

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

---

Progress Update

**February/March 2018**



Ministry of  
Mental Health  
and Addictions

## BACKGROUND

British Columbia continues to experience an unprecedented number of preventable illegal overdose deaths. Data from the BC Coroners Service reports 1,446 people died a preventable overdose death in 2017. Although it cannot be known how many overdose events are reversed, because not all overdoses are reported, it is estimated that for every fatal overdose there are 10 non-fatal overdoses. This assumption suggests that over 14,000 non-fatal overdoses occurred in 2017.

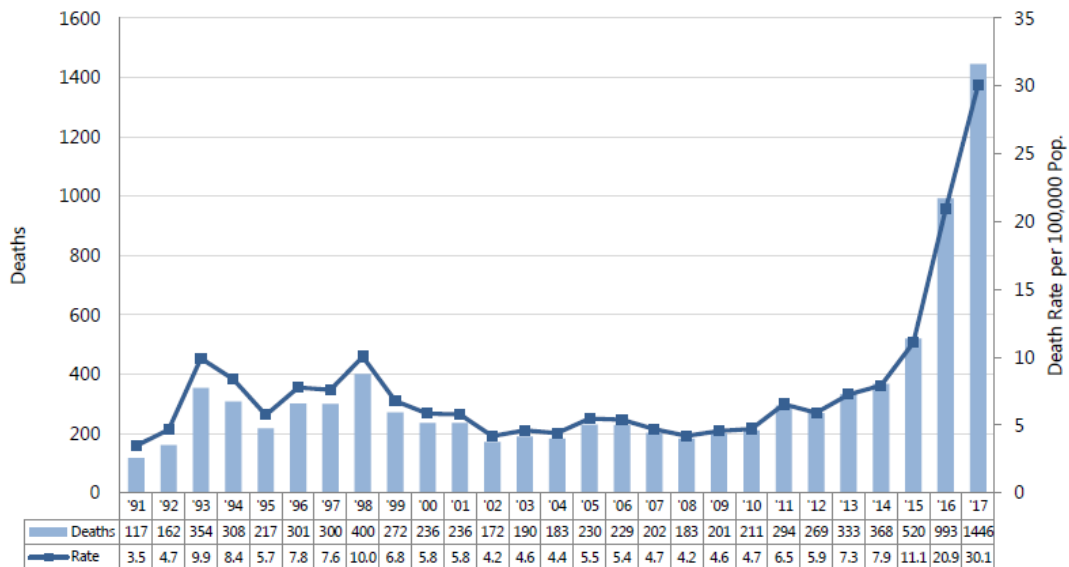
### Overdose Statistics from January and February 2018

In January 2018, 126 people died from an illegal drug overdose. This is a 12% decrease from January 2017 (142); however, it is a 25% increase over the number of deaths that occurred in December 2017 (99) and is the highest number of deaths in a month since May 2017 (140). In February 2018, 102 people died from an illegal drug overdose. This is a 16% decrease from February 2017 (122) and a 19% decrease from January 2018.

About half of the people who died in January and February were between the ages of 19 and 39, with the vast majority (90%) of overdose deaths overall occurring among those aged 19 to 59. Males continue to be disproportionately impacted by overdose deaths.

The vast majority of overdose deaths in January and February 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 Coroner’s report at:

<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>



**Figure 1: Illegal Drug Overdose Deaths in B.C.**  
(BC Coroners Service, January 1, 2007 – February 28, 2018)

Responding to B.C.’s Illegal Drug Overdose Epidemic  
Progress Update – February/March 2018

## BC Coroners Service Death Review Panel on Overdose Deaths

---

In October 2017, the BC Coroners Service held a death review panel on illegal drug overdose deaths. The panel was comprised of professionals with expertise in drugs and addictions, medicine, public health, regulatory practices, Indigenous health, child welfare, education, corrections, and law enforcement. The panel reviewed the circumstances of 1,854 overdose deaths that occurred between January 1, 2016 and July 31, 2017. This review provided panel members with valuable information to consider in the course of determining what further could be done to prevent overdoses and overdose deaths.

