

Chapter 14

Increased Overdose Harms and Deaths

(Reported July 2021)

For more information on overdose prevention and response in BC, please visit:

<https://www2.gov.bc.ca/gov/content/overdose>.

To view harm reduction reports, publications, case studies, and program evaluations, please visit:

<http://www.bccdc.ca/health-professionals/data-reports/harm-reduction-reports#Substance--Use--&--Overdose>.

Situation

The COVID-19 pandemic and response measures are compounding the existing overdose public health emergency and increasing the risk of overdose, illness, and death for people who use drugs. Since late March 2020, fatal and non-fatal overdoses have increased in BC and are both at all-time highs.

Background

In BC, the COVID-19 pandemic is compounding the existing overdose public health emergency declared in April 2016. The provincial response to the overdose emergency has been based on evidence-informed interventions and a coordinated response effort to prevent overdoses from happening and to respond effectively when they occur.¹ Many of the strategies used to address the overdose emergency have been overturned or set-back by the COVID-19 pandemic and related response measures introduced to prevent transmission of COVID-19.

Since COVID-19 response measures were introduced in March 2020, overdose prevention services (OPS), supervised consumption sites (SCS), and other services that prevent overdose are less available because of closures and/or reduced hours of service. Similarly, there has been less access to community drug checking

services (e.g., reduced hours/services, decreased accessibility due to fear about using public transportation). Physical distancing measures and fears of contracting COVID-19 have made it difficult for people to use the buddy system, so more people have been using drugs alone. The pandemic response disrupted the drug supply chain, which has resulted in growing toxicity and unpredictability of street drugs since March 2020. Multiple drug monitoring sources across the province have found higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs (e.g., benzodiazepines).^{4,2}

The increased risk of overdose since March 2020 has occurred in the context of increased social isolation, stress, and anxiety, as well as loss of employment. Some people have benefitted from interventions for marginalized and vulnerable people, including increased income support, safer housing, supportive prescribing options and increased outreach services, while others have faced greater hardships. The March 2020 interim clinical guidance³ continues to be in place to reduce the risk of withdrawal from substances and support clients to follow COVID-19 prevention advice. Client access to safer pharmaceutical alternatives to the toxic drug supply currently varies considerably across BC and is reaching some, but not all who need it. Prescribing is not effective in entirely removing the need to access the unpredictable and highly toxic street drug

supply. Without effective measures to eliminate or reduce the current toxic drug supply in BC, high overdose death rates will continue.

BC is experiencing all-time highs for both fatal and non-fatal overdose events as a result of the combination of these factors. From late March 2020 to the end of April 2021, the number and severity of non-fatal overdoses and the number of overdose deaths have increased substantially.¹

Findings

Illicit Drug Toxicity Deaths

In April 2021, there were 176 suspected illicit drug toxicity deaths, about 5.9 deaths per day. This represents a broader trend for each of the first four months of 2021, in which the monthly death counts set a record each month; therefore, 2021 is on track to exceed the number of illicit drug toxicity deaths in 2020.

Since April 2020, there have been over 123 deaths every month, and for 11 of the past 12 months there have been more than 159 deaths every month. In 2020, there were 1,726 overdose deaths, the highest number of illicit drug toxicity deaths ever recorded in one year. In 2020, there was an average of over 4.7 deaths per day, approximately two more fatalities per day than in 2019.¹

A Note on Terminology, Stigma, and Shame

Despite use of the term “overdose” in this report, and in early characterizations of the related public health emergency ongoing in BC, the drug-related harms and deaths discussed here are now better understood and described as “unregulated drug toxicity” events and deaths. There is considerable variation in the terminology used by people and organizations responding to this public health emergency, and new terms will continue to emerge. The term “overdose” implies that an individual had, or could have had, reliable information about the composition and potency of the substance(s) they used, but intentionally or accidentally took too much. In reality, the lack of supply-side regulation of currently illegal drugs leaves consumers with little or no accurate information about the content or potency of the drugs they buy, other than through limited drug checking services.

The ways we think and talk about substance and the people who use them can contribute to an atmosphere of stigma and shame, or can seek to reduce stigma and shame. Stigma and shame create barriers that can isolate people who use drugs, prevent them from accessing support services, and increase the risk of toxic drug events and deaths. Taking a public health approach to the toxic drug crisis rather than criminalizing, penalizing, or shaming people

who use drugs, and ensuring that support services are culturally safe for Indigenous Peoples (First Nations, Métis, and Inuit), can help to remove barriers to accessing harm reduction and treatment options for those who need them.

