

Responding to B.C.'s Illegal Drug Overdose Epidemic

Progress Update
April/May 2018



Ministry of
Mental Health
and Addictions

BACKGROUND

Despite escalated efforts across the province, B.C. continues to see record numbers of illegal drug overdose deaths. Data from the BC Coroners Service reports 1,449 people died from a preventable overdose death in 2017 and a further 620 people have died in 2018 between January 1 and May 31, 2018. Synthetic opioids, such as fentanyl, are increasingly being detected by drug checking services and in toxicology reports, demonstrating the issue of a contaminated, poisonous illegal drug supply. The overdose crisis reaches every corner of the province and has a disproportionate impact on males and First Nations people in British Columbia.

The Government of British Columbia established the Ministry of Mental Health and Addictions to lead a cross-sector response to address the overdose crisis. The Overdose Emergency Response Centre, established in December 2017, continues to escalate the response at the local and regional levels, and is providing policymakers and other stakeholders with valuable information on how to inform action.

Overdose Statistics between March 1, 2018 and May 31, 2018

In March 2018, 160 people died from an illegal drug overdose. This represents the second highest number of deaths recorded in one month since the public health emergency was declared in April, 2016. This is a 24% increase from March 2017 (130) and a 54% increase from February 2018 (102). In April 2018, 124 people died from an illegal drug overdose. This is an 18% decrease from April 2017 (151) and a 23% decrease from March 2018. There were 109 overdose deaths in May 2018; this is a 23% decrease from deaths in May 2017, and a 12% decrease from the deaths that occurred in April 2018.

The majority (71%) of people who have died in 2018 were between the ages of 30 and 59; the vast majority (92%) of overdose deaths overall occurred among those aged 19 to 59. Males continued to be disproportionately represented, with 80% of all overdose deaths in 2018 occurring in men. The majority (89%) of overdose deaths in 2018 occurred indoors. This suggests the trend of people using drugs alone or in the presence of someone who is unwilling or unable to call 9-1-1 is continuing. For more information, please see [the BC Coroner's illicit drug overdose death report](#).

Take Home Naloxone Kits Prevent Overdose Deaths

The BC Centre for Disease Control, in partnership with the Institute of Applied Mathematics at the University of British Columbia, have developed a mathematical model that can be used to estimate the impact of different interventions used to prevent overdose deaths in the province.

The first intervention analyzed was the Take Home Naloxone program, which provides free naloxone kits to people who are at risk of overdose and to those who are likely to witness an overdose. The analysis focused on the program's effectiveness as an intervention to save lives between January 1, 2012 and October 2016 – before additional initiatives, such as overdose prevention services, were established.

Findings show that increasing the distribution of Take Home Naloxone kits is an effective public health intervention; the model estimates that 300 illegal drug overdose deaths – including 155 fentanyl-related overdose deaths – were prevented over the timeframe. The next phase of the modeling analysis will measure the impact of additional overdose-related interventions, including overdose prevention sites, opioid agonist therapy use and access to prescription grade opioids.

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The results of this first phase of the modeling project were published in *The Lancet Public Health* on April 18, 2018, which can be found at: [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30044-6/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30044-6/fulltext).

To find out more about B.C.'s Take Home Naloxone program, visit: <http://towardtheheart.com/naloxone>.

Healthcare Utilization by People Who Experience an Overdose

The ongoing BC Provincial Overdose Cohort study characterizes overdose events as well as the past medical history of people experiencing overdose. The purpose is to identify factors that are associated with overdose, and in turn to inform provincial, regional and local response efforts. In the study, a cohort of people with at least one drug-related overdose (either fatal or non-fatal) between January 1, 2015 and November 30, 2016 (i.e. the Overdose Cohort) was compared with a randomly selected group of B.C. residents of similar age sex, and area of residence.

Led by the BC Centre for Disease Control, the analysis examined healthcare utilization patterns among people who overdosed in 2015 and 2016 in B.C. The results suggest that a high proportion of people who overdosed from illegal drugs were highly engaged with the health care system in the year prior to their overdose, through emergency department visits, hospital admissions, and appointments with community physicians. Opportunities therefore exist to identify people at-risk of overdose and connect them to care.

