Nanaimo Overdose Crisis Update

February 26 2018

Report to Nanaimo City Council
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Medical Health Officer

This report on the Nanaimo Overdose Crisis is being provided by the Medical Health Officer to the people and local government of Nanaimo. Authority to provide such information and advice is provided in Appendix A, as are the expectations of local governments in responding to such advice, including the use of bylaws that may promote or limit the public's health.

In the late fall of 2013, the coroner identified a cluster of overdose fatalities occurring in Nanaimo with a handful spread over about a month and a half. Prior to this, Nanaimo averaged about five overdose fatalities per year. Since that time, what was a relatively infrequent occurrence has become all too commonplace and is responsible for taking the lives of over 135 Nanaimo citizens. Likely 20-30 times this number have had at least one overdose incident during this time. The "overdose" crisis has affected families, friends and neighbors of many of the residents of Nanaimo.

- What we have learned is notable.
- It has become obvious that the crisis not going away.
- How it is impacting structures, systems and practices is in evolution.

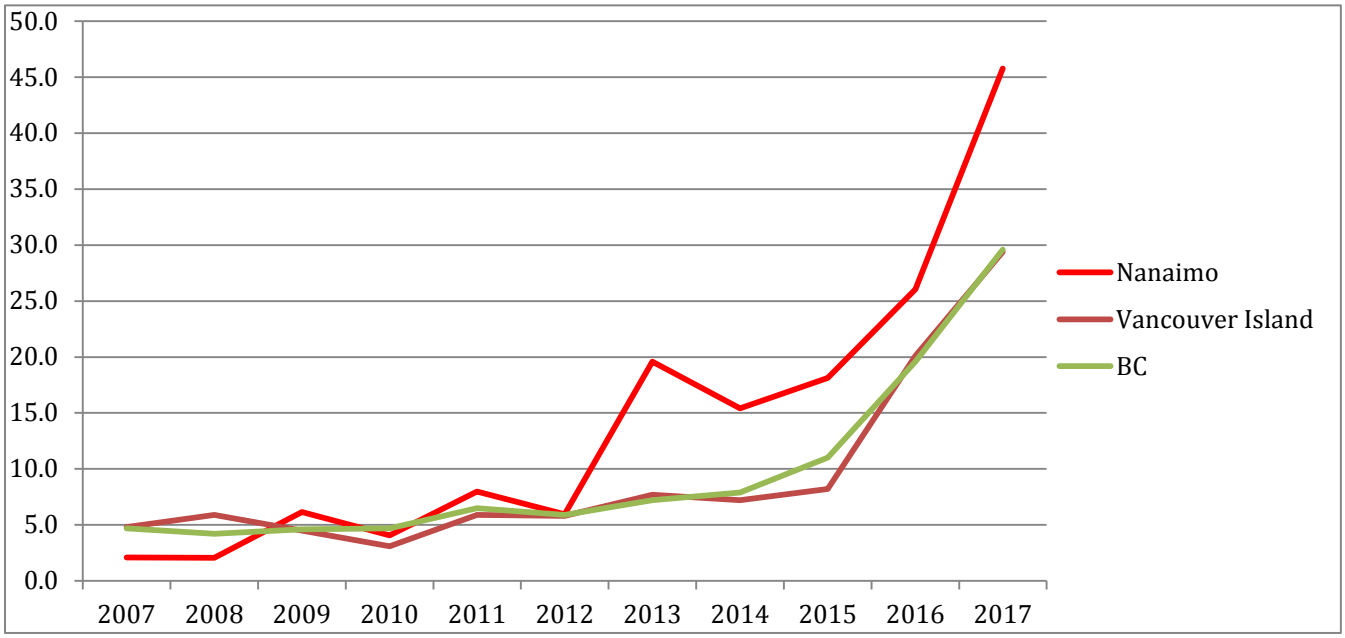
Few first responders were prepared to absorb the additional demands of this crisis with their already stretched resources.

A heartfelt thanks to all responders who have risen to the enormous and ongoing challenge over the past few years, expanded their education, and reached out to people in providing support.

Many have neither recognized how prevalent substance use disorders are nor the impact on our communities, patients, neighbors and friends, and too often our own families.

2017 data have confirmed that rates in the greater Nanaimo region are only slightly less than the highest regions in the province, and remain 10% higher than Victoria and 50% higher than BC and the areas served by Island Health.

