

Responding to British Columbia's Public Health Emergency

Progress Update
August to December 2019

Background

Despite escalated efforts across the province, British Columbians continue to experience high rates of overdose-related harm including death due to an unregulated drug supply that is unpredictable and highly toxic. The BC Coroners Service reports that at least 984 people died from confirmed or suspected drug toxicity in 2019, a decrease from a high of 1,547 in 2018, 1,495 in 2017 and 991 in 2016.¹ Data from January 1, 2019 to December 31, 2019 suggest that the proportion of confirmed or suspected drug toxicity deaths with fentanyl or its analogues detected (alone or in combination with other drugs) is approximately 85%.² With approximately three people a day dying of a preventable overdose, B.C. is experiencing the worst public health crisis the province has seen in decades. Overdose is the leading cause of unnatural death in British Columbia surpassing homicides, suicides, and motor vehicle collisions.³ For the first time in decades, life expectancy at birth is declining in British Columbia largely due to the public health emergency.⁴

A public health emergency of this magnitude and complexity necessitates a comprehensive response that embraces both innovative initiatives and evidence-based approaches. This report provides an update of recent actions between August 2019 and December 2019, led by the Ministry of Mental Health and Addictions (MMHA) working in collaboration with key partners including the Provincial Health Officer, other ministries, health authorities, Indigenous serving organizations, and people with lived and living experience.

Drug Toxicity Death Statistics for January 1, 2019 to December 31, 2019

At least 984 people died from confirmed or suspected drug toxicity during 2019 (Monthly: 94 in January; 85 in February; 116 in March; 85 in April; 88 in May; 76 in June; 74 in July; 86 in August; 59 in September; 75 in October; 79 in November; 67 in December).⁵ This represents a 36% decrease compared to 2018 when 1,547 such deaths occurred. However, drug toxicity death-related data should be interpreted with caution and are subject to change as investigations are completed.

¹ BC Coroners Service (2020a). *Illicit Drug Toxicity Deaths in BC, January 1, 2020 to June 30, 2020*. (The report includes updated data from previous years).

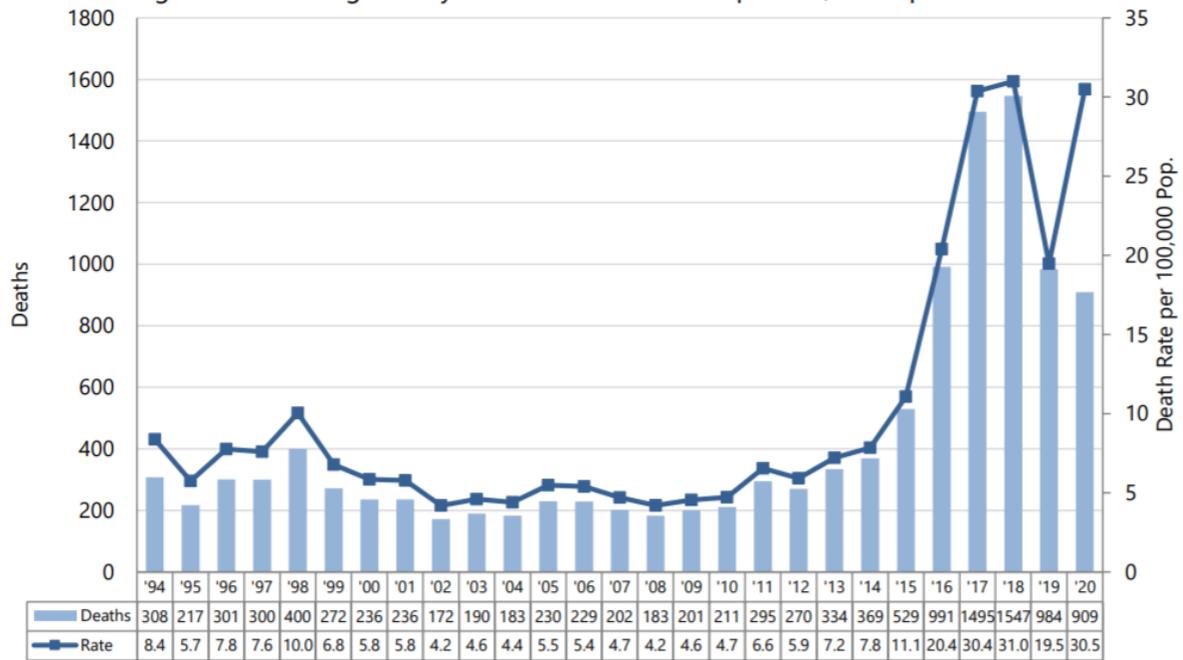
² BC Coroners Service (2020b). *Fentanyl-Detected Illicit Drug Toxicity Deaths, January 1, 2012 to June 30, 2020*.

