

# Responding to British Columbia's Public Health Emergency

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Progress Update  
**March – July 2019**



Ministry of  
Mental Health  
and Addictions

## BACKGROUND

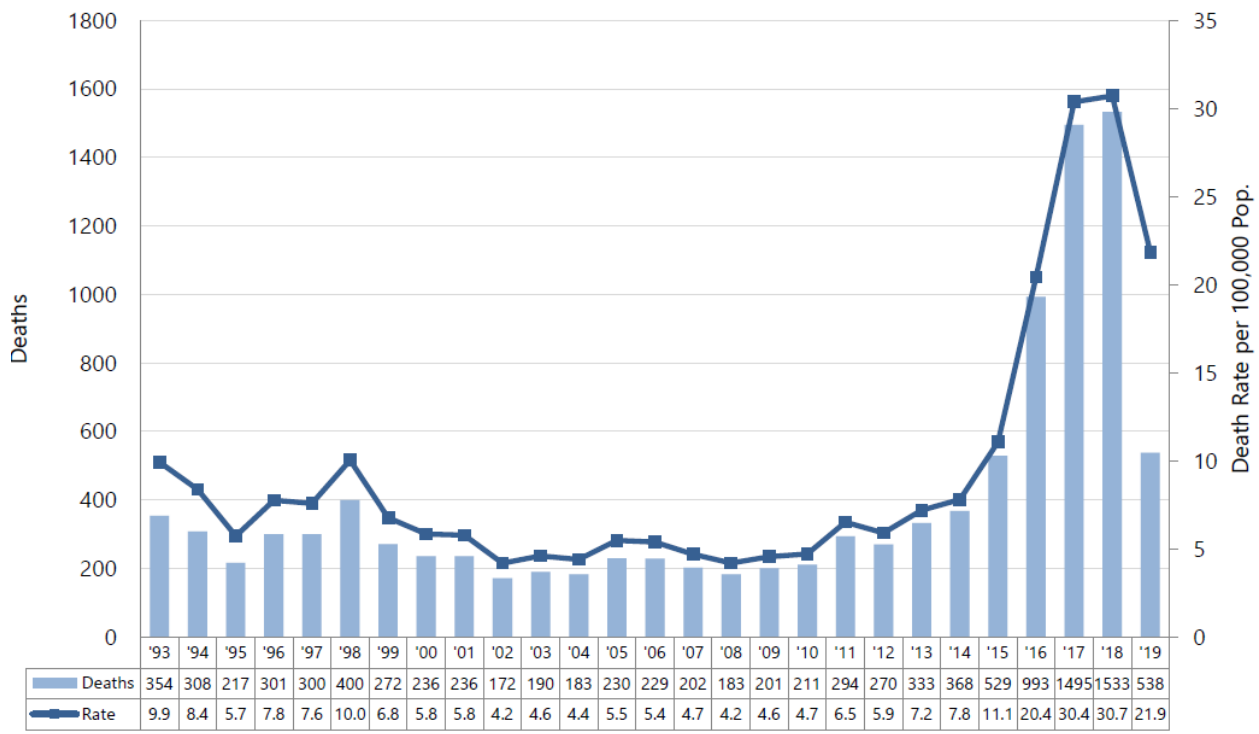
Despite escalated efforts across the province, British Columbians continue to experience unprecedented rates of overdose-related harm including death due to an unregulated drug supply that is unpredictable and highly-toxic. The BC Coroners Service reports that at least 1,533 people died from confirmed or suspected drug toxicity in 2018, an increase from 1,495 in 2017 and 993 in 2016.<sup>i</sup> The rate of fentanyl-detection in confirmed or suspected drug toxicity deaths has increased from 4% in 2012 to 83% in 2019.<sup>ii</sup> Overdose is now the leading cause of unnatural death in British Columbia surpassing homicides, suicides, and motor vehicle collisions combined.<sup>iii</sup> For the first time in decades, life expectancy at birth is declining in British Columbia largely due to the public health emergency.<sup>iv,v</sup>

A public health emergency of this magnitude and complexity necessitates a comprehensive response that embraces innovation while exhausting evidence-based approaches. This report provides an update of recent actions between March and July 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 June 30, 2019