The rates per 100,000 population are in the order of ten times higher than pre-2013 levels in the area.



BCCDC with the Ministry of Health now estimate there about 1400 people who inject drugs (PWID) in greater Nanaimo[1]. This represents about 1.4% of the population. In addition, there are an estimated similar number of people with problematic use of illegal drugs who use other means of consumption (eg smoking, snorting, ingesting). It would be remiss to not mention the concurrent challenges of alcohol dependency, and recognize the potential future impacts associated with cannabis legalization on the impacts of substance use in our community. In 2017, for the first time, fatalities from drug overdoses will surpass alcohol related fatalities in Nanaimo.

Within this context Nanaimo mayor and council or through its committee structures have received information on drug use, street related issues and the crisis on a number of occasions, including but not necessarily limited to:

- March 9, 2015 –City Council: Health status presentation included increases in illicit substance overdose deaths.

- March 14, 2016 Committee of the Whole: Nanaimo Overdose Prevention and Management.

- May 30, 2016 Committee of the Whole: Substance Use and Misuse.

- Nov 3, 2016 – Public Safety Committee: Nanaimo Overdose Prevention and Management.

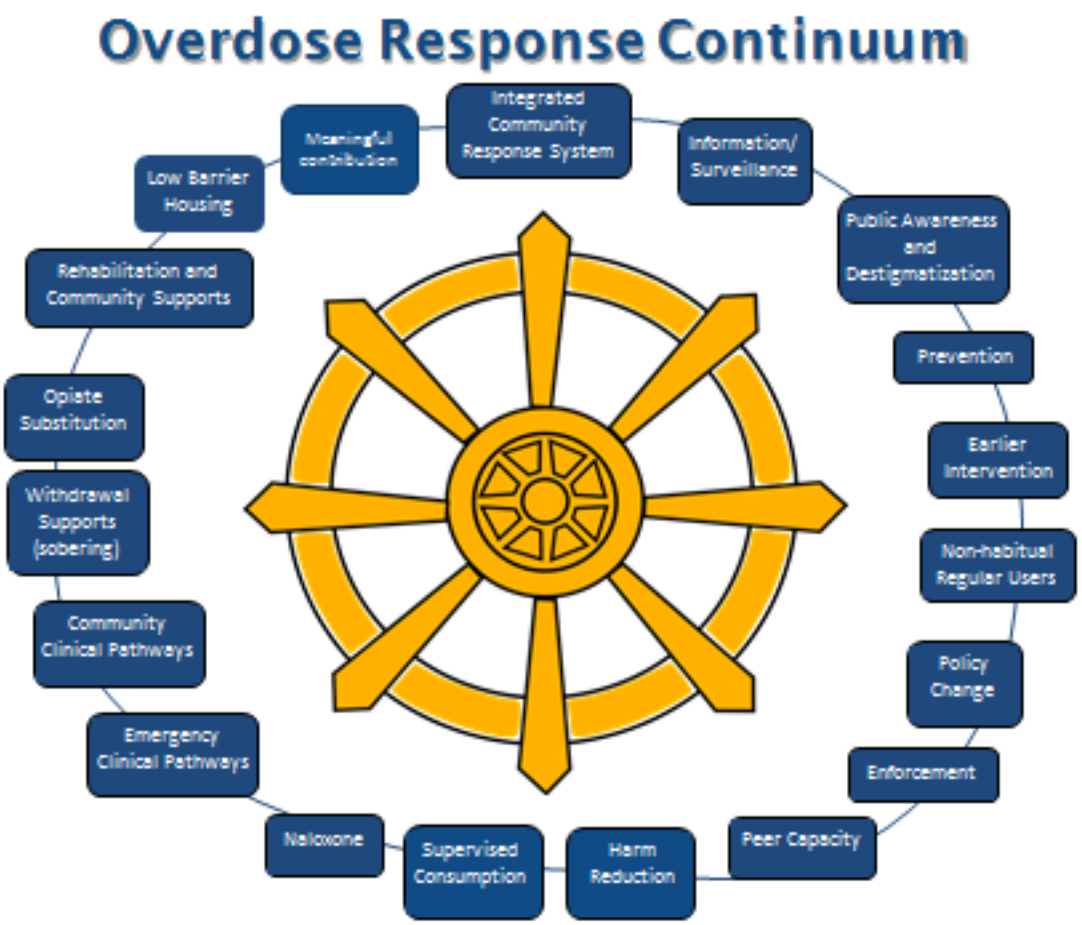
- January 9, 2017 – City Council: Safe consumption sites and overdose prevention.