³ BC Coroners Service, 2020a.

⁴ Statistics Canada. (2020) *Life tables, 2016/2018*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>

⁵ BC Coroners Service, 2020a.

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]



Source: BC Coroners Services, 2020a.

A continued concern is an increase in carfentanil detection in confirmed or suspected drug toxicity deaths. Carfentanil is a synthetic opioid roughly 100 times more toxic than fentanyl and has been detected in 132 suspected illicit drug toxicity deaths in 2019. This is more than three times as many toxicity deaths compared to 2018 (35).⁶

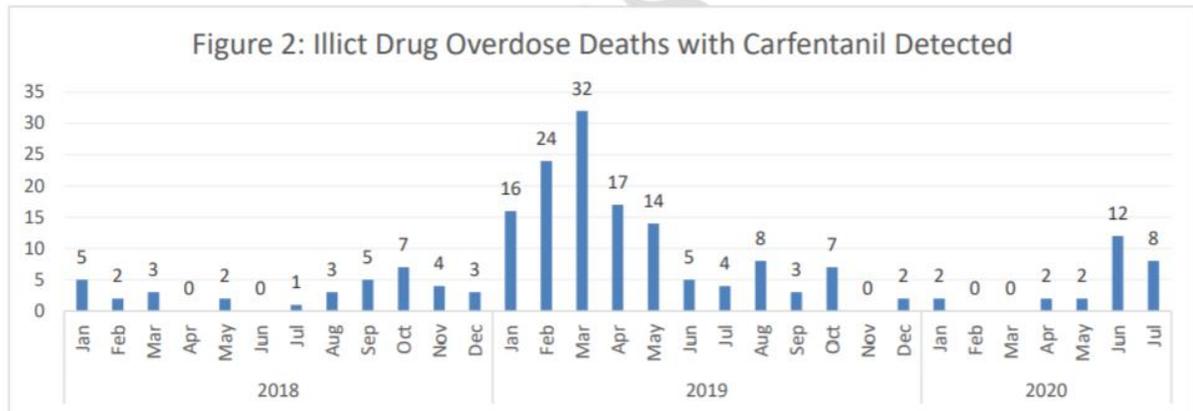
A review of completed cases from 2016-19 indicates that the top four detected drugs relevant to illicit drug toxicity deaths were fentanyl (83%), cocaine (50%), methamphetamine/amphetamine (34%) and heroin (16%).⁷

Also of concern is the continued evidence that polysubstance use is a growing and significant public health issue in British Columbia. Among the drug types involved in illicit drug toxicity deaths, methamphetamine has increased from 14% in 2012 to 38% in 2019. Cocaine, heroin, and other opioids have steadily declined from 2012 to 2019; however, cocaine remains involved in 50% of illicit drug toxicity deaths in 2019.⁸

⁶ BC Coroners Service, 2020b.

⁷ BC Coroners Service, 2020a.

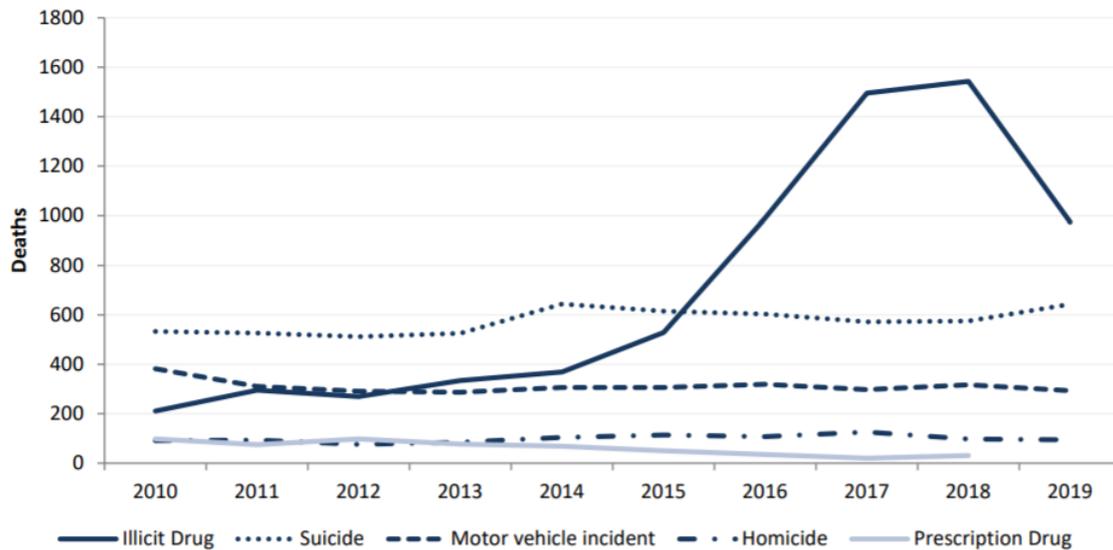
⁸ BC Coroners Service, 2020a.