On April 5, 2018, the Coroners Service released a report that outlined the findings of the review and related recommendations. The review found that:

- A substantial number of overdose deaths occurred among persons with recent health care and/or recent or previous B.C. Corrections involvement;
- The vast majority of overdose deaths occurred among persons who used substances regularly;
- Most overdose deaths occurred among persons using alone;
- The majority of overdose deaths occurred in private residences;
- The identification of illicit fentanyl in overdose deaths continues to rise;
- Many of the decedents had sought treatment services in the past and experienced relapses;
- Opioid agonist therapies are an effective component of an opioid use disorder treatment continuum; and,
- There are no provincial regulations for evidence-based standards for addiction treatment.

The panel put forward three recommendations with several priority actions to the Chief Coroner:

1. Ensure accountability for the substance use system of care
2. Expand opioid agonist treatment and assessment of substance use disorders
3. Expand drug use safety options

The government is currently reviewing the recommendations. For more information and to read the report, visit: <https://news.gov.bc.ca/releases/2018PSSG0019-000572>

## Targeted Investments from the Provincial and Federal Government

---

On February 20, 2018, the Province announced its 2018 Budget which included historic investments in housing and child care, which have direct links to people's mental and physical well-being. For more information, visit: <https://news.gov.bc.ca/releases/2018FIN0005-000238>.

On February 27, 2018, the federal government tabled its 2018 Budget, which commits \$231.8 million over the next five years to address Canada's mounting opioid crisis. For more information, see: <https://www.budget.gc.ca/2018/home-accueil-en.html>.

- \$150 million in emergency funding for provinces and territories to increase access to evidence-based treatment;
- \$13.5 million towards innovative approaches to treatment and prevention through Health Canada's Substance Use and Addictions Program;
- \$18.7 million over five years to address stigma faced by people who use drugs, including launching a new national, multi-year public education campaign to help reshape Canadians' attitudes and perceptions about people who use drugs;

---

Responding to B.C.'s Illegal Drug Overdose Epidemic  
Progress Update – February/March 2018

- \$31.6 million to equip border officers with tools to intercept fentanyl and other dangerous substances at the border; and
- \$17.9 million to expand the evidence base to inform and evaluate our response to the opioid crisis, including accelerating access to public health data and analysis.

## **Pacific Coast Collaborative Commitment to Address the Overdose Crisis**

---

On March 16, 2018, Premier John Horgan, the governors of Oregon and Washington, and the California secretary for environmental protection met to mark the 10th anniversary of the Pacific Coast Collaborative and identify opportunities to further strengthen collaboration. The jurisdictions committed to ending the stigma and discrimination associated with addiction and substance use disorders, and to identify areas of future co-operation that will enable an effective and compassionate response to the overdose crisis. To read the statement, see the Collaborative's [Overdose Statement of Agreement](#).

## **National Report on Opioid Related Deaths**

---

On March 22, 2018, the Public Health Agency of Canada released updated data on apparent opioid related deaths from January 2016 to September 2017. Although there are clear differences in death rates and substances involved across the country, the report shows that opioid related deaths are increasing across Canada. According to the report:

- in 2016, there were 2,946 apparent opioid related deaths in Canada
  - 88% were accidental (unintentional)
- from January to September 2017, there were at least 2,923 apparent opioid related deaths; 92% were accidental
  - 72% of accidental apparent opioid related deaths involved fentanyl or fentanyl analogues, compared to 55% in 2016
  - most accidental apparent opioid related deaths occurred among males (76%) and among individuals between the ages of 30 and 39 (28%).

To read the full report, please see: <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-march-2018.html>

## 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:**

- The Province provided the First Nations Health Authority with \$20 million in funding over three years to support First Nations communities and Indigenous Peoples to address the ongoing impacts of the overdose crisis.
- Community Action Teams are being established in 18 high need communities across the province to escalate action at the local level to save lives and fast track paths to recovery. \$3 million in funding was announced to support these teams and additional communities who are not immediately establishing Community Action Teams. An additional \$6 million has been allocated to the Community Crisis Innovation Fund for communities in both 2018/19 and 2019/20.
- The number of distribution sites for Take Home Naloxone kits increased from 1,028 to 1,453 (an increase of 41%).
- Drug checking initiatives continue to provide valuable information to both people who use drugs and policymakers.
- Health Canada has provided the BC Centre for Disease Control with \$1.4 million in funding to pilot a project that would dispense oral hydromorphone pills to people who use opioids obtained from the illegal drug supply.
- Public safety initiatives have continued to interdict illegal street drugs with large seizures in Victoria and the West Shore.

