

Responding to BC's Opioid Overdose Epidemic

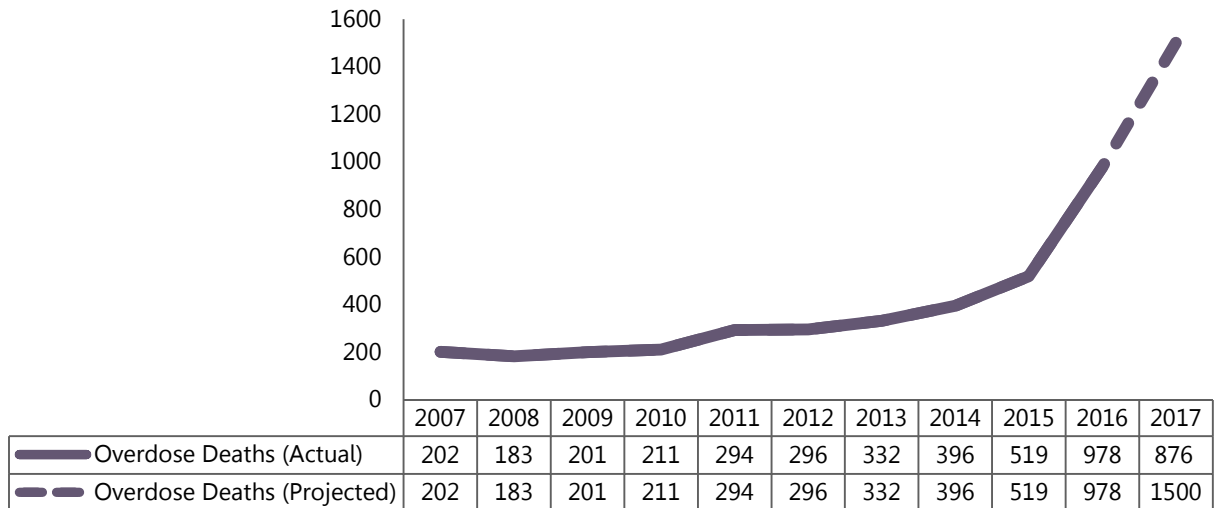
Progress Update
September 2017

Ministry of Mental Health and Addictions



BACKGROUND

Since BC’s Public Health Emergency was declared in 2016, people across the province have mobilized to immediately respond to and prevent overdoses and overdose deaths. Despite these efforts, an unprecedented number of people continue to die; projections suggest BC may see 1,500 overdose deaths in 2017 (see Figure 1).



*1,500 overdose deaths is a projection to the end of 2017; to date, there have been 876 overdose deaths in 2017

Figure 1: Illegal Drug Overdose Deaths (BC, 2001 – July 31, 2017)

BC continues to experience record rates of overdose death in all areas of the province. As of July 31, 2017, BC’s rate has reached a peak of 39.2 per 100,000 individuals in Vancouver Coastal Health (see Figure 2).

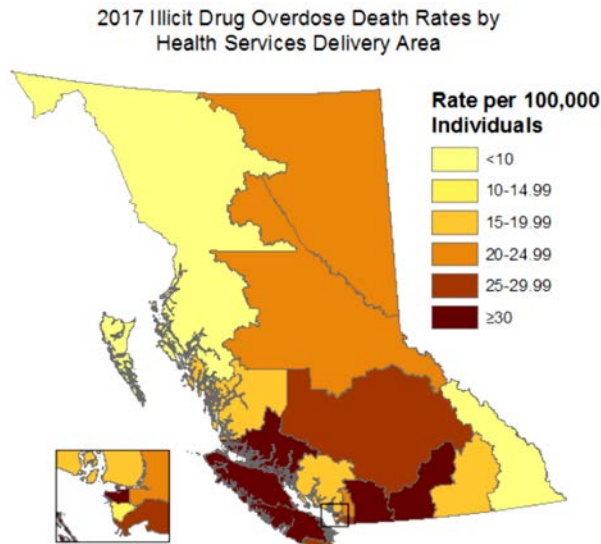


Figure 2: Illegal Drug Overdose Death Rate (BC, January 1, 2017 to July 31, 2017)

RENEWING BC'S RESPONSE TO THE PUBLIC HEALTH EMERGENCY

BC's overdose epidemic is complex and dynamic, where the ground is prone to frequent shifts. The situation is complex because a wide range of people is using illegal drugs for a variety of reasons in different contexts, locations, combinations and routes of administration. It is dynamic because of the introduction of new substances into the illegal drug supply, which is driven by the enormous financial incentive to manufacture increasingly potent drugs. As a result, addressing the overdose epidemic requires constant adjustment to keep people alive and safe so they can seek treatment when they are ready.

