



**Overdose Prevention
and Response:
Guidelines for B.C.'s
Post-Secondary Sector**

August 2024 Edition

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B.C. Post-Secondary Institutions
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Post-Secondary Education and Future Skills

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Purpose of the Guidelines

In 2016, the Province of British Columbia declared a public health emergency in response to a significant increase in drug-related overdoses and deaths. This toxic drug crisis, primarily driven by a highly potent and unregulated supply of illicit drugs, remains a complex and evolving issue. Over the past eight years, more than 15,000 lives have been lost in B.C. due to toxic drugs, with fentanyl—a synthetic opioid—detected in over 80% of unregulated drug deaths each year. Fentanyl's presence is not limited to opioids but has also been found in stimulants and depressants, often mixed with benzodiazepines, leading to abnormal symptoms consistent with overdose. A tiny amount of fentanyl, equivalent to three grains of salt, can cause a fatal overdose, especially in first-time users.

Given the gravity of the toxic drug crisis, all of B.C.'s 25 public post-secondary institutions (PSIs) are encouraged to develop focused strategies tailored to their unique communities. These strategies should build on existing frameworks and leverage best practices from within and outside of B.C. The guidelines provided here are designed to assist PSIs in preventing drug overdoses and responding effectively in the event of a suspected overdose on campus.

Raising awareness of the toxic drug supplies and responding quickly to suspected overdoses are critical actions to saving lives. The majority of students attending PSIs are in an age group that is particularly vulnerable, with recent data from 2023 indicating that 50% of all deaths among B.C. residents aged 19 to 39 were due to illicit drug toxicity.

PSIs are encouraged to maintain a dedicated site on their public institutional webpage to serve as a resource, where they can post their Overdose Prevention and Response Plan in accordance with the guidelines outlined in this document.

IMPORTANT CONSIDERATIONS:

The historical and ongoing impacts of colonialism include intergenerational trauma, institutional racism, as well as the disruption of language and culture, which continue to permeate both the academic and non-academic setting. Through strength and resilience, Indigenous Peoples continue their healing journeys, including through the

pursuit of post-secondary education. It is important to acknowledge that BC Coroners Service data indicates that First Nations people died of drug poisonings at 6.1 times the rate of other B.C. residents in 2023. This data is provided, not to further stigmatize Indigenous Peoples, but to highlight the important work that needs to continue with local First Nations on harm reduction strategies that are culturally safe, respect their right to self-determination and seek to reconcile the lasting harm of colonial laws, policies, and practices on Indigenous Peoples.¹

The latest BC Coroners Service findings reported that approximately 20% of drug poisoning deaths occurred amongst those who worked in trades, transportation or as equipment operators. This highlights an important opportunity to educate students and PSI employees of the elevated risks of drug poisoning in trades environments.²

Most unregulated drug deaths in 2024 occurred indoors (48% in private homes and 35% inside public/community indoor settings).³ It is important to be aware of the elevated risks of drug poisoning for students living in on-campus housing and to ensure that they are aware of what to do to support someone in the event of a suspected overdose.

While most reported deaths due to toxic drug overdoses occur in large urban centres, rural communities across B.C. have also experienced high incidences of drug-related deaths. Not all these rural settings have access to the same harm reduction supports (e.g., opioid agonist therapy prescribers and drug testing sites) as urban centres. PSIs located in rural settings should work with their local health authority on how best to increase awareness of and access to harm reduction supports.

1 An Urgent Response to a Continuing Crisis Report (gov.bc.ca)

2 More drug-poisoning prevention services for construction workers | BC Gov News

3 More than 14,500 lives lost to unregulated toxic drugs, eight years into public health crisis | BC Gov News

Developing a Drug Overdose Prevention and Response Safety Plan

The toxic drug crisis is a complex issue that impacts all PSIs in B.C. A dedicated Overdose Prevention and Response Plan is a valuable tool for addressing this issue. These guidelines were created to support PSIs as they develop or refine their own prevention and response plans.

Accessing Overdose Prevention

PSIs play a vital role in supporting the prevention of drug overdoses. As respected institutions embedded in communities throughout B.C., PSIs are seen as places of learning, truth, and knowledge. They value research-informed decision making, and bring expertise in the areas of teaching, and collaboration between research networks, government, and community organizations. Support services—including on-campus trauma-informed counseling, support groups, peer support programs, and the availability of naloxone with training—are critical to preventing overdose events. Engagement with student associations and advocacy groups in developing and implementing prevention plans enhances awareness and support.

Overdose Response

In the event of a suspected drug overdose on campus, PSIs need to have clear response protocols that provide an effective, coordinated, and rapid response. Administering naloxone and rescue breathing (if warranted) as soon as possible is one of the most effective ways to prevent further injury in the event of a suspected overdose. Readily available naloxone is critical in the event of a suspected overdose, as is ensuring that emergency medical services are immediately notified and directed through 9-1-1. These actions are vital in providing life-saving support and continuous care.