Source: BC Coroners Services, 2020b.

Comparison to Other Common Causes of Unnatural Deaths from 2010 to 2019:

Figure 2: Major Causes of Unnatural Deaths in BC



*Prescription drug toxicity deaths (accidental and undetermined) include cases where only a prescription drug is involved and reported for closed investigations only to 2018.

Source: BC Coroners Services, 2020a.

Death Events Averted

The BC Centre for Disease Control has continued the work of estimating the number of death events averted as a result of the rapid expansion of evidence-based harm reduction and treatment services. Since April 2016, the expansion of naloxone availability and overdose prevention services, and efforts to connect people to treatment have averted nearly 6,000 deaths.⁹

2019 Progress Highlights

- 232,312 take-home naloxone kits shipped to 1,697 sites in BC
- 32 overdose prevention and supervised consumption sites received 853,626 visits with 4,792 overdoses survived at these sites and zero deaths
- 613 Facility Overdose Response Box Sites, over 1,400 overdoses survived at these sites since 2016.
- In December 2019, 22,877 clients were dispensed Opioid Agonist Treatment (OAT), up from 21,541 in December 2018.
- The number of clients dispensed injectable opioid agonist treatment (iOAT) rose from 128 to 262 and planned capacity in the tablet injectable opioid agonist treatment program increased from 50 to 335.
- From May 2017 to December 31, 2019 the Provincial Overdose Mobile Response Team provided 13,236 services to 1,572 agencies and 26,101 people in 89 communities throughout B.C.
- Translated webpages on StopOverdoseBC.gov.bc.ca received over 4,500 visits and the campaign reach included over 4 million impressions (times viewed) in social media ads.
- The StopOverdoseBC website launched a bi-weekly newsletter to 1,300+ subscribers and between August-December the StopOverdoseBC website received over 30,000 pageviews.
- The number of community action teams rose from 20 to 35.
- Since April 2016, the expansion of naloxone availability and overdose prevention services, and efforts to connect people to treatment have averted nearly 6,000 deaths.

Key Areas of Focus and Summary of Progress Since the 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.

⁹ BCCDC. (2019). *Deaths Averted: British Columbia report*.

Progress since the last report.

- In 2019, 232,312 THN kits were shipped to 1,697 sites throughout BC, including 20 correctional facilities, 86 hospitals and emergency departments, 718 community pharmacies and 154 First Nations sites.¹⁰
- In 2019, there were 32 supervised consumption and overdose prevention services in BC (11 supervised consumption services and 21 overdose prevention services).
- In 2019, there were 853,626 visits to overdose prevention service and supervised consumption service sites in BC with 4,792 overdoses survived at these sites and zero deaths.
- By the end 2019, there were over 613 Facility Overdose Response Boxes (FORB) sites in BC. These boxes, containing naloxone and supplies for free, are sent to not-for-profit community-based organizations where staff work with clients at risk of an opioid overdose.¹¹ Over 1,400 overdoses have been reversed at these sites since 2016.
- In October 2019, in response to new research revealing that people who smoke or snort drugs are half as likely to carry life-saving naloxone medication, the BC Centre for Disease Control issued a new release reminding people who use drugs to get trained in how to respond to an overdose and to pick up a Take Home Naloxone kit.¹²
- During the fall of 2019, the BC Centre for Disease Control (BCCDC) released several knowledge products based on findings from the BC Provincial Overdose Cohort¹³ including: incarceration history and risk of overdose related death; an update to a previous review of prescription history and toxicology findings among people who died of an overdose; and, a new knowledge product about the declining transport to hospital for paramedic attended overdose events.
- A study completed by Interior Health, Vancouver Coastal Health (VCH) and the BCCDC concluded that take-home drug checking indicated a positive result for fentanyl in opioid samples at a similar rate as on-site testing at community-based agencies. As a result, the availability of test strips at a broader range of community-based services is currently being scaled up in VCH and the Interior.¹⁴
- As of December 1, RCMP and municipal police recorded 678 successful overdose reversals by administering naloxone and 9,454 members (sworn and civilian) have received naloxone training.
- In October 2019, the First Nations Health Authority (FNHA) hosted a "Not-Just-Naloxone" gathering for Elders aimed at building community capacity for harm

¹⁰ BCCDC. *Take-Home Naloxone Program in BC*. Available at: <https://towardtheheart.com/thn-in-bc-infograph>

¹¹ BCCDC. (2020). *Overdose Response Indicators*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators>.