In July 2017, the Ministry of Mental Health and Addictions was established with responsibility to lead the provincial response to the opioid emergency. The Minister's mandate letter outlines the major priorities for the new ministry, including the need to work in partnership to develop an immediate response.

The Minister of Mental Health and Addictions has met with people with lived experience, their families, first responders, volunteers and staff from community-based organizations, and others working on the front line of the opioid emergency. Under the direction of the Minister of Mental Health and Addictions, and informed by those on the front line, the Province developing a cross-sector action plan.

KEY AREAS OF FOCUS

1. Respond immediately to an overdose

- Further scale-up naloxone access, expand supervised consumption and overdose prevention services
- Invest in support for families, peers, community organization volunteers, staff, and other front line workers

2. Prevent overdoses before they happen

- Invest in upstream programs for people at all ages
- Reach populations disproportionately impacted by overdoses and overdose death
- Enhance enforcement activities to protect public safety

3. Provide help quickly when people ask

- Build an improved treatment system by concentrating substance use services to ensure rapid access
- Target interventions to reach populations at greatest risk of overdose
- Support providers to deliver evidence-based care

PROGRESS REPORTING

The Province is focused on transitioning from an emergency response to the overdose epidemic to building and sustaining an improved system of care for mental health and addictions that meets the needs of people when and where they need it. Ensuring actions are informed by the latest data and evidence available is integral to an effective and robust response. The Ministry of Mental Health and Addictions commits to public progress reporting on the four key areas of focus regularly for the foreseeable future.

1. Respond immediately to an overdose

Further scale-up naloxone access, expand supervised consumption and overdose prevention services

Immediately responding to an overdose is crucial to reducing the risk of overdose-related injury or death. Rapidly expanding of the number of people who can access and administer naloxone throughout the province has strengthened the capacity of communities across BC to intervene in the event of an overdose. Supervised consumption and overdose prevention services remain essential to reducing harms related to substance use. Continuing to expand these interventions will save lives.



Figure 3: Overdose Prevention Sites Statistics (BC, 2017)

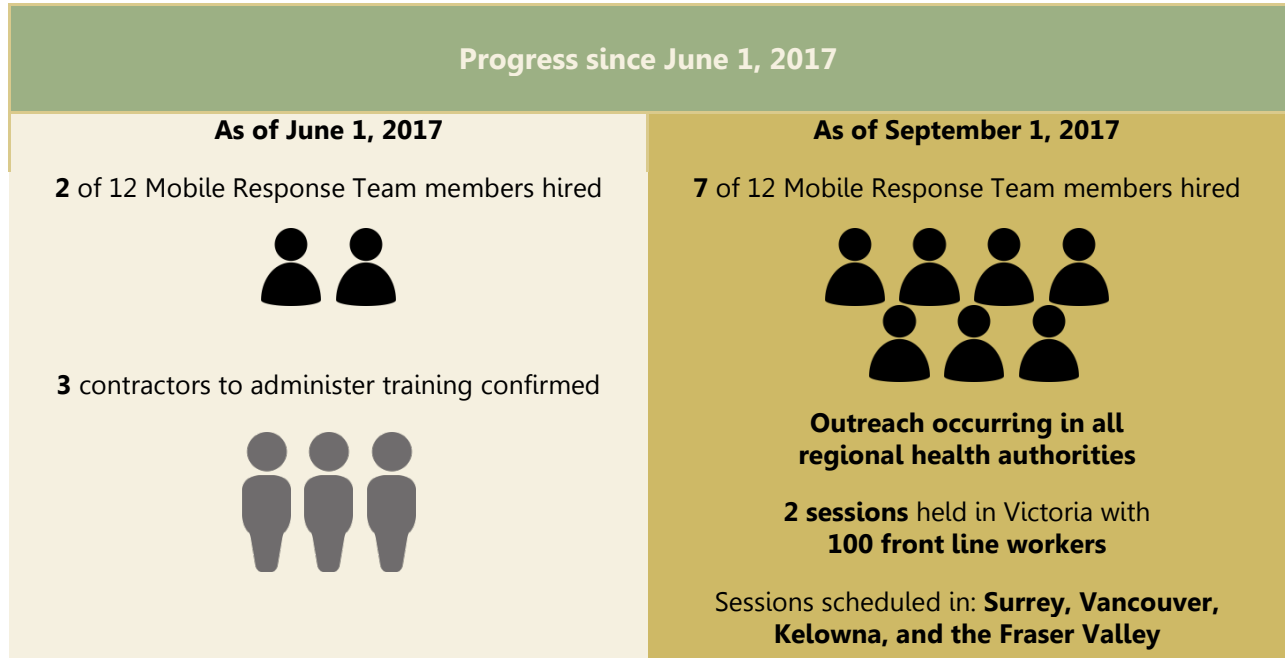
Individuals and community agencies not eligible for publicly funded naloxone can purchase naloxone and related supplies at over 100 pharmacies in BC, with many providing training at the time of purchase. For information, visit <http://towardtheheart.com>.