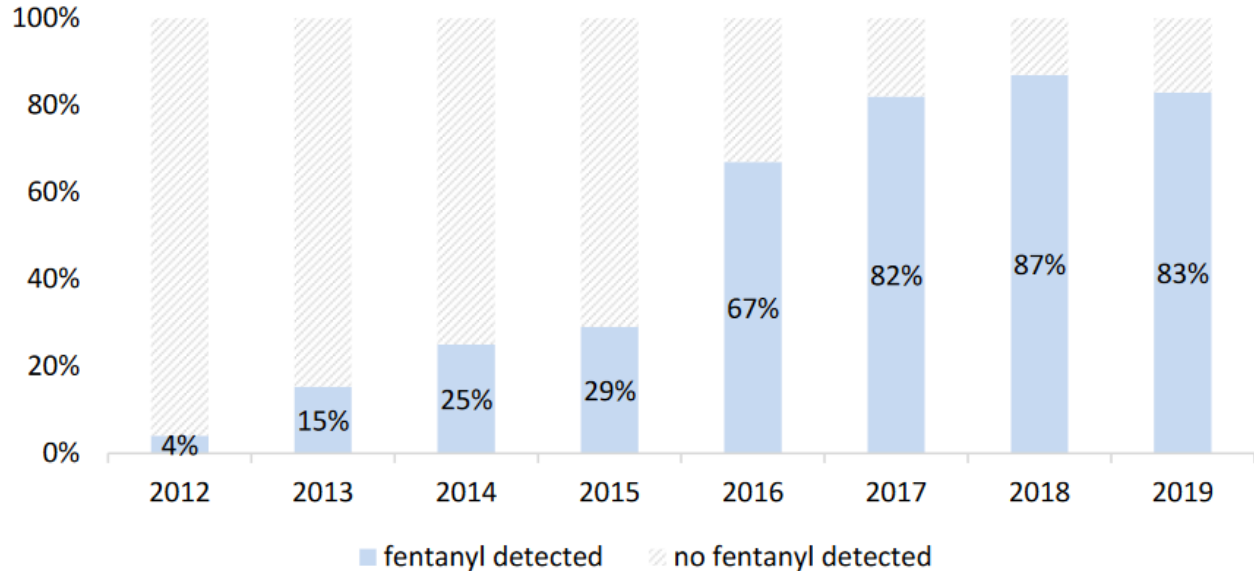
At least 538 people died from confirmed or suspected drug toxicity during the first 6 months of 2019 (97 in January; 80 in February; 114 in March; 88 in April; 86 in May; and 73 in June). This represents a 29% decrease compared to the same period in 2018 when 763 such deaths occurred.<sup>vi</sup> However, due to the short time frame, drug toxicity death-related data should be interpreted with caution and are subject to change as investigations are completed.

**Figure 1: Confirmed or suspected drug toxicity deaths and death rate per 100,000 population, 1993-2019**



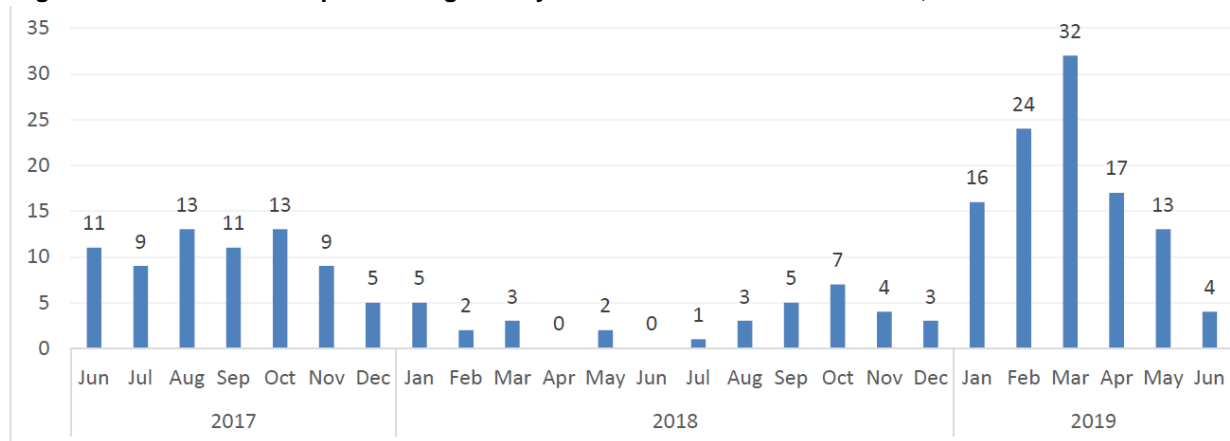
Preliminary data for January to June 2019 suggest that the proportion of confirmed and suspected drug toxicity deaths with fentanyl or its analogues detected (alone or in combination with other drugs) is approximately 83%.<sup>vii</sup>