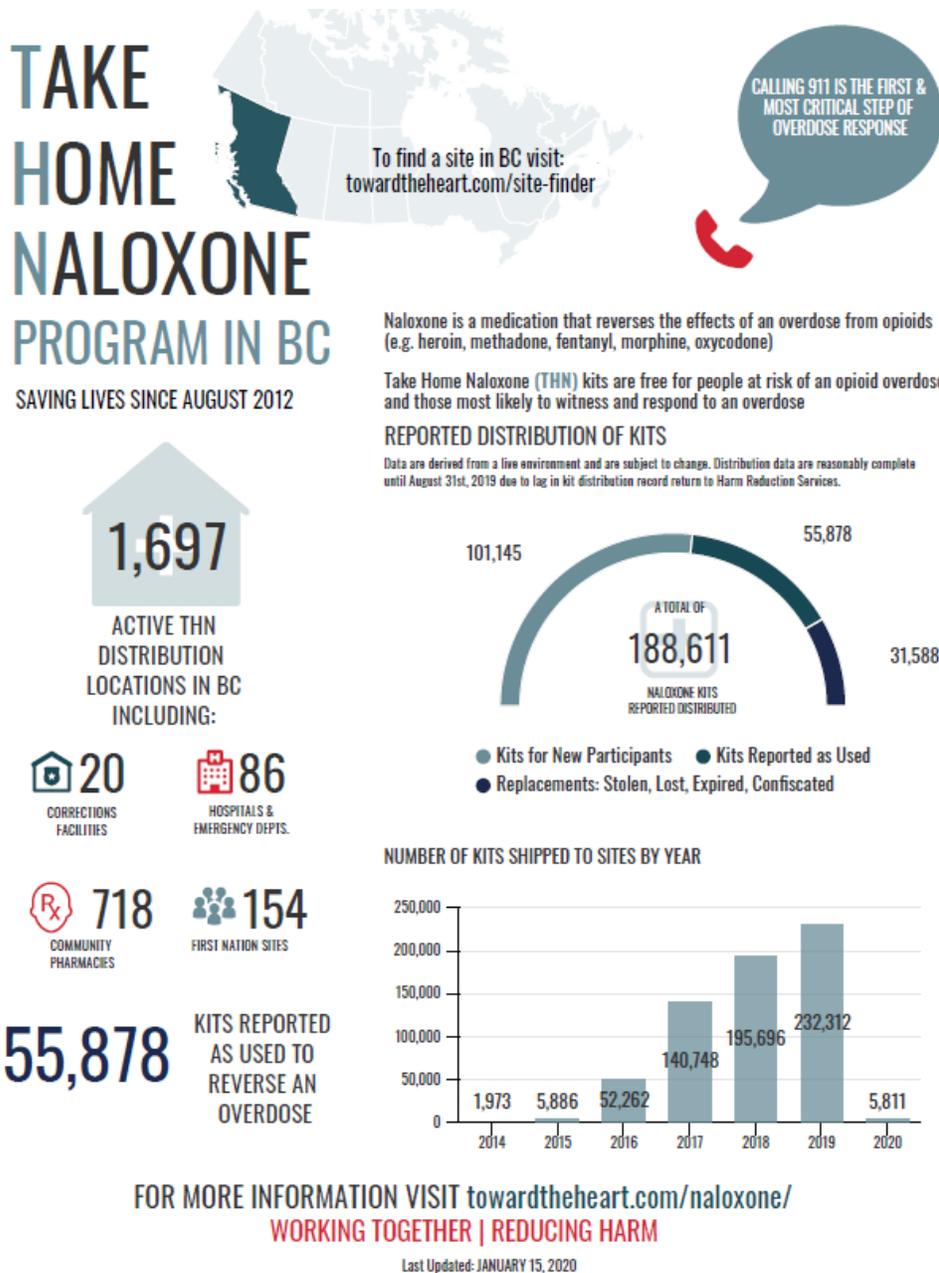
¹² BCCDC. (2019, October 23). *Get naloxone – no matter how you choose to consume*. Available at: <http://www.bccdc.ca/about/news-stories/news-releases/2019/get-naloxone-%E2%80%93-no-matter-how-you-choose-to-consume>

¹³ The B.C. Provincial Overdose Cohort is a set of linked datasets related to overdose events, including overdose-related deaths, ambulance, emergency room, hospital, physician, and prescription records. The datasets were brought together to better understand factors associated with overdose in order to target provincial, regional, and local response activities.