Progress since June 1, 2017	As of June 1, 2017	As of September 1, 2017
# of Take Home Naloxone kits distributed	43,516	54,394
# of Take Home Naloxone distribution sites	522	588
# of Overdose Prevention Site locations	20	17*
# of visits to Overdose Prevention Sites	250,572	300,933
# of overdoses reversed at Overdose Prevention Sites	1,359	1,622
# of approved supervised consumption services	2	8

*Originally health authorities had opened 23 overdose prevention sites, but 7 of those sites have been converted to supervised consumption sites: 2 sites in Surrey and one in Vancouver were converted in June 2017, and Interior Health's 4 mobile overdose prevention locations were converted to mobile supervised consumption units in July 2017.

Invest in support for families, peers, community organization volunteers, staff, and other front line workers

Overdoses and overdose death reach every corner of the province. Families, volunteers and staff at community organizations including peer-led organizations, those working in programs reaching vulnerable populations including people with lived experience, and first responders are experiencing significant trauma, burnout, and stress. Supporting these individuals is integral to sustaining a resilient front line. Health Emergency Management BC has established a Mobile Response Team to provide psychosocial support to front line workers.



2. Prevent overdoses before they happen

Invest in upstream programs for people at all ages

Overdoses are preventable, but the events and experiences that lead to an overdose are complex. This means action to prevent overdoses must be equally comprehensive. The global evidence base consistently points to preventing substance use harms through clusters of prevention programs for people at all ages. Inconsistent investment has left BC with pockets of excellence amidst large gaps. The Ministry of Mental Health and Addictions is currently developing a mental health and addiction strategy that will seek to address these gaps.

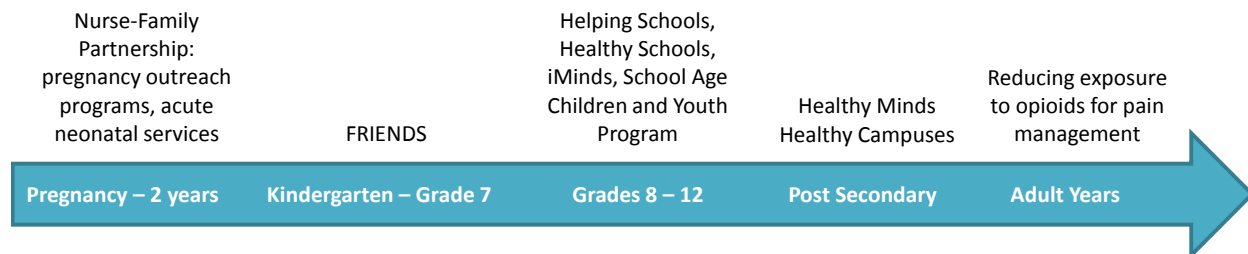


Figure 4: Examples of Prevention Programs in BC

Reach populations disproportionately impacted by overdoses and overdose death

Overdoses and overdose deaths affect Indigenous people disproportionately compared to other British Columbians. Culturally appropriate supports and services that respect autonomy and self-determination are needed for Indigenous communities to prevent substance use problems. The First Nations Health Authority is a key partner in the provincial overdose prevention and response structure. Partnerships with the BC Association of Aboriginal Friendship Centres, Métis Nation BC, and other First Nations and Aboriginal organizations will ensure that the provincial response meets the needs all First Nations and Aboriginal peoples.