**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 has partnered with Global News BC to broadcast segments about people living with a substance use disorder so that they can tell their stories.
- The Province's public awareness campaign continues to grow through radio and television ads that 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:**

- As of February 14, 2018, Nurse Practitioner scope of practice has expanded to allow prescription of opioid substitution treatment. Previous to this change, Nurse Practitioners were only able to continue prescriptions written by physicians.

- The number of providers who can prescribe opioid substitution therapy has continued to climb. As a result, the number of people receiving opioid substitution therapy has reached over 27,800 as of January 31, 2018.
  - On March 26, 2018, the federal government made an announcement that it is taking steps to remove barriers that impede prescribing of methadone and diacetylmorphine.
  - Increased education and training in addictions treatment has been made available to health care providers through interdisciplinary addictions fellowships, rural fellowships through the Rural Education Action Plan initiative, online addiction medicine and opioid agonist treatment online training programs and preceptorships, and a range of clinical guidance documents, provider tools and fact sheets available from the BC Centre on Substance Use.
- 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:**
- Vancouver Coastal Health announced three new homes for inadequately housed youth and young adults with mental health and substance use challenges.
  - Over 300 agencies and over 2,500 individuals have received psychosocial support from the Mobile Response Team.

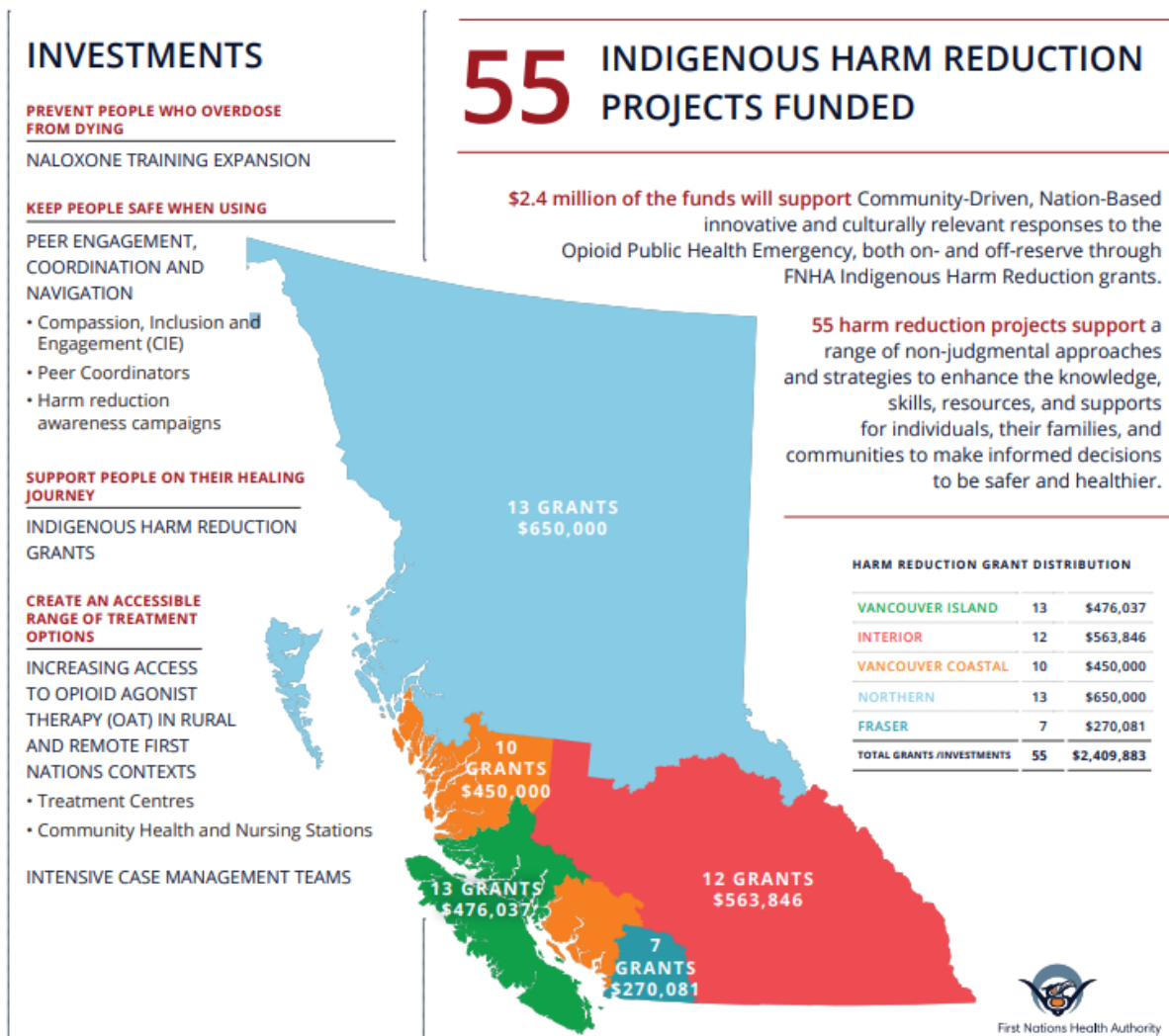


# 1. SAVING LIVES

## *\$20 Million in Funding for the First Nations Health Authority to Address the Overdose Crisis*

Data shows that both fatal and non-fatal overdose events disproportionately impact First Nations and Indigenous Peoples in the province. Alongside ensuring all of the Province’s actions align with the First Nations Health Authority’s *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations*, the Province has [allocated \\$20 million in funding over three years](#) to the First Nations Health Authority to support First Nations communities and Indigenous Peoples to address the ongoing impacts of the overdose crisis.