¹⁴ <http://www.vch.ca/public-health/harm-reduction/overdose-prevention-response/drug-checking>

reduction. In November 2019, FNHA facilitated a dialogue with Indigenous women who use drugs in the Downtown East Side to begin an urban response to the crisis. In the same month, the First Nations Health Authority's Compassion, Inclusion and Engagement (CIE) initiative released small CIE flexible grants to support the work of CIE participants.

- In October 2019, Interior Health launched its #NaloxoneChallenge in Penticton and Princeton, in addition to the long-running challenge in Vernon.
- From May 2017 to December 31, 2019 the [Provincial Overdose Mobile Response Team](#) provided 13,236 services to 1,572 agencies and 26,101 first responders, front-line workers and people with lived or living experience/peers affected by the overdose crisis in 89 communities throughout B.C.
- As of October 15, as part of the suite of wraparound mental health and substance-use services at Providence Health Care, the HUB ED at St. Paul's Hospital saw an average daily occupancy rate of 90% and the Vancouver Police Foundation Transitional Care Centre was operating at 92.8%. By the end of 2019, the Rapid Access Addictions Clinic had supported more than 6,000 clients since opening in September 2016, seeing an average of 40 new patients each week and 2,200 people referred to the community for ongoing care.



2. **Ending Stigma:** 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 Ministry of Mental Health and Addictions (MMHA) launched a [public information campaign for Punjabi and Chinese Canadian community members](#) to decrease language barriers that limit access to life-saving information and address the shame and blame often associated with substance-use challenges.

- Print resources that address many topics related to the overdose crisis are now available in multiple languages. They have been shared with a wide network in BC and can be ordered by request from stopoverdosebc@gov.bc.ca. Over 34,500 resources were shipped between August – December to community organizations across BC.
- MMHA participated in multiple community events with the Vancouver Canucks, BC Lions and Vancouver Warriors. These partners help provide greater reach to men aged 19-59.
- Through [*Pathway to Hope: A Roadmap for making mental health and addictions care better for people in British Columbia*](#), the Province is building a Provincial Peer Network of people with lived and living experience. This network provides funding and capacity building for organizations of people who use drugs and people in recovery to learn from their expertise and ensure that the provincial overdose emergency response is even more effective in saving lives and connecting people to harm reduction, treatment and recovery.
- In this period, the Overdose Emergency Response Centre (OERC) worked with regional health authorities to support implementation of peer coordinators or peer related supports for substance use. With this funding, peers will support peer engagement across the substance use treatment system of care including ensuring people with lived and living experience participate in planning and policy matters affecting their lives.
- In the fall of 2019, the OERC worked in partnership with Urban Matters to host the first Rural and Indigenous Overdose Action Exchange meeting. This day of conversations included collaborative and compassionate conversation on stigma and shame, educational opportunities within and across communities, developing creative solutions and regionally specific strategies. This exchange generated a series of follow-up actions that guide the work of the OERC.

3. **Building a network of evidence-based treatment and recovery services:**

Evidence-based services that support people living with opioid use disorder (OUD) and at risk of overdose.

Progress since last report:

- During the month of December 2019, 22,877 clients were dispensed any Opioid Agonist therapy (OAT) up from 14,744 in January 2015, and 21,541 in December 2018. Increasing access to OAT, including buprenorphine/naloxone and methadone, has been an important part of the overdose response. The number of individuals on OAT and the numbers of providers continues to increase each month.
- Tablet injectable opioid agonist treatment (TiOAT) is a program model of “as needed” medication for treatment of opioid use disorder and is a lower barrier, more flexible alternative to traditional iOAT. In January 2019, the Portland Hotel Society (PHS) launched a program at the Molson Overdose Prevention Site

(OPS) in Vancouver using hydromorphone tablets as part of the iOAT continuum of care. In November 2019, government approved the expansion of TiOAT from 50 patients to 335 in Vancouver Coastal and Interior Health Authorities (Kamloops).