Overdose deaths also disproportionately occur among people who are using drugs alone – mostly males, including those who with a history of injury and chronic pain. More knowledge is needed to support efforts to reach and engage this population.

Due to its unregulated and clandestine nature, BC's illegal drug supply has always been subject to contaminants, but the introduction of fentanyl and fentanyl analogues, such as carfentanil, means any illegal drug use could put a person at risk for an opioid overdose. Drug checking services can help inform people about what is in a substance, which has been shown to influence if and how the substance is used.

Implement enforcement activities to protect public safety

Law enforcement efforts are imperative to protecting the safety of British Columbians. Public safety officials continue to see successes in interdicting fentanyl and fentanyl analogues in drug seizures.

Progress since June 1, 2017

- **Grants to support community dialogues on opioids have been allocated to 27 BC communities.**
- **Handout materials, videos, and social media advertising continue to reach target audiences.**
- **The BC Centre on Substance Use has completed an evidence review on drug checking services and the Ministry of Mental Health and Addictions is determining whether this could be an effective service for people who do not use existing health services.**
- **Due to increased interdiction strategies, law enforcement has seized considerable quantities of illegal substances, including fentanyl and carfentanil.**
- **RCMP and municipal police continue to contribute to province-wide efforts to keep people alive, having reversed 55 overdoses; an additional 26 police employees have been trained on naloxone administration.**
- **The BC Centre for Disease Control in partnership with First Nations communities continues to expand access to naloxone and has established 85 BC Take Home Naloxone program sites serving 97 First Nations communities.**

Resources continue to be made available for teachers, parents, friends, family, those who may witness an overdose, and anyone wanting more information on the Public Health Emergency. Visit www.gov.bc.ca/overdose for more information.

3. Provide help quickly when people ask

Build an improved treatment system by concentrating substance use services to ensure rapid access

Substance use services are currently fragmented across the province and do not respond adequately to the immediate needs of people seeking help. A multi-sectoral, community-driven approach is needed to build a treatment system that meets the needs of all British Columbians where and when they need it.

Target interventions to reach populations at greatest risk of overdose

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.

Support providers to deliver evidence-based care

Creating a new system of care requires significant investment in physician and other health care provider training and professional development in substance use. Supporting providers to deliver high quality and appropriate care will also help to address stigma, increase physician capacity and improve access to opioid agonist treatment.

Progress since June 1, 2017	As of June 1, 2017	As of July 31, 2017
# of BC providers who are prescribing opioid agonist treatment	853	1,062
# of BC patients on opioid agonist treatment	22,746	24,737
# of new BC patients on opioid agonist treatment	2,475	3,666
# of BC pharmacies that dispense opioid agonist treatment	1,032	1,065

Note: Opioid agonist treatment includes methadone and buprenorphine/naloxone only.

Progress since June 1, 2017

- The BC Centre on Substance Use created a [free online certificate course](#) targeted at health care professionals interested in learning more about providing care to patients with substance use disorders. Over 2,500 health-care providers have enrolled.
- The BC Centre on Substance Use released provincial guidelines for the [clinical management of opioid use disorder](#) to assist those providing care to patients with opioid use disorder.
- The BC Centre on Substance Use launched the Provincial Opioid Addiction Treatment Support Program to provide education and information for new prescribers in BC.
- Health Canada [posted a list of drugs](#) that can be imported for an urgent public health need to increase the availability of treatment options for people with opioid use disorder. The list includes diacetylmorphine, injectable naltrexone, buprenorphine implant, and additional formulations of buprenorphine/naloxone .
- [Professional Standards and Guidelines](#) developed by the College of Physicians and Surgeons of BC around the safe prescription of opioids and other drugs came into force.

GENERATING INTELLIGENCE

The complex nature and causes of BC's overdose epidemic requires generating and gathering together multiple data sources to monitor, analyze, and understand the emergency and its underlying issues. These data provide the best available evidence for implementation and evaluation of effective actions. Partners including the BC Centre for Disease Control, Ministry of Health and BC Coroners Service are collecting and analyzing a broad new set of data to provide more detailed information about overdoses and risk factors to gain a better understanding of the context in which overdoses occur and to enable targeted interventions for people at risk of overdose.