The preliminary findings also show that a large group of people who went on to overdose left the emergency department without being seen by a doctor or left against medical advice. This highlights a missed opportunity for engagement with care. Interventions to reduce leave against medical advice are needed. These include providing harm reduction services in hospitals, improving responses to subjective symptoms such as pain and withdrawal, and initiatives to reduce actual and perceived stigma within primary care settings.

About one in six people who overdosed did not visit the emergency department, hospital or community physician in the year before overdose. This highlights the need for low-barrier interventions outside of a medical setting, such as supervised consumption sites/overdose preventions sites and advocacy organizations of people who use drugs.

Many people who overdosed had substance use and mental health-related visits, and therefore such visits may help identify at-risk people before they overdose. Pain-related diagnoses were not more common among people who overdosed, which suggests that pain-related diagnoses are not a reliable marker for people at risk in the year before overdose. The pattern of healthcare utilization was similar between people who died from an overdose and those who survived an overdose. For more information, visit: <http://www.bccdc.ca/health-professionals/data-reports/overdose-reports>.

TEDMED Talk on Harm Reduction

On April 18, 2018, a TEDMED talk held by Dr. Mark Tyndall of the BC Centre for Disease Control was made available to the public. [The harm reduction model of drug addiction treatment](#) has had over 730,000 views since it was posted. In the talk, Dr. Tyndall shares community-based research that shows how harm-reduction strategies, like supervised consumption sites, are working to address the overdose crisis.

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KEY AREAS OF FOCUS AND SUMMARY OF PROGRESS SINCE LAST REPORT

- 1. Saving lives:** Services for people who use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.
Progress since last report:
 - Two additional Community Action Teams have been established in Burnaby and New Westminster to escalate action at the local level to save lives and fast track paths to recovery.
 - Police officers report having reversed 452 overdoses in their line of duty since January 1, 2017.
- 2. Ending the stigma around addictions and mental illness:** Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.
Progress since last report:
 - The Province's public awareness campaign continues to encourage the public to consider that people who use drugs are their family, friends, coworkers and neighbours.
- 3. Building a network of mental health and addiction treatment services:** Services that support treatment of and recovery from addiction.
Progress since last report:
 - On April 5, 2018, Fraser Health announced that the regional health authority is opening a treatment facility exclusively for youth aged 13 to 18 years old. The 20-bed centre in Chilliwack, which will serve all youth in Fraser Health region, will offer treatment programs that are tailored to meet the needs of youth facing addiction.
 - The number of providers who can prescribe opioid substitution therapy (OST) has continued to climb.
 - The Government of B.C. provided \$4.7 million in funding to Our Place Society's Therapeutic Recovery Community, a recovery-based program that is delivered in a structured environment located in Victoria.
 - The First Nations Health Authority has begun to develop capacity in all eight of the health authority's remote nursing stations, so that these locations are ready to provide seamless access to buprenorphine/naloxone treatment when communities request it.
 - The provincial government announced it is partnering with Last Door Recovery Society and providing \$50,000 to support the Year of Recovery as part of an ongoing public education campaign regarding drug and alcohol addiction.
- 4. Addressing the full range of supports and social factors:** Activities and services that address social factors related to substance use such as housing, income, employment, intergenerational trauma and community development.
Progress since last report:
 - Island Health celebrated the five-year anniversary of HerWay Home, a program that supports vulnerable women and families.

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1. SAVING LIVES

Community Action Teams to Escalate Action at the Local Level

On February 1, 2018, the Minister of Mental Health and Addictions announced the establishment of Community Action Teams in high need communities to intervene early and rapidly on the ground with life-saving responses and proactive treatment and support.

The communities identified by the Overdose Emergency Response Centre as having the most urgent need, and include:

- Vancouver
- Richmond
- Langley
- Abbotsford
- Duncan
- Port Alberni
- Powell River
- Kamloops
- Fort St. John
- Burnaby
- Victoria
- Surrey
- Maple Ridge
- Chilliwack
- Nanaimo
- Campbell River
- Kelowna
- Vernon
- Prince George
- New Westminster

Community Action Teams are comprised of multi-stakeholder groups at the community level which include municipal officials, regional health authorities, Indigenous partners, first responders (police, fire, ambulance), frontline community agencies, Divisions of Family Practice, local provincial ministry offices providing social services and people and families with lived experience. These teams are spearheading local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities, with the support of Regional Response Teams and the Overdose Emergency Response Centre.