**Figure 2: Percentage of confirmed or suspected drug toxicity deaths with fentanyl detected, 2012-2019**



A growing concern is a recent 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 106 confirmed or suspected drug toxicity deaths in 2019 an increase from 35 in 2018.<sup>viii</sup>

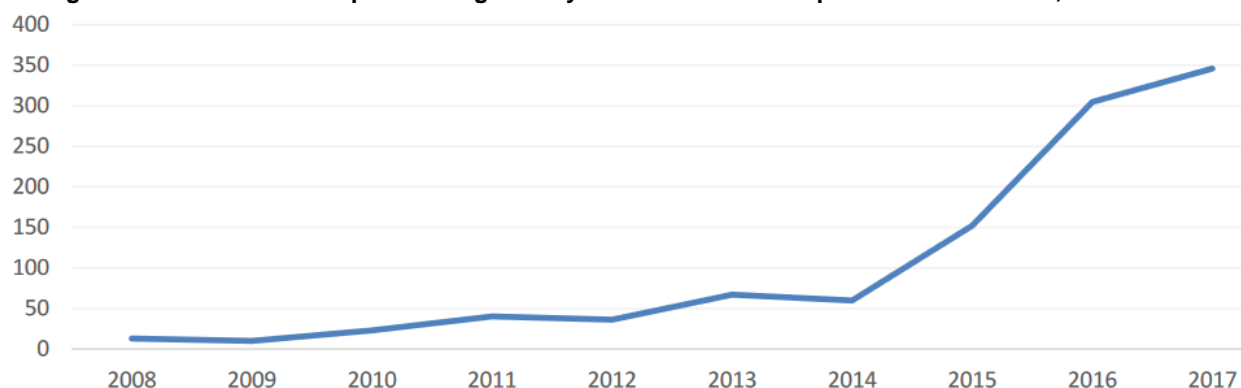
**Figure 3: Confirmed or suspected drug toxicity deaths with carfentanil detected, June 2017 to June 2019**



Also, of concern is the increase in methamphetamine/amphetamine detection in confirmed or suspected drug toxicity deaths in recent years. In 2017, there were at least 346 drug toxicity deaths in which methamphetamines/amphetamines were found to be involved in the death (29% of drug toxicity deaths). The number of deaths has increased over 5 times in three years from 60 deaths in 2014. Fentanyl was also found to be relevant in 87% of drug toxicity deaths where methamphetamines/amphetamines were involved in the death. Cocaine and heroin were found relevant in 31% and 11% of deaths, respectively.<sup>ix</sup>

This data suggests that polysubstance use is a growing and significant public health issue in British Columbia.

**Figure 4: Confirmed or suspected drug toxicity deaths with methamphetamines detected, 2017 to 2017**



## First Nations Health Authority (FNHA) Overdose Data Release

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On May 27, 2019, FNHA released updated data for 2018 detailing the disproportionate impact of the public health emergency on First Nations people living in British Columbia. At least 193 First Nations people died from a suspected overdose in 2018, a 21% increase from 2017. First Nations people accounted for 12.8% of overdose deaths in 2018, or 4.2 times the rate observed among other residents up from 3.4 in 2017. First Nations women continue to be over-represented among overdose deaths compared to other women, accounting for 39% of overdose deaths among First Nations residents. In comparison, women represented only 17% of overdose deaths among other residents. Data also show that the public health emergency is having a disproportionate impact on First Nations living in urban centres or regional hubs (i.e. Vancouver, Surrey, Prince George, Kamloops, and Campbell River). These data do not include non-status First Nations, Métis, or Inuit peoples.

