

2 hours
ago)

Reply

Hello Natalie,

Facilities like ours are obligated to maintain the privacy of its patients who do not explicitly provide consent, unless we are subpoenaed to provide that information. Our licensing authority, Vancouver Coastal, can confirm this. This means we can neither confirm nor deny that any patient is now or has previously been a patient at our facility and we definitely cannot provide clarifying details, defenses, or evidence relating to any events that may or may not have happened to someone that may or may not have been a patient.

Hopefully, people will understand that protecting private healthcare details of an individual outweighs our need to defend ourselves against criticism or to correct small or huge inaccuracies. I point to the public's outrage when it hears reports of nurses snooping in private medical files and hope they can appreciate that the same rigorous standard of limited access to private information should be afforded everyone getting healthcare for every condition, including substance use and other mental health disorders. Intentionally and publicly divulging private healthcare information to a reporter would not only be seen as completely self serving and unethical, it's arguably a significant violation of the privacy legislation in place for licensed healthcare facilities in BC. I have confirmed that death does not release us from this obligation.

Sunshine Coast Health Centre is licensed by the Vancouver Coastal Health Authority and has been since it opened in 2004. We maintain a long record of high quality care noted in both regular and unscheduled inspections and unless things have recently changed, all inspections and investigations are available to the media if they make a request to that health authority. We can tell you that we have had only one critical incident in the last 12 years. Sunshine Coast Health Centre is required to be in full compliance with our provincial regulation at all times and we take that requirement very seriously. All reportable incidents (these are detailed in our regulations) are immediately reported to our local licensing officer and are fully investigated by us and by them. If it is possible to prevent an incident reoccurring, we make changes without unnecessary delay. Any change Sunshine Coast Health Centre has ever made to its facilities or operations as a result of an incident were not required as part of the legislation or regulation we are guided by – The Community Care and Assisted Living Act and the Community Care and Assisted Living Regulation. We work to exceed all of our regulatory requirements, not just meet them.

Sunshine Coast Health Centre maintains a close connection with our accrediting agency, Accreditation Canada, to ensure our evidence based programming and 24 hour staffing meet the highest standards. We are currently at 100% compliance with that accrediting agency. We worked hard for that - it's not a rubber stamp. Running the best facility we can be is something we spend a lot of time on.

Sunshine Coast Health Centre is in no way reluctant to be participating in the BC Coroner's inquest designed to bring attention to the devastating effects of fentanyl on the lives of British Columbians. The BC Coroner has made clear to us that the inquest is not an attack on us as staff or as a facility nor is it an attack on the other twelve for-profit and non-profit addiction and mental health care providers in BC that we've been told will also be participating. The coroner has taken great pains to reiterate the goal of the inquest is to shed light on the current difficulties in treating people using fentanyl in the province of BC. As you know, it is estimated that 2 people a day in this province die from fentanyl overdoses. A chilling number of them are under 25 and without long histories of so called "hard drug use". This is an unusual aspect to the current problem and one that must get attention if we are to stem the tide of new users. Any attention the BC Coroner's Office and this upcoming inquest can provide is desperately needed at this time. Our only issue with the inquiry is that it's planned start date in late January will likely mean another two hundred more teens and young adults will die before we even get started. None of the attention or possible improvements can come fast enough given what is at stake.

Recently, our Medical Director, Dr. Jacques du Toit, received his long sought after licensing exemption to prescribe Suboxone. Since then, Sunshine Coast Health Centre has been providing this life-saving medication to all its patients with dependencies on opiates, regardless of whether they've previously used fentanyl. Receiving this licensing exemption to prescribe Suboxone was tied to the lengthy process of getting a methadone license. In July, mere days after our 12-year Medical Director, Dr. Jacques duToit, received his exemption, the rules changed to allow any doctor to prescribe Suboxone, with or without a methadone license. While frustrated that we had to go through that delay and tell potential patients we could not provide them with Suboxone until Dr. duToit received his special Suboxone license, we are nonetheless thrilled that every doctor in BC can now prescribe it to their patients with the same ease they always had in prescribing the opiates that lie at the heart of this problem.

We firmly believe Suboxone protects people in early recovery from the intense cravings that can lead to an impulsive relapse resulting in death. While it is not mandatory for addiction treatment facilities to provide Suboxone, we believe such a move must be considered by the province regardless of the cost of increasing the medical component at all of its contracted facilities. Right now, detoxification services and substance use dependence treatment are only combined at a handful of for-profit facilities in the province like Sunshine Coast Health Centre. Most non-profit or government facilities do not have medical units or regular medical staff.

Sunshine Coast Health Centre keeps multiple doses of Naloxone in its facility and encourages anyone who has one or two doses to get several more. One dose does not guarantee a prevented overdose or overdose fatality. The recent overdose crisis in the province has seen some emergencies where multiple kits were required for the same person. Unlike the USA, where nasal sprays and one-button injector needles have long been available to help people easily administer Naloxone in the event of an overdose, Canadian pharmacists are individually trying to put together kits with syringes and vials of naloxone and get them out to everyone who wants them and has permission to have them. Canada's Health Minister, Dr. Jane Philpott, has stated that Naloxone nasal sprays will be available for purchase very soon.

In our opinion, we really need the provincial government to mandate every healthcare professional, healthcare facility, police officer, emergency responder, school, and recreation/community facility to stock this antidote. Then we really need them to organize and fund the training of all the non-medical staff because right now nobody is quite sure who should be responsible for doing it. At this time, there is no mandatory requirement for professionals or facilities treating substance use disorders to stock these kits and the province's smaller communities are far from being ready to respond to overdose calls. Many communities outside the big cities do not have naloxone in their fire trucks or police cars. In our town, there has been a handful of fatal overdoses this year and we've been told that Dawson Creek has had over 10. Clearly, this is not just a city problem.

The whole of North America is playing catch-up as it responds to what started as an OxyContin crisis and morphed into an even worse fentanyl crisis. Recently, we've begun to hear about police seizures of [Carfentanil](#) and we realize we somehow have to determine, as fast as possible, if the measures we are putting in place to combat potential fentanyl overdose will be enough to stop people from dying from a drug used as an elephant tranquilizer. What if naloxone doesn't work on that? It's a horrifying thought and one we will talk about at the inquest (hopefully). It might surprise people to know that many substance users will be seeking out that drug just because of its reputation as an elephant tranquilizer and hoping that it will allow them to feel high in a way that continued doses of their current opiate do not. For many people dependent on opiates, they use the drug to prevent getting physically sick from withdrawal, not because they are getting high from it.

We hope this information is helpful for your story and that you continue to pay close attention and publicize the information that comes to light at the inquest. We also hope that CBC keeps pressure on our provincial leaders to implement the recommendations for saving lives that we are confident will come from it.

Warm regards,

--

Melanie Jordan Alsager
Owner/Administrator
Sunshine Coast Health Centre