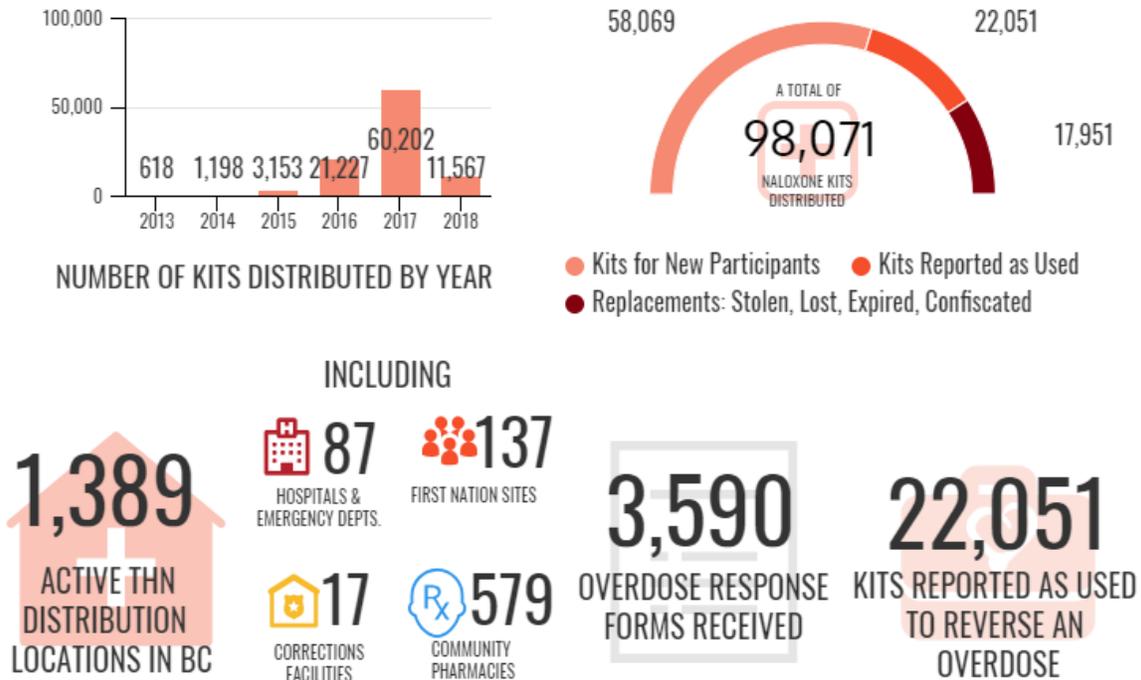
Community Action Teams are focused on four areas of action to save lives and support people with addictions on a pathway to treatment and recovery:

- Expanding community-based harm reduction services.
- Increasing the availability of naloxone.
- Addressing the unsafe drug supply through expanded drug checking services and increasing connections to addiction treatment medications.
- Proactively supporting people at risk of overdose by intervening early to provide supports like treatment and housing.

Communities establishing Community Action Teams are eligible to apply for up to \$100,000 per community in grant funding through the Community Crisis Innovation Fund Overdose Emergency Response Centre Community Action Team Grants. Communities not establishing Community Action Teams are eligible to apply for funding through the Community Crisis Innovation Fund (\$1.5 million). Over the next two years, an additional \$6 million will be available through the Community Crisis Innovation Fund to provide additional funding to communities.

Broader Access to Take Home Naloxone

Since 2013, over 98,000 Take Home Naloxone kits have been distributed free of charge. More than 22,000 kits have been reported as used to reverse an overdose since the inception of the program.



Source: TowardtheHeart.com

2. ENDING THE STIGMA AROUND ADDICTIONS AND MENTAL ILLNESS

There is no one type of person who uses drugs, yet many people consider addiction and drug use as a solely street entrenched issue. However, the data tell us otherwise: overdose is a far reaching and escalating problem in B.C., with a wide range of people who are dying or experiencing non-fatal overdose events. In fact, the sheer number of people who are dying indoors alone suggests that a person is more likely to survive an overdose in areas such as the Downtown East Side of Vancouver than in a suburban dwelling.