Overdose Prevention and Response Plan

All B.C. PSIs are encouraged to develop and make publicly available an Overdose Prevention and Response Plan (OPRP) that, at a minimum, incorporates the guidelines provided

in this document. PSIs may choose to include additional information into their OPRP to account for situations that are unique to their institution and/or campus. It is recognized that not all suggested actions are feasible across the sector, and in cases where PSIs are not able to meet specific guidelines, alternate approaches should be considered to achieve the intended effect.

PSIs should use existing approval processes within their governance structures to develop the supporting materials and action plans for each guideline. Engagement with local health authorities and students, as appropriate, is encouraged to ensure the effectiveness of materials. Provincial-level guidance and materials may be the best source for disseminating information. They can provide a common 'look and feel' across institutions that can be easily recognized by students or other campus community members who attend multiple PSIs throughout their academic journey.

To expedite access to resources, PSIs should share information and materials as soon as they are approved and become available, rather than waiting for all guidelines to be in effect before publishing.

Indigenous Considerations

It is strongly recommended that institutions work closely with First Nations on whose territory they are located to develop overdose response plans. First Nations are another level of government, and it is critical that public PSIs, as provincial entities, work closely with First Nations on all matters that impact their communities. This is in keeping with the spirit and intent of the *Declaration on the Rights of Indigenous Peoples Act*, the Truth and Reconciliation Commission Calls to Action, and the broader commitments of the Province to First Nations.

Guidelines for Post-Secondary Institutions

Overdose Awareness

Institutions have varied welcome programs that are tailored to their unique circumstances. Inclusion of toxic drug crisis related information in the OPRP will require customization, but basic principles for consideration include:

- All students, particularly incoming students, should be provided with information that enhances their awareness of the toxic drug crisis in B.C. Messaging should be tailored to groups who may be at higher risk in the campus community.
- Information provided should be standardized as much as possible, leveraging existing provincial materials and programs. A student who transfers from one B.C. institution to another should see similar messaging.
- Emphasize that no unregulated drug is safe, and prescription medications should also be treated with caution.
- Promote awareness of resources that can help people manage their mental health and reduce or stop drug use (e.g., HelpStartsHere, Opioid Treatment Access Line), overdose prevention sites, virtual overdose prevention services (e.g., Lifeguard, Brave), supervised consumption services, and drug checking, treatment and recovery services that may be available on campus or within the broader regional community. The intent is to ensure that the campus community is aware of available services.
- Institutions are encouraged to provide awareness materials to students and employees on the availability of personal Take-Home Naloxone kits from local distribution sites and self-help materials available through [*Toward the Heart*](#) and [*StopOverdose.gov.bc.ca*](#).

Welcome packages and orientations can provide an initial surge of information, and PSIs will need to use judgement to avoid information overload. In addition to general awareness, information regarding recognition and response to an overdose is a critical element of the OPRP. Considerations include:

- Promote the following key items within the campus community:
 - » Recognition of the overdose events (signs and symptoms).
 - » Requirement to call 9-1-1 immediately; and where feasible, contact campus emergency response.
 - » Location awareness – how to identify where you are to emergency responders.
 - » Location of first aid and naloxone kits (including nasal naloxone).
 - » Assurance that emergency responders are coming to help to provide support for those who need it.
 - » Emphasis on mitigating the stigma surrounding drug use in the community.
- Promote awareness of the provincial *Good Samaritan Act*, and the federal *Good Samaritan Drug Overdose Act*, namely the protections that are in place with respect to civil liability and criminal prosecution. Good Samaritan principles should also be applied to internal policies within an institution and broadly communicated throughout the campus community.

- PSIs should review and revise internal policies concerning student personal drug use to reduce the fear of academic or other institutional repercussions (e.g., suspension, expulsion, removal from student housing) that may prevent a student from immediately responding to, or reporting, a safety incident where drug use is potentially involved.
- Ensure the campus community is aware of supports and services available to anyone involved in, or witnessing, an overdose or suspected overdose event.
- Care should be taken to separate educational toxic drug awareness from formal training programs. Awareness programs should focus on immediate actions to assist in initial responses, not certify individuals in first aid or emergency response measures.

PSIs should consider inclusion of toxic drug alerts within their own campus notification systems, including notifications of specific incidents where a toxic drug supply was discovered.

- Institutions should make students and staff aware they can sign up for text messages from their local health authority and campus security apps with warnings about alarming instances of toxic drug risks in their local community. Toward the Heart provides such a service province wide that can be accessed through personal mobile devices (<https://towardtheheart.com/alerts>).

Elevating awareness of the dangers posed by the toxic drug supply requires consistent messaging and effort by PSIs. Awareness promotion should consider the unique characteristics of each institution. Factors such as student population, international students, and non-standard academic schedules, may require adjustments to these guidelines. Each institution should use their best judgement while striving to follow these principles.