- The BC Centre on Substance Use (BCCSU) continues to support education of substance use service providers through its Provincial Opioid Addiction Treatment Support Program and its Addiction Care and Treatment Online Certificate program.
- The BCCSU released an interim update from its Short Cycle iOAT evaluation. Findings from 91 participants include self-reported decreases in illicit opioid use during while being prescribed iOAT.¹⁵
- Specialized hospital zones to provide mental health and substance use care in Fraser: one of the busiest emergency departments in the province has a new zone designed to better support people who come to the hospital with a mental health or substance use concern. Staff at Burnaby Hospital will now provide specialized care in a calm, therapeutic space, separate from the fast-paced emergency department. This is the fourth zone of its kind in Fraser Health. Burnaby Hospital joins Abbotsford Regional Hospital, Royal Columbian Hospital and Surrey Memorial Hospital in delivering this specialized care.¹⁶

1. Saving Lives

BC Centre for Disease Control Knowledge Products

On October 31, 2019, the BCCDC released a review of incarceration history and risk of overdose-related death. This review found that among individuals in the BC Provincial Overdose Cohort,¹⁷ persons with criminal justice system involvement are more likely to have an overdose related death than the general population.¹⁸

A review of prescription history and toxicology findings among people who died of an illicit drug overdose in BC during 2015-2017 found that 7% had been prescribed opioids found to be relevant to death. Methadone was relevant to death in a low proportion of cases (6%); 3.7% of people had a methadone prescription at the time of death. The use of non-prescribed methadone may be an important way that people are managing opioid use and reduction of harm in situations where they do not wish to access clinical

¹⁵ BCCSU. (2020). *Short cycle iOAT Evaluation: Baseline Interview Interim Results – Key Findings from qualitative and quantitative baseline interviews with iOAT clients*. Available at: <https://www.bccsu.ca/wp-content/uploads/2020/02/BC-iOAT-Short-Cycle-Brief-Summary-February-2020.pdf>

¹⁶ Fraser Health. (2019). *New Zone at Burnaby Hospital provides specialized care to patients experiencing a mental health or substance use crisis* (media release). Available at: <https://www.fraserhealth.ca/news/2020/Jan/burnaby-hospital-new-zone-mental-health-substance-use-crisis#.XkMf0c5KiUk>

¹⁷ The B.C. Provincial Overdose Cohort is a set of linked datasets related to overdose events, including overdose-related deaths, ambulance, emergency room, hospital, physician, and prescription records. The datasets were brought together to better understand factors associated with overdose in order to target provincial, regional, and local response activities.

¹⁸ Gan, W, Slaunwhite, A, Kinner, S, et al. Demographic Factors. (2019). *Incarceration History and Risk Of Overdose-Related Death (Knowledge Update)*. Vancouver, BC: BC Centre for Disease Control. Available at: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/20191104_BCCDC%20Knowledge%20Update_Incarceration%20History%20and%20Demographics%20among%20people%20who%20overdose.pdf.

services. Results suggest that that it is important to decrease barriers to medically supervised opioid agonist treatment (OAT).

Take Home Drug Testing Kit Pilot Project

Vancouver Coastal Health, Interior Health and the BCCDC launched a pilot project to support people at risk of overdose to access publicly funded take-home drug checking kits containing immunoassay fentanyl test strips. Available evidence suggests that drug checking services can save lives by providing people with information about the substances that they intend to consume.¹⁹

The research study was conducted from April to July of 2019 and provided participants with free take-home drug checking kits, each containing five fentanyl test strips, instructions, and a survey. Results from 994 take-home fentanyl test strips used on opioid samples were compared to checks on opioids conducted at health care and community sites during the same time period.

- Take-home drug checking found 89.95 per cent of opioid samples contained fentanyl, while onsite drug checking found 89.14 per cent of samples contained fentanyl.
- 27 per cent of clients using the take-home kit made a safer choice if their substance tested positive for fentanyl. (A safer choice refers to using with a friend, using less of a substance or using more slowly, or taking their substance to an overdose prevention or supervised consumption site for use.)
- 96 per cent of clients said they would use the take-home checking kit again.²⁰

These positive findings have resulted in an expansion of the availability of drug checking strips to a wider range of locations in both Vancouver Coastal Health and Interior Health.

Provincial Mobile Response Team

The Provincial Overdose Mobile Response Team was created in May 2017 with support from the BC Ministry of Health and BC Ministry of Mental Health and Addictions in recognition of the psychosocial impacts the provincial overdose public health emergency is having on first responders, frontline workers and people with lived experience/peers. The purpose of the provincial overdose Mobile Response Team is to give immediate, short-term support to those affected by the public health emergency. This includes people who have been impacted by critical incidents such as multiple overdoses and/or deaths during the course of their work.