- April 6 2017: Public Safety Committee: Nanaimo Overdose response and Overdose prevention sites.

- May 29, 2017: Request for Zoning bylaw amendment for site specific zoning for supervised consumption site.

- Aug 3, 2017: Public Safety Committee – Responses to Social Order Concerns.

- Dec 11, 2017: Council – Response to Health, Social and Safety Issues in the Downtown.



Within Nanaimo, a model that stresses the importance of progress in a variety of realms has been used. An informal working group formed in Dec 2014 has helped coordinate the Nanaimo response and has helped catalyze needed innovations locally and provincially in responding to the crisis.

Over these past few years, much has been accomplished whilst a better realization of the enormity of the challenge ahead is being mapped. This report provides an update on some of this work. It is released to Nanaimo City Council and intended for all residents and providers in the community.

Integrated Community Response System:

The Nanaimo Overdose Prevention and Management Working Group was formed in Dec 2014 and has continued to function throughout this time. Its main focus has been on aligning resources within the community to best meet the diverse needs of the overall response. The collaborative work of its members has resulted in positive change both within organizations and between organizations. The model developed in Nanaimo has provided the basis for a provincial

community response [2] Increased communication is occurring between service networks that support those with mental health and substance use issues.

On February 1 2018, the Hon. Judy Darcy, Minister of Mental Health and Addictions, announced the establishment of fifteen Community Action Teams in BC. Nanaimo, due to the high impact on the community, was identified as one of these communities. The Nanaimo Overdose Prevention and Management Working Group has begun the process of morphing into the CAT as it currently is inclusive of most of the expected composition in accordance with provincial guidelines. CATs will be able to access one time funding of up to $100K to establish actions plans and coordinate activities directed at eight of the of types of activities identified in the model that is already being used. The CATs are a critical component of the provincial strategy to address the overdose crisis, which includes a provincially designated Overdose Emergency Response Centre. The newly established Ministry of Mental Health and Addictions has launched a comprehensive approach focused on saving lives, ending stigma and supporting treatment recovery.

Information/ Surveillance:

The past three years has seen the development of a community based on-line overdose reporting system, improved coroner reporting and timely release of statistical information, emergency room overdose surveillance system, provincial analyses of linked data sets, overdose prevention site surveillance and laboratory reporting of novel substances amongst others. Locally, fire department statistics have also been used to monitor the overdose epidemic.

Nanaimo has contributed significantly to the creation and development of some of these methodologies and approaches. Other provincial work has led to improvements in understanding current substance use monitoring, methods to estimate risk populations, ambulance information, naloxone distribution, monitoring of impact on First Nations, data sharing across jurisdictions.

Currently less developed are longer term (>5 year) historical information on paths that led to dependency, data monitoring on pathways into treatment, data on opiate agonist prescribing.

PREVENTION, EARLY INTERVENTION

[2] Pauly B., Hasselback P., Reist D., A Public Health Guide to Developing a Community Overdose Response Plan, University of Victoria Centre for Addictions Research of BC 2017.

Public Awareness and Addressing Stigma:

Public opinions on the current overdose crisis have not been tracked. What started as a back pages concern quickly became national headlines. The issue has slipped into the back pages again as the overdose crisis, while an ongoing topic of interest, and appears to have become more normalized.

Provincial campaigns have been used to help communicate the urgency of the crisis, to augment emergency first aid treatment with naloxone, to humanize substance use disorders and to reduce stigma directed against persons using substances. Individuals affected by substance use disorders or affected by loss within their immediate family have taken a more public role.

Within Island Health activity has and will continue to be undertaken to enhance skills of health care workers in providing care to those using substances or in recovery.

Through the past few years, public meetings on opioid issues or on substance use have been held in November 2016, consultations regarding the overdose prevention service/supervised consumption service in spring 2017, and through the summer and fall of 2017 in response to Council's direction on issues of public safety and public substance use.

Reports from these processes cover the range of perceptions regarding substance use, often linking substance use issues with concerns of personal safety. Few voices express concerns over the need for more services and treatment, while debate on location enters into some discussions.