The gap in overdose-related health outcomes between First Nations and other residents continues to increase; much of this gap is a result of systemic racism toward First Nations people which is a barrier to accessing health care, less access to mental health and substance use services that are delivered in a culturally safe and appropriate manner, intergenerational trauma, and gaps in the social determinants of health. FNHA noted that the public health emergency is a severe and growing threat to the health and wellness of First Nations people and communities. The data release is available at:

<http://www.fnha.ca/about/news-and-events/news/first-nations-opioid-overdose-deaths-rise-in-2018>.

## Death Events Averted

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On June 5, 2019, a study estimating the number of death events averted as a result of the rapid expansion of evidence-based harm reduction and treatment services was published in *Addiction*.<sup>x</sup> Led by Dr. Mike Irvine, a postdoctoral fellow at the BCCDC, MMHA, and the Institute of Applied Mathematics at the University of British Columbia, the paper revealed that an estimated 3,030 death events were averted between April 2016 and December 2017 due to the improved access to naloxone, supervised consumption and overdose prevention services, and opioid agonist treatment. Without these life-saving

interventions, it is likely that the number of overdose deaths would have been 2.5 times greater during this period.

## Joint Steering Committee on BC's Overdose Response

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In March 2019, MMHA renewed the provincial governance and accountability for the escalated response to the overdose emergency by establishing the Joint Steering Committee on BC's Overdose Response (the Committee). The Committee is chaired by the MMHA Deputy Minister and includes representation from the Ministry of Health, Ministry of Public Safety and Solicitor General (PSSG), Provincial Health Officer (PHO), the Overdose Emergency Response Centre (OERC), First Nations Health Authority (FNHA), Provincial Health Services Authority, and BC Centre on Substance Use (BCCSU).

The Committee is responsible for:

- Escalating the response to the overdose emergency;
- Providing leadership, direction and advice on a cross-sector, province-wide approach to developing, implementing and maintaining a robust response to the overdose emergency;
- Ensuring coordination and collaboration across the sectors on a shared agenda to address the overdose emergency, using a comprehensive package of interventions;
- Contributing to a functional addiction treatment system in BC;
- Facilitating ongoing communication among members and stakeholders; and
- Ensuring the reciprocal accountability continues to be a key feature of the overdose response, meaning that each component of the response is actioned in a way that seeks to uphold the goals shared with First Nations for improved outcomes supported by more culturally-safe mainstream services and Indigenous-specific services.

## OERC Clinical Advisory Group

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In April 2019, the OERC established a Clinical Advisory Group to provide strategic public health and clinical guidance to support the planning, monitoring, and strengthening of the overdose emergency response. The Clinical Advisory Group consists of representatives from the BCCSU, BC Centre for Disease Control (BCCDC), Medical Health Officers, PHO, and FNHA.

## Mental Health and Addictions Road Map

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On June 26, 2019, the Ministry of Mental Health and Addictions released *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.<sup>xi</sup> The roadmap provides a long-term vision for the mental health and addictions system of care, as well as a three-year action plan to improve wellness for children, youth, and young adults; support Indigenous-led solutions; provide better substance use care; and improve access to better quality mental health services. Collectively, the initiatives outlined in the Road Map aim to ensure that all British Columbians experience and maintain physical, spiritual, mental and emotional well-being and thrive in the communities in which they live, learn, work and play. Once implemented, the Road Map will help to reduce overdose-related harms through investments to:

- Support pregnant individuals and parents with substance use challenges
- Expand Foundry Centres
- Embed cultural safety and humility across the provincial health system
- Expand First Nations-run treatment centres

- Expand Indigenous land-based cultural and healing services
- Create a framework for improving the substance use system of care
- Ensure best evidence guides care in British Columbia
- Increase access to evidence-based addiction care
- Connect people to treatment and support ongoing recovery through integrated team-based service delivery
- Sustain the overdose emergency response, including community-based harm reduction services
- Strengthen the quality, consistency and oversight of supportive recovery services.
- Establish a provincial peer network

The roadmap is available at: [https://news.gov.bc.ca/files/BCMentalHealthRoadmap\\_2019.pdf](https://news.gov.bc.ca/files/BCMentalHealthRoadmap_2019.pdf).