Considerations for long-term, consistent messaging and support include:

- Make connections with regional health authorities including First Nations Health Authority (FNHA) to regularly share information on best practices, provincial initiatives, and areas where collaboration would be appropriate.
- Provide educational materials (e.g., posters, guest speakers, information booths and other available resources) for campus visitors to aid familiarization with the toxic drug crisis in B.C.
- Support/amplify overdose prevention campaigns prepared by the provincial government and any similar future campaigns.

Overdose Response

The OPRP should outline training and response expectations for campus staff and community members. However, guidelines must emphasize that 9-1-1 emergency services should be the first call that is made when an incident is discovered or reported. The only exception is if the incident occurs in an area that is not serviced by 9-1-1, in which case local emergency response contact information should be used.

To support this principle, PSIs should:

- Review printed and online materials to remove any guidance that indicates anything other than calling 9-1-1 first in an emergency.
- Launch an awareness campaign to ensure the campus community is aware that 9-1-1 is the first call to make, regardless of any other legacy material that may indicate otherwise.

PSI campuses should have an Emergency Response Protocol (ERP) that clearly outlines required actions in the event of a suspected overdose. The ERP should include:

- Call 9-1-1 immediately.
- Campus emergency resources should be contacted after establishing communication with 9-1-1 emergency responders.
- Notification methods for campus emergency resources may vary, from bystander awareness to automated notification systems that notify campus responders whenever a 9-1-1 call is made. Consider tools and resources available to ensure that campus staff are made aware when 9-1-1 has been called.
- Develop a location awareness strategy to help emergency responders quickly identify the location of the incident, especially in buildings without distinct street addresses.
 - » As part of each PSIs OPRP, there should be collaboration with emergency service providers to create a location awareness strategy that supports the timely location of individuals in distress.
 - » Provide signage across campus to help individuals effectively share their location with emergency service providers.
 - » Consider the use of muster points (with campus escorts) to aid in timely location.

The OPRP should explain which campus resources are available to assist in an emergency after contacting 9-1-1. Helpful categories for identifying personnel and community groups include:

- Campus security and safety staff/first aid responders.
 - » Regular or contracted employees who respond to emergency events. Certified training, including overdose recognition and naloxone training, is strongly encouraged for this group.
 - » Future contracts should include this training requirement if not currently mandated. This group should receive priority in training initiatives.
 - » Expected to respond to emergency events on campus and provide aid, including naloxone administration.

- Faculty, staff, and student housing staff.
 - » Faculty and general staff who may have training in first aid and naloxone administration but are not expected to respond to emergency events.
 - » Training may not be certified and may be less comprehensive than that for on campus first responders.
 - » While protections exist under the *Good Samaritan Act*, careful review of protections and coverages will be required.
- General campus community (Volunteer).
 - » Campus community members trained in first aid or naloxone administration (through PSIs or elsewhere) are more likely to assist as a bystander. This group should be made aware of their protections under the *Good Samaritan Act* and the *Good Samaritan Drug Overdose Act*.
- Considerations for training will vary, but the following themes should be considered.
 - » The role of those receiving training.
 - » The risks and protections to those providing aid.
 - » Ensuring cultural safety and anti-Indigenous racism practices.
 - » Limitations due to collective agreements, job descriptions, and liability.

Distribution of naloxone will be a critical component of the OPRP. In considering where and how to distribute and store naloxone, the following should be considered with respect to static (e.g., stationary naloxone cabinets) and dynamic (e.g., naloxone kits carried by staff) options for use:

- Terminology surrounding cabinets, kits and doses should remain clear. Cabinets house kits, and each kit contains multiple doses of naloxone.
- Consider including naloxone in first aid kits for campus emergency responders and in first aid kits for fields trips, ensuring compliance with border regulations, if applicable. Ensure all members of the campus community are aware of where naloxone is kept, using clear signage.
- Consider distributing naloxone (including nasal naloxone) so that it is appropriately accessible within student housing (e.g., one kit per building or floor).
- Consider co-locating naloxone with existing Automated External Defibrillator (AED) units across campus.
- If a campus does not have a standalone AED unit, at least two kits of naloxone should be available with supplies to support CPR (e.g., pocket masks, medical gloves).
- Naloxone should be stored indoors at room temperature and checked regularly for expiration.
- All special events held at PSI-owned or run sites should have naloxone available, particularly events where alcohol may be served.
- Consider cabinets with tamper-evident features such as breakable glass or alarms.

For More Information

This information is based on current recommendations and may change. For the latest guidance, please see the health information from the [*British Columbia Centre for Disease Control*](#).

ADDITIONAL RESOURCES

- <https://towardtheheart.com/>
- <https://www.stopoverdose.gov.bc.ca/get-informed/identify>
- <https://www2.gov.bc.ca/gov/content/overdose>
- <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>
- <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis>



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