Prevention

Early in the crisis, the Centre for Addictions Research of BC (CARBC) (now known as the Canadian Institute for Substance Use Research (CISUR)) at the University of Victoria, augmented curriculum resources for schools and parents. Currently there is no provincial mandate to implement substance use prevention curriculum in school settings.

Collaborative efforts with VIU have expanded resources at the campus. Early efforts with construction industry and others than employ male adults have been underway. Working age males are the risk demographic most impacted by the overdose crisis.

A general public concern has been prescribing of narcotic analgesics as a possible pathway to initiating opioid substance use. In this respect significant policy

changes have occurred that affect prescribers. Even prior to these policy changes, efforts to reduce narcotic prescribing were being undertaken within the province. Island wide prescribing has been decreasing as an outcome of these combined efforts.

Earlier Intervention:

An expansion of youth substance use programming and outreach within school communities. Five facility based treatment beds are being established for Vancouver Island. Youth mental health is a service of the Ministry of Children and Family Development and not provided by Island Health.

Non-habitual regular users

This particular group is one of concern as often do not have the same level of realization of potential risks. They are currently accessed predominately through public awareness systems. A migration to occupational environments is occurring such as a partnership with the construction industry.

Policy change

Since the start of the crisis numerous changes have occurred. Updates to the Controlled Drugs and Substances Act have made improved access to supervised consumption services. There are now at least 29 approved nationally (8 in BC) from a single site previously. BC overdose prevention sites are legalized under the current provincial Ministerial order. Federal policy changes may provide for greater exemptions however BC is not currently seeking such class exemptions for overdose prevention sites.

The Good Samaritan Act has reduced fear in relation to providing emergency services where illegal substances may have been used. Drug testing has been partially exempted from the controlled substances act to allow for improved safety where drugs are being consumed including at the overdose prevention sites where a drug testing service for fentanyl is now available.

While calls for wider decriminalization of people who use currently regulated substances have been initiated, current exploration of models like Portugal remain preliminary. The US experiences in cannabis legalization and reduced opioid overdoses is of interest given imminent Canadian policy change.

As mentioned, policy affecting narcotic prescribing has reduced prescription use as both a drug source and as a potential pathway to dependency.

Enforcement

Comments on enforcement activities are referred to local law enforcement. Improved collaboration between service agencies and law enforcement has mutual benefits and has supported a better therapeutic environment.

Peer Capacity

Some BC communities have benefited from incorporating the experiences and support groups of current or past drug users. Their expertise and knowledge has been used in reaching out within the Nanaimo community to build capacity and that process continues. There are several concurrent efforts to increase peer capacity and involvement in the Nanaimo area. Further user engagement in planning, programming and service delivery is encouraged and welcomed.

In December 2017, a series of events on "Compassion, Inclusion and Engagement" were undertaken with those with lived experience and providers in the Nanaimo area.

Harm Reduction

Harm reduction

An alert system is in place to advice people who are using drugs when batches of product have been distributed that are associated with increased risk. The system has been activated in Nanaimo on several occasions over the past year. Alerts provide service providers and people who use drugs with information on potential risks.

It is notable that such events are usually limited to a few days and reductions in adverse outcomes are quickly noted.

Supervised consumption

The Nanaimo Overdose Prevention Site on Wesley Street celebrated one year of operation on January 31. Over the year the site has provided supervision to over 8000 visits and treated about 0.5% of these for an overdose occurring at the site. And additional 50% more where the overdose occurred outside the site and the individual was brought to the site for treatment. Nearly 200 distinct clients have been identified who used the site on at least one occasion for consumption purposes.

In a typical week, around 200 visits are occurring for consumption, an additional 225 visits are for information or harm reduction supplies. Use of the site appears to have stabilized.

Communications have been directed to council to reconsider its May 2017 decision to not proceed with the civic staff recommendation to rezone the city

owned property at 437 Wesley St site as a “drug addiction treatment facility” (Appendix C). Some of these communications are appended and to date no response has been received nor has the issue been raised at Council in response to these communications.

No deaths have yet occurred at any overdose prevention site in BC. The rate of overdoses occurring at overdose prevention sites also appears to be trending slightly downward. This reduction may be indicative of persons no longer needing service as treatment is initiated. The estimated 10-15% of injection users who have died from an overdose may also contribute to the reduction in use of the sites as most sites are not available for continuous hours.