People who do not feel comfortable coming forward to get help – whether that is to access drug checking services, to be monitored for overdose at an overdose prevention or supervised consumption service location, or to access treatment services – are at risk of overdose and overdose death. The onus is on all British Columbians to have meaningful conversations about substance use, to shift perceptions of people who use drugs, and reduce the stigma that undermines efforts to save lives.

The Ministry of Mental Health and Addictions continues to expand content on StopOverdoseBC.ca, including a section called The Weekly. The Weekly provides a platform for people to hear from everyday

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change-makers who are working to stop overdose and to learn from those who are helping to put a human face on the overdose crisis in our province. Powerful stories can help others heal, provide hope and remind us of our humanity. Read more here: <https://www.stopoverdose.gov.bc.ca/theweekly>.



3. BUILDING A NETWORK OF MENTAL HEALTH AND ADDICTION TREATMENT SERVICES

Residential Treatment Facility for Youth in Fraser Health

In a first of its kind for the region, Fraser Health announced that it will be opening a treatment facility exclusively for youth aged 13 to 18 years old. The 20-bed centre in Chilliwack, which will serve all youth in Fraser Health region, will offer treatment programs that are tailored to meet the needs of youth facing addiction.

The government has committed \$3.7 million in funding in both 2018/19 and 2019/20 to ensure the sustainability of this important regional residential treatment facility and to provide community-based supports for youth living with addiction. BC Housing invested \$1.76 million to purchase the site and will fund construction costs.

For more information, including the types of supports and services that will be offered, please see: <https://news.gov.bc.ca/releases/2018MMHA0006-000581>.

Foundry Opens its Doors in Victoria

As of May 1, 2018, young people and their families living in the Victoria region have access to a new one-stop shop to support their mental health and wellness needs, thanks to the official opening of the new Foundry Victoria centre. Foundry Victoria, as with all Foundry centres, provides young people, aged 12 to 24 years, who are living with mental health and substance use challenges with a safe and judgment-free environment, where they can feel comfortable asking for help and accessing the services they need.

In Budget 2017, the provincial government provided \$200,000 to each regional health authority to support the establishment of five additional Foundry centres. Philanthropic donors provided the Victoria Youth Clinic – the agency that operates the Victoria centre – with one-time funding of \$200,000 for initial development costs. The Children’s Health Foundation of Vancouver Island is contributing \$3 million

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toward the centre over eight years, and Island Health providing \$790,000 annually for the centre, including general practitioner sessions and speciality psychiatry sessions.

For more information, including the types of supports and services that are offered, please see: <https://news.gov.bc.ca/releases/2018MMHA0008-000797>.

Expanded Access to Buprenorphine/Naloxone Treatment in Remote Locations

The First Nations Health Authority has begun to develop capacity in all eight of the health authority’s remote nursing stations, so that these locations are ready to provide seamless access to buprenorphine/naloxone treatment when communities request it. For more information, see: <http://www.fnha.ca/wellness/sharing-our-stories/fnha-nurses-help-build-capacity-in-three-remote-first-nations-communities>.

Provider Education on Opioid Use Disorder and Addictions Training

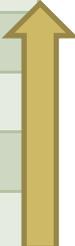
The required training, education and practical experience that physicians and nurse practitioners need to prescribe opioid substitution treatment is provided through the British Columbia Centre on Substance Use’s no-cost Provincial Opioid Addiction Treatment Support Program. As of April 4, 2018:

- More than 60 nurse practitioners have completed or begun training
- 687 providers have registered in the Provincial Opioid Addiction Treatment Support Program
- 2,100 clinicians in B.C. have attended Provincial Opioid Use Disorder Guideline Seminars
- 3,700 people have registered in the Online Addiction Medicine Diploma Program
- 62 physicians have completed Addictions Fellowship Training

Continued Increases in Opioid Substitution Treatment

People who receive appropriate and effective treatment for opioid use disorder are less likely to seek out and use illegal opioids. Therefore, expanding the reach and improving upon the range of existing treatment options for people with opioid use disorder is a key component of preventing overdoses.