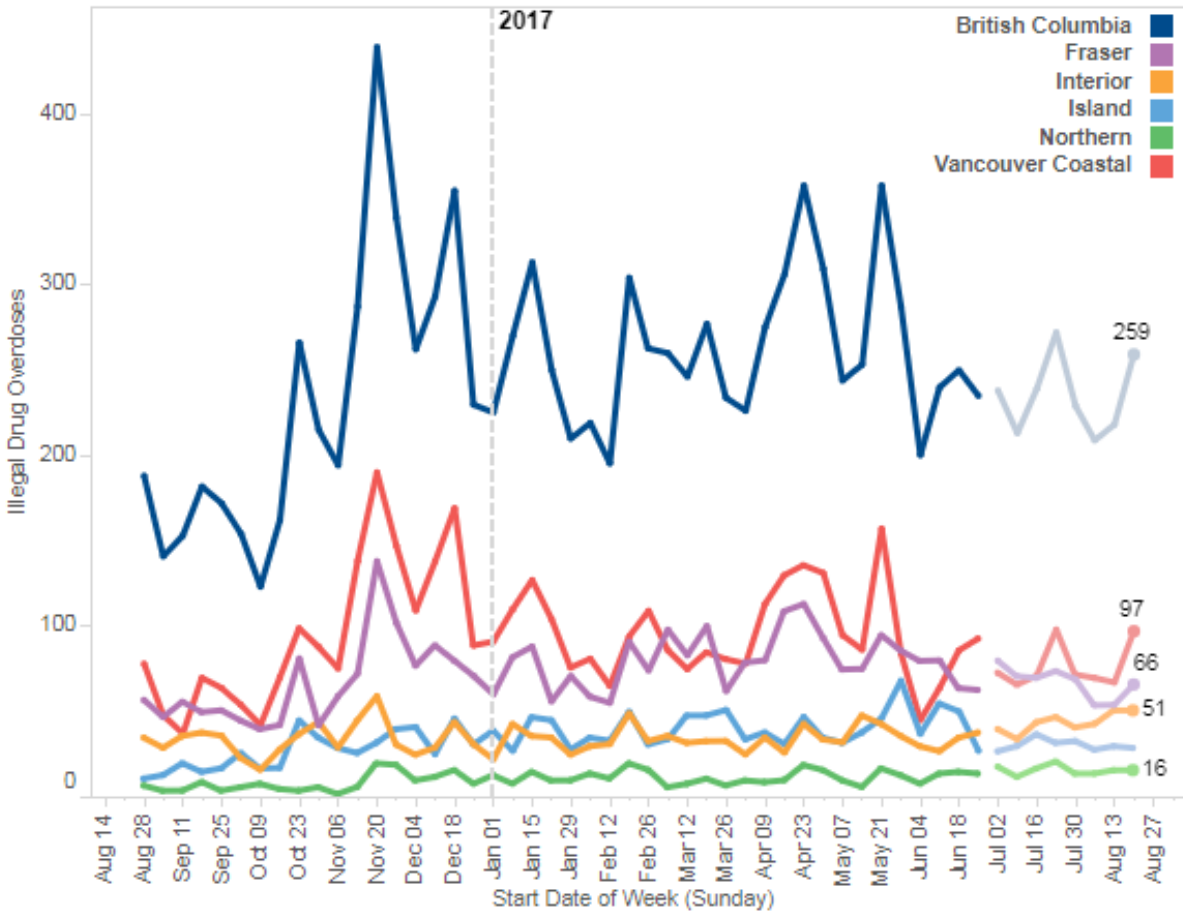


Figure 5: Illegal Drug Overdoses Attended by BC Ambulance Service over Previous 12 Months (BC and Regional Health Authorities, August 2016 – August 2017)

The darker lines in Figure 5 show the number of calls where paramedics attended a suspected overdose, where naloxone was administered or where illegal drugs were present. The lighter lines are projections based on the estimation that 45% of 9-1-1 calls for poison ingestion are illegal drug overdoses. Although there has been a decline from the spike in November 2016, the number of paramedic-attended overdoses has not yet returned to pre-November levels.