A group of volunteers within the community have been providing intermittent service, often associated with the monthly social assistance cheque distribution when overdoses are known to be more frequent. Use of the service has been predominately by those inhaling and the number of visits is substantively lower than the Wesley street location even when located in proximity.

Island Health has been looking at options for a disseminated model. Based on experiences in Interior and other communities, mobile services would be considered only to be supplemental to well established stationary sites. Typical drug use patterns for those with substance use disorders are multiple consumptions during a day and consistency in location of services is an important principle. Expanding locations to include supervised consumption as a regular health service in Island Health facilities is under active consideration.

Naloxone

The availability and use of naloxone has expanded rapidly over the past two years. Distribution in Nanaimo has been particularly successful and was needed as initially a very low proportion of people who witnessed an overdose were calling 911. Now, in many instances where community overdoses happen, naloxone is used prior to ambulance arrival when called. Much of the current distribution of naloxone is targeted as replacement for product used in managing overdoses in the community.

Less than rigorous data management is such that estimates of volume distributed and used are not available at a community specific level. 2600 naloxone kits (each kit has 3 doses) were distributed in the Central Island in the first 9 months of 2017, About 30% more than the total volume distributed from 2013-2016.

Naloxone training has extended into lower risk settings and becoming a routine first aid intervention.

The current City of Nanaimo zoning bylaw 4500 definition of a Drug Addiction Treatment Facility includes those sites that provide for "needle exchange". There are currently six provincially registered harm reduction sites and at least ten registered naloxone distribution locations which may require site specific zoning to comply with the bylaw. In addition, there are numerous secondary distribution sites within the community that are provided supplies through these provincially registered locations.

TREATMENT

Emergency department pathway:

Implemented in the last year within NRGH are two programs. Persons seeking consideration for opioid withdrawal can be immediately directed into a care pathway from the emergency department. An active outreach to those who have been brought to the emergency room following an overdose has started.

Similar programming may extend in the future to other settings in the future when information sharing agreements can be implemented as infrequently is consent available to share information across organizations.

Notable at the emergency department has been the significant decline in people requiring emergency services following overdoses. Potential explanations include an absolute decrease in overdoses occurring in the community; a diversion of use to the overdose prevention site where about 80% of overdoses are managed on site without emergency room follow up; changes to ambulance policy that affect the interaction between emergency medical personnel and clients such that transfer by ambulance is either deemed not required or patients refuse service following reversal of the overdose.

Community clinical pathways:

Case management outreach services that serve people with mental health and substance use disorders have been enhanced over the past year. Previous teams have been integrated into a new community outreach response (CORe) team which can provide rapid intervention and ongoing support for those with substance use disorders and chronic mental illnesses.

The Division of Family Practice has facilitated the development of supports for physicians who have questions related to clinical management. Resource materials are distributed to direct those who might be wishing to seek treatment

to service friendly settings. As these settings extend across various health business entities, data sharing to determine overall effectiveness in flow of clients into such settings and onto therapy has not yet been possible.

The system recognizes that people with substance use disorders who make the decision to seek treatment need to have unfettered and readily available access to a range of services that may meet their immediate needs. In this respect Nanaimo has uniquely developed multiple points of entry, housing supports, case management and clinical supports.