## PHO's Special Report on Decriminalization

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On April 24, 2019, PHO Dr. Bonnie Henry released a special report titled *Stopping the Harm: Decriminalization of People Who Use Drugs in BC*.<sup>xii</sup> The report provides evidence and information on how the decriminalization of people who possess illegal drugs for personal use could help address the public health emergency. The report also outlines how stigma leads many people who use drugs to hide their usage and creates barriers to using harm reduction and treatment services.

The PHO recommended that the Government of British Columbia move urgently to decriminalize people who possess controlled substances for personal use. The PHO noted that this type of approach would provide pathways for police to link people to health and social services rather than the criminal justice system. The report is available at: <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>.

## 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.

### Progress since the last report:

- As of July 15, 2019, more than 158,00 publicly funded naloxone kits have been distributed throughout the province to people at risk of overdose and those most likely to witness and respond to an overdose through the BC Take Home Naloxone (THN) program, with 44,802 kits being reported as used to reverse an overdose.
- Vancouver Coastal Health and the BCCDC announced a pilot project that provides free take-home drug checking kits using fentanyl test strips to people at risk of overdose.
- The Canadian Institute for Substance Use Research (CISUR) announced a pilot project funded by Health Canada's Substance Use and Addictions Program to provide chemical analysis of drug samples at two locations in Victoria providing observed consumption services.

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:

- MMHA refreshed its stigma reduction campaign with updated visuals and social media content.
- MMHA provided \$100,000 to Last Door Recovery Society to support the 2019 Building Recovery Capital in Canada public awareness campaign.

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:

- Northern Health launched a new mobile unit for mental health and addictions services in Terrace.
- Interior Health made injectable opioid agonist treatment (iOAT) available at the Community Health Services Centre in Kelowna.
- Fraser Health launched a Mental Health and Substance Use Urgent Care Response Centre in Surrey. The Centre is a new resource for community care providers to quickly connect people with speciality services and will divert patients from emergency departments to a more therapeutic environment.
- The Government of British Columbia and FNHA announced a joint partnership supported by a \$20 million commitment from each partner to upgrade First Nations treatment centres across the province and build an additional two treatment centre to support First Nations people living away from home in urban areas.
- Interior Health introduced Intensive Case Management (ICM) teams in Kamloops and Kelowna to provide wraparound mental health and substance use services to young people.
- Island Health opened a new referral-based mental health and substance use clinic in Colwood.

- The BCCDC and National Film Board of Canada launched *Bevel Up*, a free documentary and online learning resource to help healthcare workers deliver compassionate care to people who use drugs.

**4. Creating a supportive environment:** 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:**

- Communities continue to utilize funding from the Community Crisis Innovation Fund to address the overdose emergency at the local level.

**5. Advancing prevention:** Activities and services that help keep childhood trauma and other mental health issues from driving substance use disorders.

**Progress since last report:**

- The Government of British Columbia released *A Pathway to Hope: Better Access to Mental Health and Addictions Care for People in British Columbia*. The Road Map provides a long-term vision for the mental health and addictions system of care, as well as a three-year road map to improve wellness for children, youth, and young adults; support Indigenous-led solutions; provide better substance use care; and improve access to better quality mental health services.

**6. Improving public safety:** Law enforcement activities that disrupt drug trafficking.

**Progress since last report:**

- PSSG announced planned changes to the *Civil Forfeiture Act* that would enhance the ability of law enforcement to seize cash that is stored with illegal drugs.