Since the emergence of fentanyl in the illegal drug supply, BC has seen increases in the severity of overdoses, repeat overdoses, and the number of doses of naloxone required to reverse an overdose. Figure 6 shows the severity of overdose events as measured by the Glasgow Coma Scale, which measures the level of consciousness of a patient. Overdoses are becoming more severe over time.

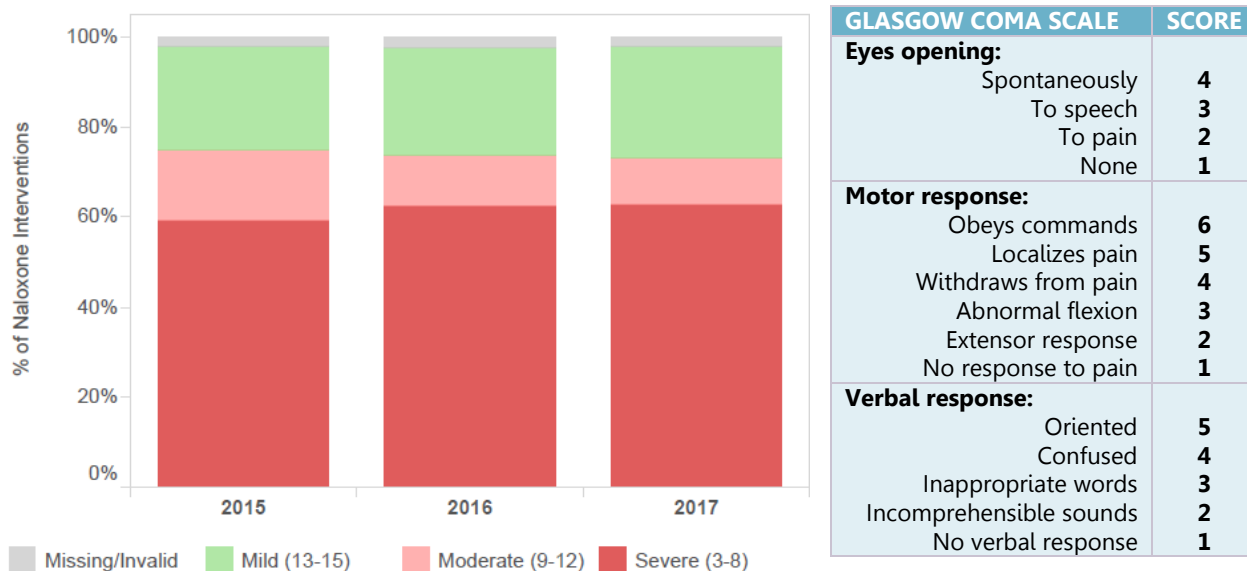


Figure 6: Overdose Severity as Measured by the Glasgow Coma Scale (BC, 2015 - 2017)

Figure 7 compares the percentage of repeat overdoses experienced by males and females in 2013 and 2014, and 2015 and 2016. Although the majority of males and females in both time periods experienced a single overdose event, the percentage of repeat overdoses increased in 2015-2016.

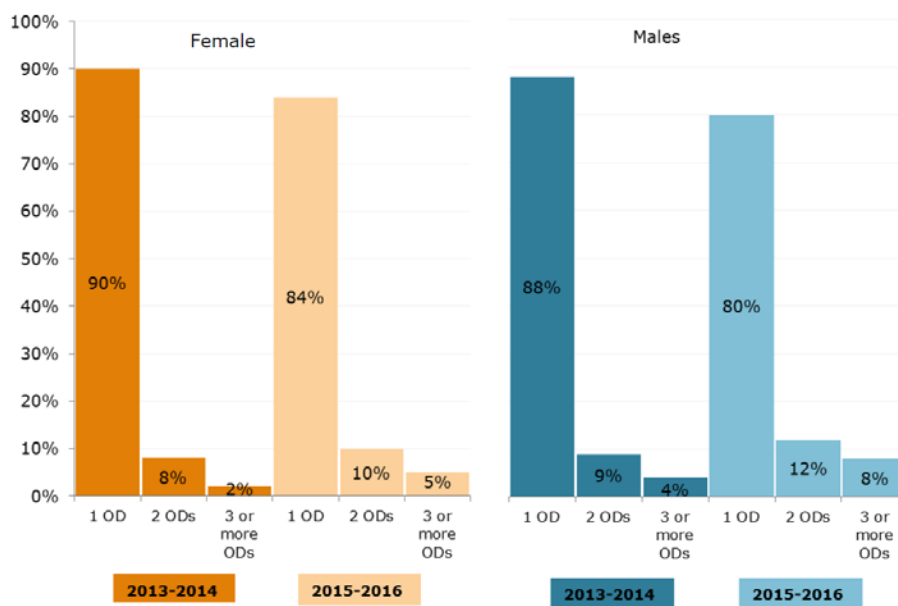


Figure 7: Proportion of Ambulance Attended Repeat Overdoses, by time period and sex (BC, 2013-2016)