Already this year the First Nations Health Authority has granted \$2.4 million in funding for 55 Indigenous Harm Reduction projects (see the infographic below). Other investments will be allocated to the goals in the Framework for Action: prevent people who experience an overdose from dying, keep people safe when using, support people on their healing journey, and create an accessible range of treatment options.



Responding to B.C.’s Illegal Drug Overdose Epidemic  
 Progress Update – February/March 2018



### ***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 18 high need communities to intervene early and rapidly on the ground with life-saving responses and proactive treatment and support.

The communities were 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
- Victoria
- Surrey
- Maple Ridge
- Chilliwack
- Nanaimo
- Campbell River
- Kelowna
- Vernon
- Prince George

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.

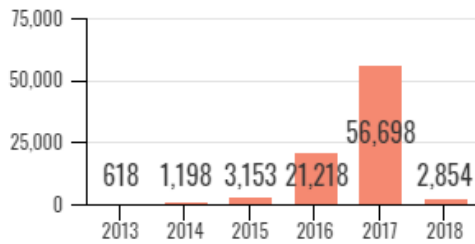
Communities establishing Community Action Teams are eligible to apply for up to \$100,000 per community in grant funding through the Community Crisis Innovation Fund Overdose Emergency Response Centre Community Action Team Grants, with \$1.5 million allocated for the 2017/18 fiscal year. Communities not establishing Community Action Teams are eligible to apply for \$1.5 million in funding through the Community Crisis Innovation Fund. Over the next two years, an additional \$6 million will be available through the Community Crisis Innovation Fund to provide additional funding to communities.

For more information, see: <https://news.gov.bc.ca/releases/2018MMHA0002-000137>

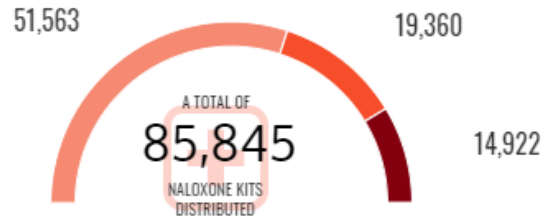


### Broader Access to Take Home Naloxone

Since 2013, over 85,800 Take Home Naloxone kits have been distributed free of charge. More than 19,300 kits have been reported as used to reverse an overdose since the inception of the program.