	As of June 1, 2017 (TOTAL)	As of March 31, 2018 (TOTAL)	% change between June 1, 2017 and March 31, 2018
# of B.C. providers that prescribed opioid substitution therapy	853	1,602	88%
# of B.C. patients on opioid substitution therapy	22,742	29,667	30%
# of new B.C. patients on opioid substitution therapy	2,470	7,029	185%
# of B.C. pharmacies that dispensed opioid substitution therapy	1,032	1,131	10%



Partnership and Funding to Support the Year of Recovery

The provincial government announced it is partnering with Last Door Recovery Society and providing \$50,000 to support the Year of Recovery as part of an ongoing public education campaign regarding drug and alcohol addiction. Year of Recovery events will encourage and celebrate British Columbians who are recovering, or are stable in their recovery. To learn more, visit:

<https://news.gov.bc.ca/releases/2018MMHA0029-001004>.

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Recovery Program in Victoria

The Government of British Columbia is providing \$4.7 million in funding to Our Place Society's Therapeutic Recovery Community, a recovery-based program that is delivered in a structured environment. Therapeutic recovery communities, like the project being developed by Our Place Society, offer a safe space for people to learn new ways to strengthen themselves, rebuild their lives and address the root causes of their addiction. To support this project, BC Housing will be leasing this property to Our Place Society at a nominal rate, providing a grant of approximately \$310,000 for site renovations, and covering property tax costs for the next three years. The proposed therapeutic recovery community will begin accepting male clients in 2019–20 for between 12 and 24 months at a time. People may be referred to the program through the criminal justice system, or Our Place Society's network of social-support service providers.

Federal Changes to Support Providers to Prescribe Methadone and access Diacetylmorphine

As announced in March 2018, effective May 19, 2018, prescribers no longer require an exemption to prescribe methadone, and diacetylmorphine (prescription heroin) is accessible beyond a hospital setting, such as substance use disorder clinics.

These amendments made to Regulations under the *Controlled Drugs and Substances Act* will help Canadians have greater access to a comprehensive array of treatment options. For example, for methadone, health care practitioners will be able to prescribe and administer methadone treatment without needing to apply for an exemption from federal law. For diacetylmorphine, the amendments will provide flexibility by allowing patients to receive the product outside a hospital setting, such as substance use disorder clinics, allowing patients to balance their daily responsibilities with their treatment.

4. ADDRESSING THE FULL RANGE OF SUPPORTS AND SOCIAL FACTORS

Prevention is one of the guiding principles both for the Ministry of Mental Health and Addictions and government as a whole. Budget 2018 makes a number of crucial upstream investments that will support mental health and wellness to help address the social determinants of health with an all-of-government approach. The government has taken bold and innovative action to tackle homelessness and affordability, to start building a universal child care system and to support youth aging out of care — a group identified to be at high risk of developing mental health and addictions issues.

Island Health Celebrates Anniversary of HerWayHome

HerWay Home is a child-focused, women-centred, family-oriented drop-in and outreach program for pregnant women, new moms with substance use challenges and their children. *HerWay Home* clients have access to a broad range of health and social services – under one roof – with a focus on safe housing, healthy pregnancy, nutrition and addressing issues related to substance use, mental health, trauma and/or violence. By connecting women with peers and other community resources the program aims to create a clear and supportive pathway to a healthy pregnancy and parenting journey.

For more information, visit: https://www.viha.ca/about_viha/news/news_releases/nr-herwayhome-anniversary-29may2018.html

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CONCLUSION

B.C. continues to grapple with an overdose epidemic that has complex and dynamic underpinnings, with the rapid introduction of new substances and consistently high rates of unintentional illegal drug overdose deaths affecting all parts of the province. With significant new investments in accelerated cross sector action, the Ministry of Mental Health and Addictions is working closely with the Federal Government, Provincial Health Officer, other provincial government ministries, health authorities, First Nations Health Council and First Nations Health Authority, and community partners in taking action to ensure a comprehensive and robust response to B.C.'s overdose emergency.