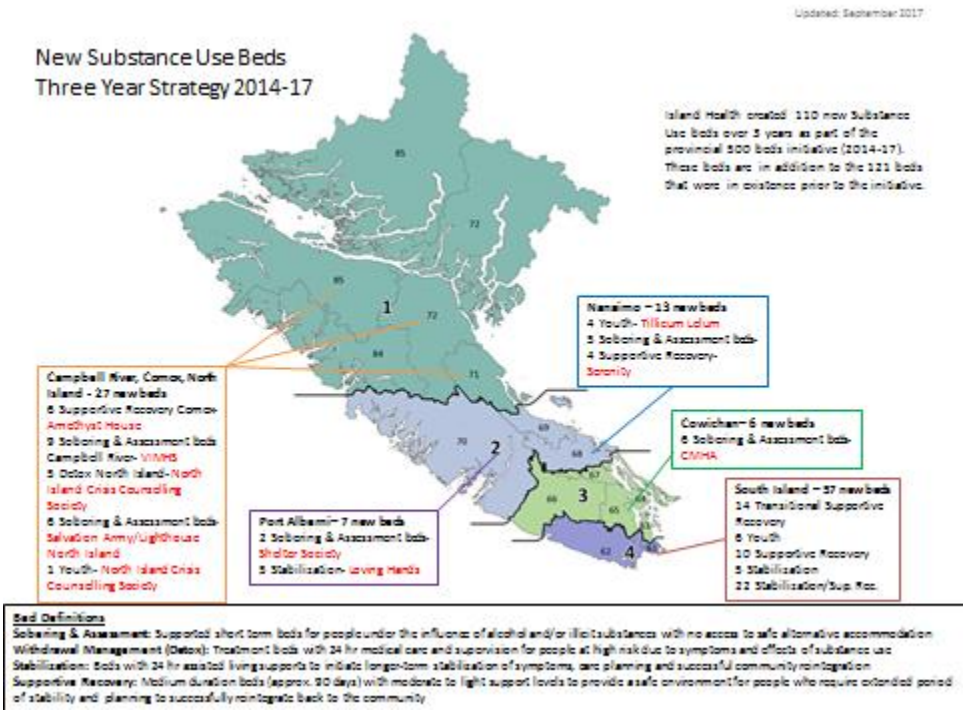
The current City of Nanaimo zoning bylaw 4500 defines a drug addiction treatment facility as a building to treat persons with substance abuse problems, and includes …. Methadone clinics and the like. This would be interpreted that all locations in the city where opiate agonist therapies are prescribed, including any future longer acting or injectable treatments, require site specific zoning bylaws. This likely includes most, if not all, physician clinics.

Withdrawal supports

The past 18 months has seen a notable expansion in supports. Previously referred to as "detox", a variety of stabilization or sobering bed options exist and traditional detox is taking a more active role in initiating medical therapy for those with opioid use disorders.

Expanded in-facility options have been implemented specific for youth as an island wide resource.

As part of a commitment to expanding services to those with substance use disorders, an additional 110 beds across the island have been implemented, of which 53 are Central or North Island. Two years ago, substance use beds north of the Malahat were 31. That number has increased to 84, of which half are detox/sobering/stabilization. The graphic map identifies location and type of the new beds.



Nanaimo has seen an expansion to a total of 31 beds, of which 17 are detox/sobering/stabilization. Clearview has developed programming that can initiate supported medical therapy for those in opioid withdrawal and links discharged clients directly into ongoing supervision and care pathways.

Many services were initially envisioned to support those with alcohol dependency disorders and have been rapidly adapted to be able to provide services to either alcohol or other substance use disorders.

Nanaimo is also fortunate to have several community based facilities that provide private in-facility rehabilitation programming which are not included in the above. This resource expands options for some individuals who are striving to enter recovery. Financial barriers may limit access by some and differences in clinical management philosophies are indicative of a lack of consensus on which pathway to care is most effective for which types of clients.

The current diversity of options does provide for greater choice and more appropriate matching with the needs and resources of individuals. Both public and private facilities would likely meet the definition of a “drug addiction treatment facility” within the City of Nanaimo Zoning bylaw 4500.

Opiate substitution therapy

Clinical management is generally enhanced by the use of opioid agonist therapy.

Prior to July 2016, methadone was the primary opioid agonist medication used for opioid use disorder treatment. Providers required special training certification and clinics and pharmacies required exemptions from the federal Controlled Drug and Substances Act. Regimented approaches required under federal direction were and often are perceived as excessively controlled and demeaning. Since July 2016 in BC, physicians have been able to prescribe a newer drug option (buprenorphine/naloxone combination) and not be required to have special certification.

The Nanaimo Division of Family Practice provided leadership in reaching out to primary care providers in the Nanaimo area to build knowledge and skills in working with persons with substance use disorders and their treatment.

There is considerable evidence that the number of persons receiving treatment, the number of prescribers, and the number of services have all increased substantially since that time – and the Island has been one of the provincial leaders in this respect.

Provincial Pharmacare data have not yet been released at a community specific level to monitor the effectiveness of such programming locally. Nanaimo providers have developed support models and have reduced some of the previous barriers to persons receiving OAT therapies. While Island Health has developed a specific clinical service in the Greater Victoria area, the efforts locally have been on enhancing and building the primary care capacity and service.