NUMBER OF KITS DISTRIBUTED BY YEAR



- Kits for New Participants
- Kits Reported as Used
- Replacements: Stolen, Lost, Expired, Confiscated

#### INCLUDING



Source: TowardtheHeart.com

### Drug Checking as a Harm Reduction Intervention and Early Warning Tool

Drug checking is a harm reduction initiative in that it provides information about a given substance. This information helps to answer questions such as:

- What substance do people think they have?
- What substance do they actually have?
- What will they do now that they know what substance they have?

Insite and the Powell Street Getaway were provided with Fourier Transform Infrared Mass Spectrometers to supplement drug checking with fentanyl test strips in October 2017. Between October 31, 2017 and March 5, 2018, 1,021 checks have been run using these machines.

Drug checking is also an early monitoring and information gathering tool that provides a snapshot of what the illegal drug supply looks like at a given place and point in time. This provides information such as contaminate trends, and provides the foundation for early warnings of new analogues circulating on the street. For example, drug checking in these locations has suggested that street heroin in the

Responding to B.C.'s Illegal Drug Overdose Epidemic  
Progress Update – February/March 2018

Downtown East Side does not actually contain any heroin at all, but rather caffeine, fillers, and fentanyl or fentanyl analogues. Drug checking has also identified that the vast majority of stimulants (e.g., cocaine, methamphetamine) circulating in the Downtown East Side do not contain fentanyl; however, a relatively small percentage has tested positive for opioids, which means there is a risk for overdose.

Currently, the more detailed drug checking services (i.e. the mass spectrometer findings) are limited to the Downtown East Side. However, funding has been secured from Health Canada's Substance Use and Addictions Program to purchase additional mass spectrometers for Fraser Health (Surrey) and Interior Health (Nelson). Drug checking services using fentanyl test strips continue to be available at all overdose prevention and supervised consumption service locations.

### ***Access to Safer Drugs***

Health Canada has provided the BC Centre for Disease Control with \$1.4 million in funding to pilot a project that would dispense oral hydromorphone pills to people who use opioids obtained from the illegal drug supply. The project was announced following a study published in JAMA Psychiatry in 2016, which found hydromorphone to be an effective opioid replacement therapy. Experts say it could also reduce dependencies on contaminated street drugs that may be cut with lethal substances such as fentanyl. The pilot is slated to begin in July 2018.

### ***Enforcement Activities to Protect Public Safety***

While health officials work to address the immediate health needs related to the drug overdose crisis, police throughout the province are working diligently alongside them to stop drug trafficking and the guns, gangs and violence associated with the illegal drug trade.

On February 7, 2018, the Victoria Police seized \$12,000 worth of drugs, including fentanyl, and are recommending four charges against a Victoria man. A day later, West Shore RCMP intercepted a stolen vehicle and discovered a range of illegal street drugs; the driver has been charged with trafficking and is being held in custody pending a court appearance.

## **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 statistics do not lie: 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 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.

Since the last report was published, the Province has partnered with Global News BC to broadcast segments about people living with a substance use disorder so that they can tell their stories. The

---

Responding to B.C.'s Illegal Drug Overdose Epidemic  
Progress Update – February/March 2018

Province’s public awareness campaign also continues to grow through radio and television ads that 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

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.

#### *Expanding Access to Opioid Substitution Therapy: Nurse Practitioners*


As of February 14, 2018, Nurse Practitioners are able to prescribe and initiate patients into treatment for opioid use disorder. Previous to this change, Nurse Practitioner scope of practice was limited to continuing prescriptions written by physicians.

For more information, see: <https://news.gov.bc.ca/releases/2018MMHA0005-000564>.