Figure 8 compares how many doses of naloxone needed to be administered to reverse an overdose among males and females between 2013 and 2014, and between 2015 and 2016. In both males and females, the percentage of people who received one or two doses of naloxone declined slightly in 2015-2016, and the percentage of people who received three or more doses increased, most notably in males.

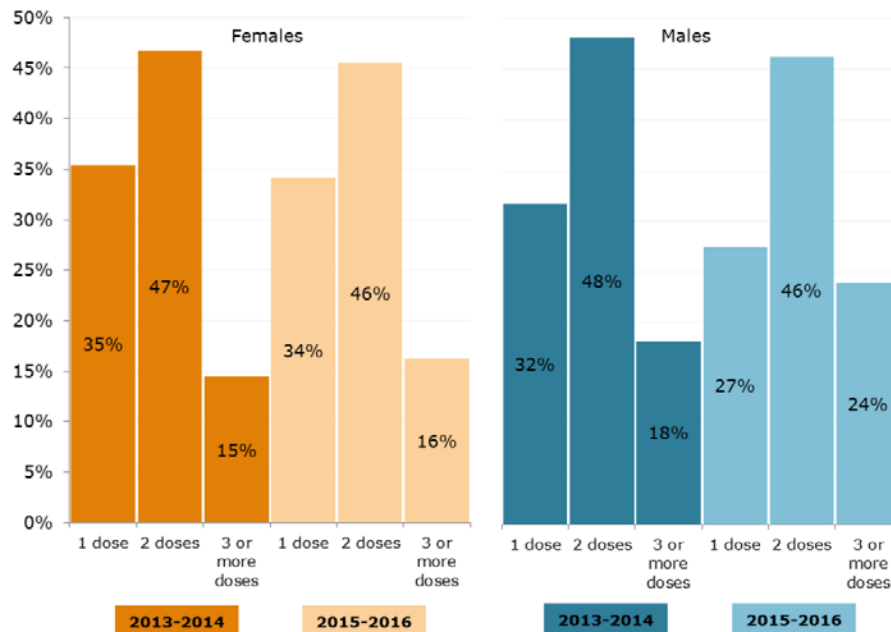


Figure 8: Naloxone Doses Administered by Paramedics, by time period and sex (BC, 2013 – 2016)

Progress since June 1, 2017

- The BC Centre for Disease Control reports overdose data (updated weekly) on their public [website](#). Data include the number of illegal drug overdoses attended by the BC Ambulance Service, 9-1-1 calls for ingestion poisoning, statistics on overdose prevention services, and geographic distribution of illegal drug overdose deaths.
- The Michael Smith Foundation for Health Research has worked with research partners to conduct a global evidence review/environmental scan, and is leading efforts to undertake a developmental evaluation of BC's response to the opioid overdose epidemic. Developmental evaluations are most often used in complex circumstances to facilitate real-time feedback on how action should evolve and respond.
- LifeLabs continues to provide the Province with weekly reports on the presence of fentanyl and fentanyl analogues. Two fentanyl analogues, carfentanil and furanylfentanyl, have been detected in all regional health authorities. A third designer opioid named U-47700 has been detected in BC; this substance is not a fentanyl analogue but has been linked with deaths in the United States.

CONCLUSION

BC is grappling 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 across the province. Considerable efforts to prevent and respond to overdoses and overdose deaths have been undertaken since the declaration of the province's first Public Health Emergency in April 2016. However, BC continues to experience unprecedented numbers of overdoses and overdose deaths and more action is required to prevent further deaths.

By working across sectors, embracing innovation, building responsive, data-driven public systems, and investing in both immediate and longer-term action, the Ministry of Mental Health and Addictions is carrying out a comprehensive and robust response to BC's opioid overdose emergency.