# 1. SAVING LIVES

## TAKE HOME NALOXONE PROGRAM IN BC

SAVING LIVES SINCE AUGUST 2012



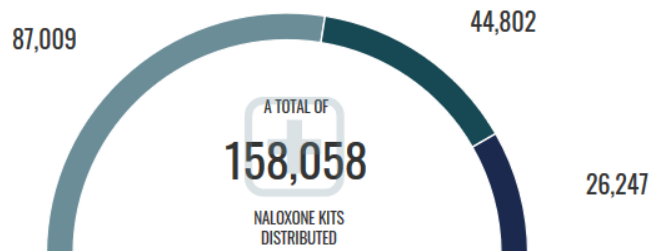
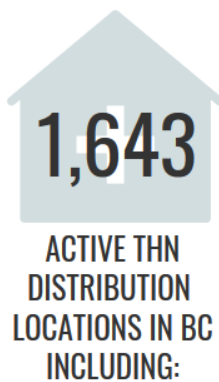
CALLING 911 IS THE FIRST & MOST CRITICAL STEP OF OVERDOSE RESPONSE



Naloxone is a medication that reverses the effects of an overdose from opioids (e.g. heroin, methadone, fentanyl, morphine, oxycodone)

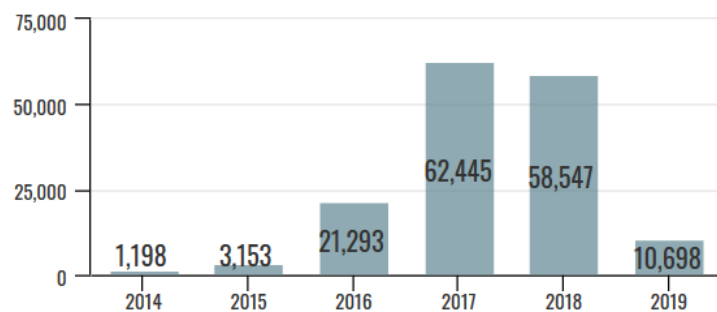
Take Home Naloxone (THN) kits are free for people at risk of an opioid overdose and those most likely to witness and respond to an overdose

### DISTRIBUTION OF KITS



### NUMBER OF KITS DISTRIBUTED BY YEAR

Data is derived from a live environment and data from most recent two months is subject to change. Distribution data is reasonably complete until February 28th, 2019.



FOR MORE INFORMATION VISIT [towardtheheart.com/naloxone/](http://towardtheheart.com/naloxone/)  
**WORKING TOGETHER | REDUCING HARM**

### **Take-Home Drug Testing Kit Pilot Project**

Vancouver Coastal Health and the BCCDC launched a pilot project whereby people at risk of overdose can access publicly funded take-home drug checking kits containing immunoassay fentanyl test strips. Available evidence suggests the potential for drug checking services to save lives by providing people who use drugs with information about the substances that they intend to consume.<sup>xiii</sup>

Immunoassay fentanyl test strips have excellent sensitivity and specificity for fentanyl for drug checking. The strips are easy to use, and results are provided within a few minutes. Each kit contains five strips. This pilot aims to compare drug checking results obtained from take-home drug checking to results obtained from on-site drug checking over the same period of time to help inform possible implementation of an expanded take-home drug checking program. The pilot also aims to determine if the provision of publicly funded take-home drug checking services is an effective strategy to reduce overdose-related harm among people who use drugs indoors and alone, a group at elevated risk of overdose death.

### **Harm Reduction Site Drug Testing Pilot Project**

The Canadian Institute for Substance Use Research (CISUR), in partnership with the University of Victoria Department of Chemistry and School of Social Work, launched a three-year pilot project funded by Health Canada to provide and evaluate the use of chemical analysis of drug samples at two locations in Victoria providing observed consumption services through a team of chemists, social workers, computer scientists, pharmacists, and people who use drugs.<sup>xiv</sup> On-site technicians can test a sample as small as a grain of salt for people who use drugs or for family members or partners, giving them information about the main active ingredients. The project can identify if fentanyl or other contaminants are present. As part of the project, CISUR will develop an online database with information about the drugs checked, as well as the experiences and perceptions of people who use these drugs. This tool will help to inform trends in the composition of unregulated drugs and provide information to better protect people who use drugs.