#### *Expanding Access to Opioid Substitution Therapy: Numbers Continue to Grow*

To give a better sense of longer term growth and availability of opioid substitution therapy, during the month prior to the declaration of the public health emergency (March 2016) there were 19,057 B.C. patients receiving treatment from a total of 401 providers; as of February 28, 2018, there were 29,022 B.C. patients receiving treatment from a total of 1,537 providers.

	As of June 1, 2017 (TOTAL)	As of Feb 28, 2018 (TOTAL)	% change between June 1, 2017 and Feb 28, 2018
# of B.C. providers that prescribed opioid substitution therapy	853	1,537	80%
# of B.C. patients on opioid substitution therapy	22,743	29,022	28%
# of new B.C. patients on opioid substitution therapy	2,472	6,530	164%
# of B.C. pharmacies that dispensed opioid substitution therapy	1,032	1,124	9%



#### *Expanding Access to Opioid Substitution Therapy: Injectable Treatment Options*

A small portion of people who are living with an opioid use disorder do not respond successfully to first line treatment with oral medications (i.e. methadone, buprenorphine/naloxone, and slow-release oral morphine). Injectable treatments (i.e. injectable diacetylmorphine or hydromorphone) are identified as a specialized, intensive last line treatment option for these individuals. Health authorities are working on expanding access to this treatment option.

### ***Expanding Access to Opioid Substitution Therapy: Removing Barriers at the Federal Level***

The Federal Government is removing barriers to accessing diacetylmorphine (prescription heroin) and methadone for the treatment of opioid use disorder. These changes will help people living with opioid use disorder access a more comprehensive array of treatment options.

- 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 prescription medication outside a hospital setting, such as substance use disorder clinics – allowing patients to better balance their daily responsibilities with their treatment.

### ***Provider Education on Addictions and Opioid Substitution Therapy***

Increased education and training in addictions treatment has been made available to health care providers through interdisciplinary addictions fellowships, rural fellowships through the Rural Education Action Plan initiative, online addiction medicine and opioid agonist treatment online training programs and preceptorships, and a range of clinical guidance documents, provider tools and fact sheets available from the BC Centre on Substance Use.

As of February 7, 2018, the BC Centre on Substance Use's Online Addiction Medicine Diploma program has had a total of 6,725 registrants since the course launched in May 2017. Over 950 prescribers have enrolled in the BC Centre on Substance Use's Provincial Opioid Addiction Treatment Support Program.

## **4. ADDRESSING THE FULL RANGE OF SUPPORTS AND SOCIAL FACTORS**

### ***Expanding Access to Services for Inadequately Housed Youth***

On February 7, 2018, Vancouver Coastal Health announced a partnership with the Province and community agencies to provide health care, housing, and other social supports to youth and young adults who are inadequately housed and are living with mental health and/or substance use problems.

Three new homes are now open and ready for youth to move in, including a low-barrier home with five beds in East Vancouver that allows vulnerable teens to move in with their possessions and pet and receive supports and care. It is anticipated that average stay in the low-barrier home will be one month; the young adults will be well connected to services needed to build stable lives.

Two other homes for young adults are now open in Vancouver and provide 10 beds for those aged 16 to 18 and those 19 to 24. A stable housing situation allows these young adults to go to school or work, to connect with family, and learn how to deal with the issues and trauma that led to substance use in ways that are safe and healthy.

### ***Psychosocial Support for Frontline Providers***

Responding to the overdose crisis continues to take a considerable toll on frontline providers. Many of these providers are volunteers who do not have access to employer-paid psychosocial supports. In May

---

Responding to B.C.'s Illegal Drug Overdose Epidemic  
Progress Update – February/March 2018

2017, the Province provided funding to establish a Mobile Response Team under Health Emergency Management BC's Disaster Psychosocial Support Program.

Since the announcement of the Mobile Response Team, services have been delivered across all regions in the province, and include formal and drop-in sessions, assessments, psychosocial education and training, information on how to deal with grief and loss, outreach and referrals, team building, and trauma responses. 308 frontline agencies and over 2,500 helpers, peers, volunteers and staff have received psychosocial support services.

## 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 opioid overdose emergency. The Ministry of Mental Health and Addictions commits to public progress reporting on the four key areas of focus every month for the foreseeable future.