	Mid-term	Advocacy
80.	Do not arrest drug users/dealers for petty crimes (i.e. for previous minor offenses)	Clean/safer supply	Long-term	Advocacy with province/federal govts, policy change
81.	Hire advocates to help people who use drugs get on welfare and disability	Access to income, housing and benefits (social determinants of health)	Long-term	Advocacy, work in partnership
82.	Identify and address public misconceptions about drug use/addiction	Stigma, influence public opinion	Mid-term	Media messaging, work in partnership with VCH

APPENDIX C – 2016-2018 Contingency Budget for Opioid Crisis Grants

No.	Organization	Program	Description	Funds
Innovative Anti-Stigma Programs				
1.	Canadian AIDS Society to support CAPUD	“Justice Means Just Us”	Facilitate peer-based meetings to identify key challenges surrounding stigma with a focus on capacity development to inform a peer-led communications strategy.	\$32,000
2.	Frog Hollow Neighbourhood House	“Make It”	Therapeutic art program for youth with experience of addiction to create and display art across the City.	\$55,000
3.	Lookout Emergency Aid Society	Peer Forums	Facilitate peer-led and peer-informed community forms to create an open dialogue between people that use drugs and other community members.	\$10,000
4.	Megaphone Magazine	Neighbourhood House Dialogue Series	Anti-stigma meetings to be held outside the DTES in Neighbourhood Houses to inform, educate, and engage residents outside the DTES.	\$20,000
5.	Street Corner Media Foundation (Megaphone)	Speaker’s Bureau	Development of a speaker’s bureau to amplify the voices of people with lived experience in mental health and substance use.	\$85,000
6.	Watari Research Association	Comprehensive Resource Guide	Update of the Watari Survival Manual to include new services, including overdose response services.	\$15,000
Building Capacity with Urban Indigenous Communities				
7.	Metro Vancouver Aboriginal Executive Council	Projects Officer	Coordination with 23 member agencies to develop a culturally-informed response to overdose crisis amongst urban Aboriginal peoples.	\$50,000
8.	Native Education College	Education and Empowerment	Equips young urban Aboriginal people with skills and knowledge to support family and friends struggling with substance use.	\$40,000
9.	PACE Society	“Respond, Educate, Link, Support”	Provide peer-driven and culturally safe supports to women who use drugs in the DTES.	\$46,920
10.	PHS Community Services Society	Culture Saves Lives:	Support peer roles for Indigenous women and healing and wellness	\$73,170

		“Strengthening Our Home”	activities in the DTES.	
11.	Vancouver Aboriginal Community Policing Centre	“Taking Care of Each Other”	Expand outreach to teams to provide support and peer-informed education in partnership with Aboriginal Front Door.	\$20,000
12.	Western Aboriginal Harm Reduction Society	Reaching Indigenous People who Use Illicit Drugs or Alcohol	Expanded outreach and peer-based membership meetings to support Indigenous peoples who use illicit drugs and/or illicit alcohol.	\$34,580
Addressing the Social Isolation of People Who Use Drugs				
13.	Lookout Emergency Aid Society	Yukon Shelter Support	Expanded peer support and overdose prevention for residents at the Yukon Shelter in Mount Pleasant.	\$8,200
14.	RainCity Housing and Support Society	Peer Witnessing Rooms	Implementation 6 peer-run overdose witnessing rooms for socially isolated residents at risk of overdose at RainCity supported housing in partnership with VCH.	\$60,000
Expanding Interventions Beyond the DTES				
15.	WISH Drop-In Centre Society	Mobile Access Project Van expansion	Expanded harm reduction service hours for women at risk for overdose outside the DTES	\$23,000
Increasing Access to a Cleaner Drug Supply				
16.	BC Centre on Substance Use	Drug Testing Pilot	Low barrier drug-testing pilot in partnership with VCH for users to make informed decisions. Findings also provide partners in health, community, and public safety with up-to-date alerts.	\$60,000
17.	Overdose Prevention Society – To be financially administered by PHS Community Services Society	Site Upgrades	Safety equipment upgrades to the heavily trafficked Overdose Prevention Site at 62 East Hastings.	\$10,000
18.	PHS Community Services Society	Low Barrier Treatment	Low-barrier Injectable Opioid Agonist treatment pilot. City contribution to non-clinical staffing and peer support workers will help recruit and retain individuals in treatment.	\$58,930
19.	City of Vancouver	Mobile Medical Unit	Site preparation at 58 W Hastings to accommodate Mobile Medical Unit	55,000

Community Safety				
20.	Vancouver Fire and Rescue Services	Staffing	Deployment of additional 3-person medic unit.	1,900,000
21.	Vancouver Fire and Rescue Services	Staffing	Deployment of additional medic unit at Firehall #2 from Dec 1-31,2016	43,000
22.	Strathcona Policing Centre	Community Policing Centre	Establishment of a new community policing centre in Strathcona.	208,200
23.	Community Policing Centres	Operating Fund	Inflationary adjustment to the operating funding for 11 Community Policing Centres	220,000
24.	City of Vancouver	Naloxone Training	Expansion of Naloxone training for City staff	10,000
First Responder Care				
25.	BC Housing, VCH and Community Partners	Shelter In-Reach Support	Development and implementation of shelter In-Reach support in collaboration with BC Housing, VCH, PWLE and other stakeholders.	200,000
26.	BC Housing, VCH and Community Partners	Evaluation of Shelter In-Reach Support	Third party evaluation of shelter in-reach support.	20,000
27.	Vancouver Fire and Rescue Services	Mental Health and Wellness Coordinator	Creation of a dedicated full-time position to coordinate and oversee VFRS mental and physical wellness programs	120,000
28.	City of Vancouver	Employee & Family Assistance Program	Provision of foregoing services through the City's EFAP provider	30,000
TOTAL				\$3,508,000