## **2. ENDING STIGMA**

There is no one type of person who uses drugs. Data show that the overdose emergency impacts a wide range of people in communities throughout the province. People who experience barriers such as stigma and discrimination to accessing health and social services – such as drug checking services, observed consumption services, or treatment and recovery services – are at risk of overdose and overdose death. The onus is on all British Columbians to have courageous conversations about substance use, to shift perceptions of people who use drugs, and reduce the stigma that undermines efforts to save lives.

### **Refreshed Stigma Reduction Campaign**

In March 2019, MMHA refreshed the provincial stigma reduction campaign. A new persona was added to the 'Faces' campaign to reflect the overrepresentation of middle-aged men in the overdose emergency; "Drug User" was replaced with another attribute and a new tagline was created, "Stop the Blame. Stop the Shame. Stop the Stigma." A four-week digital ad campaign was launched in March to deliver anti-stigma messaging and counter common myths around addiction through trusted third-party sources such as Global News and the Daily Hive. The campaign drove over 20K people to [StopOverdoseBC.ca](https://www.stopoverdosebc.ca). StopOverdose BC resources will be available - alongside Health Canada material - at many music festivals this summer across the province.

### ***Recovery Capital Initiative***

As part of its ongoing work to connect people to treatment and recovery services and raise awareness about addiction, MMHA is providing \$100,000 to Last Door Recovery Society to support the 2019 Building Recovery Capital in Canada campaign.

The 2019 Building Recovery Capital campaign will educate British Columbians about the social, material, human and cultural capital supports that play an important role in wellness and recovery. The campaign will focus on reducing stigma, promoting prevention, engaging youth and increasing access to treatment and service options.

## **3. BUILDING A NETWORK OF TREATMENT AND RECOVERY SERVICES**

### ***Mobile Unit for Mental Health and Addictions Services***

People living in Terrace and surrounding northwest communities now have access to a new mobile service that provides clients with direct access to education and supports with the ability to link people back to appropriate services in their local communities. The unit will also help to build the capacity of local primary and community care services to reduce pressure on local emergency departments and emergency services, while at the same time ensuring clients receive coordinated, holistic care. Services provided through the mobile unit will include:

- mental health and substance use services and referrals
- take-home naloxone kits and training
- basic wound care
- assistance navigating resources including housing, finances, employment, and health care

### ***iOAT Services Made Available in Kelowna***

In May 2019, the Community Health Services Centre in Kelowna began offering iOAT services. The centre will offer people living with severe opioid use disorder another evidence-based treatment option; thereby increasing the likelihood that a person living with opioid use disorder will be connected to the treatment option that meets their needs.

The iOAT service augments the oral opioid agonist treatment clinic, which recently expanded to provide walk-in, same-day access to physicians, nurses and social program officers as well as weekend and evening hours. Services also include support around substance use, mental health, harm reduction, access to primary care, and psychosocial supports.

### ***Mental Health and Substance Use Urgent Care Response Centre Opens in Surrey***

On July 10, 2019, Fraser Health launched a Mental Health and Substance Use Urgent Care Response Centre in Surrey. The Centre is a new resource for community care providers to quickly connect people with specialty services and will divert patients from emergency departments to a more therapeutic environment.<sup>xv</sup>

With a welcoming, patient-centred and culturally appropriate environment, care providers at the centre will focus on managing a person's urgent needs. Patients, who are referred by community care providers or diverted from emergency departments, will work with staff to identify their needs and build on coping skills and resilience while creating a treatment plan. Patients will be connected to the most appropriate services

to provide them with ongoing care and support moving forward. The centre will also provide support to people from the surrounding communities of Delta, Langley, and White Rock when they require urgent support on evenings and weekends.

### ***Upgrading First Nations Treatment Centres***

In May 2019, the Government of British Columbia and FNHA announced a joint partnership to upgrade First Nations treatment centres across the province. Each partner is contributing \$20 million each to build two new urban treatment centres and repair and renovate others. These centres support access for First Nations people to mental health, wellness and substance use services.

First Nations-led treatment services have Elders and traditional healers directly involved in patient care alongside doctors, nurses and addictions specialists. The new and updated centres will feature increased and much-needed programs for women and two-spirited people.