The team provides skill-building opportunities to enhance resiliency and the capacity to cope with the trauma from responding to multiple overdoses, deaths and loss. The

¹⁹ Vancouver Coastal Health. (2017, May 15). *Drug checking at Insite shows potential for preventing fentanyl-related overdoses*. Retrieved from: <http://www.vch.ca/about-us/news/news-releases/drug-checking-at-insite-shows-potential-for-preventing-fentanyl-related-overdoses> (accessed Feb. 11, 2020).

²⁰ Interior Health (Feb. 10, 2020). *Take-home drug test stripes another tool to prevent fentanyl overdoses*.

diverse backgrounds of the team include first responders, psychologists, trauma specialists, counsellors and art therapists.²¹

From May 2017 to December 31, 2019, the [Provincial Overdose Mobile Response Team](#) provided 13,236 services to 1,572 agencies and 26,101 people in 89 communities throughout B.C.

2. Ending Stigma

In July 2019, MMHA launched a new Courageous Conversations campaign in Punjabi, Simplified Chinese and Traditional Chinese to increase access to life-saving information and address the shame and blame often associated with substance-use challenges.

The campaign was developed with the support of advisory groups; the first phase ran for four-weeks, with a second wave in a later month. Promotions included radio, social media, digital ads, print distribution, and posters in out-of-home media like bars and restaurants. The translated webpages on [StopOverdoseBC.gov.bc.ca](#) have received over 4,500 visits and the campaign reach included over 4 million impressions (times viewed) in social media ads.

The Ministry continues to work closely with the Vancouver Canucks, BC Lions and Vancouver Warriors to reach men 19-59 who are at increased risk of overdose. In addition to activation in the arenas, the teams lend their support with celebrity sport ambassadors to the *Why This Matters* video series in specific sports media outlets. Collectively, the videos have received over 4 million views.

The [StopOverdoseBC](#) website launched a bi-weekly newsletter to 1,300+ subscribers that shares information on stigma, harm reduction, provincial and community services and showcases stories from people with lived/living experience. Between August-December, the [StopOverdoseBC](#) website received over 30,000 pageviews.

3. Building a network of evidence-based treatment and recovery

Expanding access to treatment services

During the month of December 2019, 22,877 clients were dispensed any opioid agonist treatment (OAT) up from 14,744 in January 2015, and 21,541 in December 2019. The number of health care providers prescribing opioid agonist treatment increased from 773 in June 2017 to 1,391 in December 2019. The number of OAT clients and the number of providers continues to increase each month. Suboxone® and Kadian® are increasing faster than methadone, as expected.

As of October 1, 2019, B.C. allows exceptional access and PharmaCare coverage for compounded methadone as a treatment option for people living with opioid use disorder who are not able to tolerate the commercially prepared methadone products.

²¹ PHSA. (2020). *Provincial Overdose Mobile Response Team*. Available at: <http://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-overdose-mobile-response-team>

BC has increased access to injectable opioid agonist treatment (iOAT) in all health authorities with the exception of Northern. Clinics are located in high-need communities as determined by overdose surveillance data, including Surrey, Kelowna, Victoria and multiple Vancouver locations. Subsequent to the positive trial results and availability of prescriber training through the BCCSU, the number of people receiving iOAT (both hydromorphone and diacetylmorphine products) from these programs has increased from 128 individuals in May 2019 to 262 as of December 2019.²²

Tablet injectable opioid agonist treatment (TiOAT) is a program model of “as needed” medication for treatment of opioid use disorder and is a lower barrier, more flexible alternative to traditional iOAT. In January 2019, the Portland Hotel Society (PHS) launched a program at the Molson Overdose Prevention Site (OPS) in Vancouver using hydromorphone tablets as part of the iOAT continuum of care. In November 2019, government approved the expansion of TiOAT from 50 patients to 335 in Vancouver Coastal and Interior Health Authorities (Kamloops). Funding has also been provided to Fraser Health to implement TiOAT programming.

Provider education/training

As of June 5, 2017, the BCCSU became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat OUD. Healthcare professionals from various disciplines have benefited from the education opportunities, including physicians, nurses, pharmacists, social workers, and other allied health care professionals. The BCCSU also supports education of substance use service providers through its Provincial Opioid Addiction Treatment Support Program and its Addiction Care and Treatment Online Certificate program.

- More than 3,200 prescribers have enrolled in the BCCSU Provincial Opioid Addiction Treatment Support Program and are supported by 113 preceptors located throughout the province.
- The Centre’s Addiction Care and Treatment Online Certificate has had more than 11,200 registrants since launching in February 2019.
- More than 450 practitioners have completed training to prescribe OAT through the BCCSU. Of those who have completed the training, 101 are nurse practitioners. In addition, 48 prescribers have completed training in injectable opioid agonist treatment.