Until Pharmacare data become available the relative effectiveness is not assessable, although the cost investment into the Nanaimo area to enhance existing service infrastructure is minimal. The future will bring discussion on other types of opioid therapy including the use of injectable therapies for those with substance use disorders resistant to treatment with primary and secondary oral medications. Current discussions in Nanaimo are precluded due to the zoning bylaw definition of a drug addiction treatment facility as such services will be best provided in a distributed model.

RECOVERY

Recovery supports

Opioid use disorder, as with other substance use disorder, is a chronic relapsing illness. People who are in recovery need ongoing support. While the need for such services has been identified, the current focus on harm reduction and treatment while preventing new dependencies has overshadowed the need for recovery supports.

The ideal mix is also not clearly defined. Some individuals will thrive in an abstinence type of program typical of twelve step programs. Others who require ongoing medical maintenance therapy may need differing types of supports. As a community there will be a need to nurture the development of diverse options. The professional and peer support components provided through Island Health have been enhanced to assist those who are entering treatment and recovery.

Prediction of success in recovery is correlated with availability of assets including community acceptance, friends, family, professional and peer support, housing, employment. Communities can contribute to recovery by building a compassionate and welcoming community environment, ensuring housing and employment opportunities are available and reducing stigma.

Housing

Often considered the most fundamental prerequisite asset required to support entry into treatment and ongoing recovery, housing is integral to long term recovery success.

The concurrent local, national and often international crisis in access to affordable housing contributes to the development of substance use disorders when individuals may have housing insecurity, and resolution of this housing insecurity is integral to successful intervention.

The City of Nanaimo was progressive in implementing housing supports through the early half of the decade and has identified that further housing enhancements are required to address the expanding crisis. The community has failed in recent years to build on these prior successes and propagate stigma, curtail successful recovery and may contribute to augmenting concerns regarding those forced to live street oriented lifestyles.

Meaningful contribution

Individuals in recovery are often faced with the dilemma of being unable to find a job or a way of contributing due to systemic biases and stigma. Occupying time with activities of personal value is foundational to long term successful recovery. People entering recovery who have employment to return to are much more likely to succeed than those who lack employment.

The same holds for those re-entering the community from locations of incarceration. This key step in recovery can be easily overlooked yet remains a main pathway to relapse when opportunities are lacking.

One of the major barriers to successful recovery is persistent stigma directed to those with substance use disorders. Such systemic barriers include community labelling and typifying the behaviors of those striving to maintain recovery.

AREAS FOR EMPHASIS.

Amidst the good news there are still areas for improvement. There is more work to be done in public awareness, education, enhancing compassionate interactions and addressing prejudices.

Prevention programming while available, is not embraced as a requirement or fully implemented. Supervised consumption is constrained by the City of Nanaimo zoning bylaw. The bylaw precludes exploration of a distributed model as well as precluding federal approval of a supervised consumption service.

Pathways to treatment are in part dependent on past experience with the system and navigators assisting those seeking treatment. It is not known how effective current pathways are or what gaps if any exist in service provision.

Recovery supports, including housing, remain the least well developed component.

Case management supports are available that depend on a trusting therapeutic relationship, others supports to provide prerequisites supports could be bolstered.

The overall coordination at the local level has been an add-on to managers and MHO offices that were already fully occupied. The establishment of the Community Action team may help with this component.

Action specific to the City of Nanaimo

The City of Nanaimo is the only community in BC known to have a site specific zoning requirement for a “drug addiction treatment facility”. The City zoning bylaw (Appendix B) defines such facilities as inclusive but not limited to “the use of a building to treat persons with substance abuse problems, and includes needle exchange facilities, safe injection sites, Methadone clinics, and the like.”

Based on this definition, numerous existing operations are non-compliant with the definition such as in-facility rehabilitation, methadone and other opioid agonist clinical services and harm reduction distribution sites. In addition,

progress to supervised consumption service and distributed location model for supervised consumption is hampered.

Given council declined site specific rezoning for this purpose in May 2017, the community remains handicapped in providing a supervised consumption service as an important health service in the management of those with substance use disorders.

Social planning efforts for housing and social supports has benefited from the city's leadership though recommendations from the city administration have been altered by Council and key components have not moved forward.

A series of recommendations to Council on December 11 identified a variety of activities that would enhance recovery within the community. Those items other than some of the public security interventions and access to showers have not to date been supported by council.

The need for urgent and longer term housing options is before the city and council to implement decisive action.