This funding commitment is in addition to \$30 million announced by the Government of Canada, the Government of British Columbia, and the First Nations Health Council in May 2018 to support Nation-based approaches to the planning, design and delivery of mental health and wellness services.

### ***Intensive Case Management Teams for Youth***

Interior Health has launched Intensive Case Management (ICM) teams to help remove barriers and bridge gaps in mental health and substance use treatment for young people in Kamloops and Kelowna. The ICM teams help connect children and youth under the age of 24 to wraparound mental health and substance use services. This inter-disciplinary, collaborative approach includes access to psychiatrists, registered nurses, registered psychiatric nurses, counsellors, and life skills workers. The ICM teams also provide supports for families.

### ***Mental Health and Substance Use Clinic in Colwood***

People in the Westshore who need mental health and substance use services can now get the help they need closer to home at the new Central Access and Rapid Engagement Services (CARES) Clinic. The referral-only CARES Clinic, located in Colwood, will help people with mental health or substance use challenges while working closely with primary care providers. Previously people in the Westshore in need of these services were referred to clinics located in Victoria.

Patients are referred to the CARES Clinic by a primary care provider. The clinic's dedicated team of mental health and substance use professionals provide assessments and short-term counselling as well as linking patients with Island Health or other community supports when needed.

### ***“Bevel Up” Online Harm Reduction Resource***

*Bevel Up*, an award-winning documentary and learning resource to help healthcare workers deliver compassionate care to people who use drugs, is available for the first time as free online harm-reduction content at NFB.ca.

Created in 2007 by the outreach nursing team from the BC Centre for Disease Control and co-produced with the National Film Board of Canada (NFB), *Bevel Up* is designed to give students and instructors in the healthcare field access to the knowledge and experience of pioneering practitioners, as street nurses in Vancouver's Downtown Eastside deliver nonjudgmental, compassionate and trauma-informed healthcare to people who use drugs. *Bevel Up* includes 4.5 hours of content, including a 45-minute

documentary, 40 additional clips that illustrate key issues and contain interviews with experts, and a 100-page Teacher's Guide.

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

### *Funding for Community Response Efforts*

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 \$608 million commitment to address the overdose emergency. In October 2018, 27 communities received \$1.7 million in provincial funding to support local action to save lives, address stigma, and connect more people to treatment and recovery services. The OERC is currently reviewing the next round of proposals for the 2019/20 fiscal year.

## 5. ADVANCING PREVENTION

### *Budget 2019 Investments in Mental Health and Addictions Road Map*

MMHA continues to work with its partners in the Ministry of Health and the Ministry of Children and Family Development to implement the Road Map to enhance prevention and transform the province's mental health and addiction system of care. Budget 2019 provided \$74 million to implement the Road Map over the next three years.

## 6. IMPROVING PUBLIC SAFETY

### *Proposed Changes to the Civil Forfeiture Act*

In March 2019, PSSG announced proposed changes to the *Civil Forfeiture Act*. If passed, the changes would make cash that is stored with illegal drugs more susceptible to civil forfeiture by shifting to the defendant the onus to prove that an asset is not an instrument or proceed of unlawful activity.

For example, if the Act provides evidence that police seized \$100,000 from a safe that also contained a kilogram of fentanyl, the cash will be presumed to be proceeds of crime, with the onus on the defendant to prove the money came from legitimate sources. Similar presumptions will apply in cases involving drug traffickers' vehicles and property of members of organized crime groups.

## CONCLUSION

British Columbia continues to face an unprecedented overdose emergency with epidemic levels of overdose death in all regions throughout the province. The dynamic nature of the unregulated drug supply which has seen the introduction of increasingly toxic substances in recent years adds to the urgency and complexity of the issue. With significant new investments in accelerated cross-sector actions, the MMHA is working closely with the federal government, local governments, the PHO, other provincial government ministries, health authorities, the First Nations Health Council, FNHA and other Indigenous organizations such as Métis Nation BC, and community partners in taking action to ensure a comprehensive and robust response to the overdose emergency.

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