4. Addressing the Full Range of Supports and Social Factors

The province’s Community Crisis Innovation Fund program continues to support innovative approaches to addressing the overdose emergency. The fund has an annual budget of \$6 million as part of the Government of British Columbia’s \$746 million commitment to address the overdose emergency. Led by the Overdose Emergency Response Centre (OERC), the fund is used to introduce targeted community-based

²² BCCDC. (2020). *Number of Clients Dispensed OAT*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#OAT>.

action on prevention or early-intervention programs, or innovative harm-reduction and treatment approaches to keep people safe and support people seeking help. Projects must have immediate impact on the ground, have potential for scale-up, be evidence informed, and involve or address needs of people with lived and living experience and/or Indigenous communities.

The Community Crisis Innovation Fund supports a range of initiatives including Community Action Teams. These Teams have been established in priority communities as part of the escalated response to the overdose emergency. Teams, comprised of a range of local stakeholders, work to intervene quickly to save lives and deliver proactive and comprehensive support to people at risk of overdose. CATs spearhead local coordination and communication to mount a robust response to the needs of those most at risk of overdose within their communities. CATs work closely with health authority regional response teams and 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.

CATs have assisted BC communities in their response to dual public health emergencies with innovative and flexible solutions, including the servicing of hygiene stations, providing flexible outreach services and disseminating up to date public health information. In the fall of 2019, Community Actions Teams grew from 20 to 35.

The Fund has also been used to support community wellness and harm reduction grants for 27 communities and 24 local governments to save lives, address stigma, connect more people to treatment and recovery, and bolster harm reduction initiatives.

5. Advancing Prevention

Budget 2019 provided \$74 million over three years to implement *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia*. The Roadmap sets the long-term direction for a new system of care, with an emphasis on prevention, promotion and early intervention, that builds on existing initiatives and implements new, innovative approaches to mental health and substance use care. The Roadmap lays out government's 10-year vision for mental health and addictions care that gets people the services they need in order to tackle problems early on and support their well-being.

The immediate three-year focus is on improving wellness of children, youth and young adults, supporting Indigenous-led solutions and improving access and quality of care.

The Roadmap also builds on the ongoing work to address the overdose crisis by starting to establish improved systems of addictions care.

6. Improving Public Safety

In early 2018, the Ministry of Mental Health and Addictions (MMHA), in partnership with the Ministry of Public Safety and Solicitor General (PSSG), initiated the Policing Referrals to Substance Use Systems of Care Pilot (Policing Pilot).

The Policing Pilot involved supporting local policing and regional health authority partnerships in order to connect people at risk of overdose to substance use care and support. Policing Pilots were established in three communities in British Columbia (B.C.): Abbotsford, Vancouver and Vernon. The Vancouver pilot launched in summer 2018, and the Abbotsford and Vernon Policing Pilots were launched in December 2018.

The pilot projects respond to the reality that people with recent involvement with the criminal justice system are at vastly greater risk of overdose death than those who have not been recently involved. A recent analysis demonstrated that people with a provincial incarceration history between 2010-2014 were 4.1 times more likely to die from an overdose-related cause compared to people without any incarceration history.²³ The aim was to pilot approaches that enable police officers to direct timely referrals for people at high risk of overdose to the local substance use system of care to reduce the number of overdoses.

A 2019 evaluation of these projects found that peer models, where people with lived experience provided peer support and navigation, were highly successful at engaging individuals in services. These referral projects were also successful at developing clear referral pathways to health care services between police and people who use drugs and had a positive impact on police perceptions of people who use drugs.

Conclusion

Despite declines in overdose-related deaths in 2019, British Columbians continue to experience unprecedented rates of overdose-related harms due to an unregulated drug supply that is unpredictable and highly toxic affecting all parts of the province. With significant new investments in accelerated cross-sector actions, the Ministry of Mental Health and Addictions is working closely with the federal government, local governments, the Provincial Health Officer, other provincial government ministries, health authorities, the First Nations Health Council, First Nations Health Authority and other Indigenous organizations such as Metis Nation BC, and community partners to continue to take action to ensure a comprehensive and robust response to the overdose emergency.

²³ BCCDC. (2019). *Knowledge Update: Demographic Factors, Incarceration History and Risk of Overdose-Related Death*. Available at: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/20191104_BCCDC%20Knowledge%20Update_Incarceration%20History%20and%20Demographics%20among%20people%20who%20overdose.pdf