



Audits at a glance

Why we did these audits

- At least 14,000 deaths as of January 2024 have been linked to drug-related toxicity since the province declared a public health emergency in 2016, making it B.C.'s leading cause of unnatural death.
- The Ministry of Mental Health and Addictions and the Ministry of Health lead B.C.'s response to the emergency. The response spans the continuum of care, from prevention and harm reduction, to treatment and recovery.
- Two key harm reduction approaches are overdose prevention and supervised consumption services, and increased access to prescribed safer supply.

About this report

- Our two audits looked at whether the ministries effectively implemented (1) overdose prevention and supervised consumption services, and (2) the initial phase of prescribed safer supply.
- Our report considers the two programs in separate chapters, each with its own conclusions.

Chapter 1: An audit of the implementation of overdose prevention and supervised consumption services

Objective

To determine whether the Ministry of Mental Health and Addictions and the Ministry of Health ensured effective province-wide implementation of overdose prevention and supervised consumption services by the health authorities.

Audit period

January 1, 2020 –
June 30, 2023

Conclusion

We found that the ministries:

- monitored operational performance;
- monitored funding and adjusted when necessary; and
- reported publicly on the implementation of overdose prevention and supervised consumption services.

However, we found deficiencies in key areas:

- Operational guidance lacked minimum service standards and did not always reflect engagement with health authorities, people with lived and living experience, and Indigenous Peoples.
- Persistent challenges and barriers to province-wide implementation were not addressed.
- There were deficiencies in target setting and evaluation.

For these reasons we concluded that the Ministry of Mental Health and Addictions and the Ministry of Health did not ensure effective province-wide implementation of overdose prevention and supervised consumption services by the health authorities.

The ministries have accepted all five of our recommendations on service standards, target setting, evaluation and addressing barriers.

Audits at a glance *(continued)*

What we found

Provincial guidance for health authorities and service providers was inadequate

- Operational guidance for overdose prevention and supervised consumption services (OPS/SCS) didn't include minimum service standards to support consistent quality, access, and availability of services.
- The ministry consulted with Indigenous Peoples and health authorities, but their input was not consistently reflected in the guidance.
- The guidance was out of step with changes in the toxic drug supply.
- Some health authorities created their own guidance to address gaps, such as delivery of services in remote and rural Indigenous communities.

OPS/SCS recommendation 1

The ministries planned, monitored, evaluated, and reported on OPS/SCS, but a new provincial evaluation is needed

- The ministries set objectives and worked with health authorities to develop performance measures, but only two health authorities set explicit quantitative targets for OPS/SCS in their detailed implementation plans.
- The ministries monitored the operational performance of OPS/SCS.
- The ministries monitored funding and worked with health authorities to reallocate funds as needed.
- The ministries evaluated OPS/SCS programs but the toxic drug supply has changed considerably since the last evaluation in 2021.
- The ministries reported publicly on OPS/SCS.

OPS/SCS recommendations 2, 3

The ministries had not developed strategies to address persistent challenges and barriers to province-wide OPS/SCS implementation

- The ministries identified challenges and barriers through established lines of communication with health authorities and other key groups.
- Significant barriers included municipal resistance, the lack of infrastructure, and health-care staffing.
- The ministries didn't work effectively with health authorities, people with lived and living experience, or Indigenous Peoples to develop or implement strategies addressing persistent challenges and barriers to OPS/SCS implementation.

OPS/SCS recommendations 4, 5

Audits at a glance *(continued)*

Chapter 2: An audit of the initial implementation of prescribed safer supply

Objective

To determine whether the Ministry of Mental Health and Addictions and the Ministry of Health effectively monitored the initial province-wide implementation of prescribed safer supply.

Audit period

July 1, 2021 –
June 30, 2023

Conclusion

We found that the ministries:

- developed a data collection framework;
- monitored and adjusted funding; and
- initiated an evaluation of prescribed safer supply.

However, we also found deficiencies in key areas. Specifically:

- the ministries didn't develop or implement strategies to address prominent barriers to implementation; and
- they didn't effectively report publicly on the performance of prescribed safer supply.

For these reasons we concluded that the Ministry of Mental Health and Addictions and the Ministry of Health did not effectively monitor the initial province-wide implementation of prescribed safer supply.

The ministries have accepted both of our recommendations on addressing barriers and public reporting.

What we found

The ministries implemented a data collection framework and initiated an evaluation of the prescribed safer supply program

- Data collected included service utilization, program outputs, clinical outcomes, and population-level impacts and outcomes.
- The ministries had contracted an external evaluation on prescribed safer supply, which was underway.

The ministries monitored and adjusted funding for prescribed safer supply

- The ministries monitored funding and worked with health authorities to reallocate funds as needed.

Audits at a glance (*continued*)

The ministries' strategies do not adequately address key barriers to prescribed safer supply implementation

- The ministries are aware of challenges and barriers, such as lack of prescribers, and types of drugs offered.
- Prescribed safer supply meetings with health authorities and health sector partners haven't resulted in sufficient collaborative strategies.
- Current strategies don't demonstrate how the ministries will address key issues.
- Prescribed safer supply delivery in rural and remote communities faces persistent challenges.

Prescribed safer supply recommendation 1

The ministries' public reporting on prescribed safer supply was not sufficient

- Current public reporting doesn't compare prescribed safer supply program performance to its objectives.
- Internal data monitoring wasn't made public, despite plans for release.
- Current reporting is inadequate because it doesn't inform the public about work done to monitor and evaluate prescribed safer supply.

Prescribed safer supply recommendation 2

After reading the report, you may want to ask the following questions of government:

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1. What are the most important lessons learned from the development and implementation of OPS/SCS and prescribed safer supply programs?
 2. How can government establish clear lines of accountability to support complex mental health and addiction program implementation?
 3. How can government improve public information and education about complex health programs and issues in order to reduce stigma and build public confidence?