Recommendations:

- Council address the obstacle to substance use treatment found in the definition of a Drug Addiction Treatment Facility of the City of Nanaimo zoning bylaw 4500.

- Council support efforts to increase housing availability and options

- Council revisit the recommendations of the Response to Health, Social and Safety Issues in the Downtown report to address those that would support recovery within the community.

- Council endorse the Nanaimo Overdose Prevention and Management Working Group as the Community Action Team

- Council Support the community dialogue to promote prevention of substance use, reduce deaths, increase positive outcomes, reduce fear and stigma, increase public safety and compassion

Appendix A

Regulatory authority

In accordance with the Public Health Act

Advising and reporting on local public health issues

73 (3) A medical health officer must advise, in an independent manner, authorities and local governments within the designated area

(a) on public health issues, including health promotion and health protection,

(b) on bylaws, policies and practices respecting those issues, and

(c) on any matter arising from the exercise of the medical health officer's powers or performance of his or her duties under this or any other enactment.

Role of local government

83 (1) A local government must do all of the following:

(c) consider advice or other information provided to the local government by a health officer

Regarding the local government actions under the Community Charter Public Health Regulations

Community Charter

PUBLIC HEALTH BYLAWS REGULATION

Restrictions and conditions on public health bylaws

2 (1) For the purposes of section 9 (4) (a) of the Act, bylaws made by a council under section 8 (3) (i) *[public health]* of the Act in relation to the following matters are subject to the restrictions and conditions set out in subsection (2):

(a) the protection, promotion or preservation of the health of individuals;

(c) the restriction, or potential restriction, of any individual's access to health services;

(2) Subject to subsection (3), for the purposes of section 9 (4) (b) of the Act, the following restrictions and conditions apply:

(a) a council may not adopt a bylaw in relation to a matter referred to only in subsection 1 (a) or (b) unless the bylaw or a copy of it is deposited with the minister;

(b) a council may not adopt a bylaw in relation to a matter referred to only in subsection 1 (c) or (d) unless the bylaw is approved by the minister;

(c) before adopting a bylaw in relation to matters referred to in subsection 1 (a), (b), (c) or (d), a council must consult with

(ii) the medical health officer responsible for public health matters within the municipality.

Appendix B

Zoning Bylaw No. 4500

PART 5 - DEFINITIONS

DRUG ADDICTION TREATMENT FACILITY - means the use of a building to treat persons with substance abuse problems, and includes needle exchange facilities, safe injection sites, Methadone clinics, and the like.

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Appendix C

Communications requesting Council reconsider zoning 4337 Wesley St.

Nanaimo
Division of Family Practice
A GPSC initiative

26th September 2017

Dear Mayor McKay, and Nanaimo City Councillors,

437 Wesley Street: Rezoning Application.

On behalf of the Board of the Nanaimo Division of Family Practice, which represents 225 Family Physicians, Hospitalists, Family Medicine Residents and Nurse Practitioners in Nanaimo, I am writing you today to voice our support for the joint Vancouver Island Health Authority and Canadian Mental Health Association initiative to address the effects of the Provincial overdose crisis within our city.

The Ministerial order enacted in December by British Columbia supports the creation of temporary overdose-prevention sites as an emergency response until official supervised-consumption sites, with attached health and social services are established. Overdose prevention sites are a proven harm reduction-based health service which provide an immediate health intervention to prevent a fatality from overdose. Not only do such sites aim to reduce the number of overdose deaths, they also connect people with health-care services and reduce public drug use.

Since the beginning of 2016 over 50 souls in Nanaimo have lost their life to illicit drug overdoses [Coroners report July 2017]. The temporary Overdose Consumption Site at 437 Wesley Street, and the proposed permanent Supervised Consumption Site at the same address, contribute to the continuum of services which Island Health and its partners are implementing. These measures, whilst not providing a solution to the overdose crisis, have been proven to help prevent overdose fatalities.

The Division of Family Practice supports the actions taken to date to bring these necessary harm reduction services to Nanaimo. By approving the rezoning application for 437 Wesley Street, the City of Nanaimo would be supporting Island Health and their partners to proactively address the overdose crisis which our city, like so many others in the Province, is facing.

Yours faithfully,

Dr Sandy Barlow and Dr Roger Walmsley

Shared Care Substance Use Project Physician Leads and Nanaimo Division of Family Practice Board Members

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