For more information, see the following links:

First Nations Health Authority, FNHA Releases 2022 Toxic Drug Poisoning Crisis Data, <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/toxic-drug-crisis-data>

Interior Health, Let’s change the way we talk about substance use, <https://www.interiorhealth.ca/stories/lets-change-way-we-talk-about-substance-use>

BC Ministry of Mental Health and Addictions, BC receives exemption to decriminalize possession of some illegal drugs for personal use, <https://news.gov.bc.ca/releases/2022mmha0029-000850>

Provincial Health Services Authority, BC Centre for Disease Control, Toward the Heart, Respectful Language and Stigma Regarding People Who Use Substances, http://www.bccdc.ca/resource-gallery/Documents/respectful-language-and-stigma-final_244.pdf

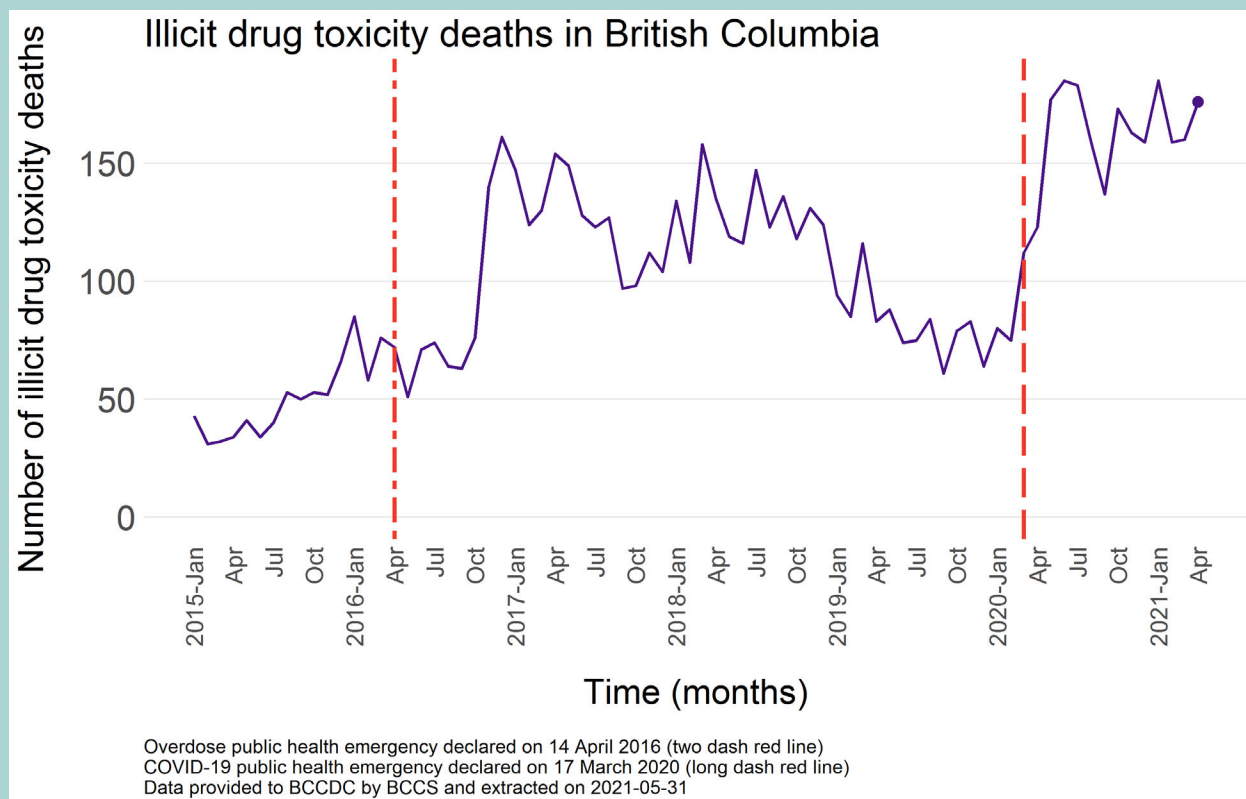
Truth and Reconciliation: The Toxic Drug Crisis

Due to deeply rooted ideologies of settler supremacy and historical and contemporary impacts of colonization such as racism and social exclusion, many Indigenous Peoples experienced additional vulnerabilities to both the overdose emergency and the impacts of COVID-19 and associated public health measures. For many Indigenous individuals and communities, the stresses of public health restrictions were layered onto the cumulative stresses of intergenerational trauma, manufactured poverty and pervasive racism and discrimination. First Nations individuals are highly overrepresented among overdose deaths in BC: while Status First Nations people

represent 3.8% of BC’s residents,⁷ First Nations people accounted for 16% of all overdose deaths in British Columbia from January to May 2020—a rate 5.6 times higher than other residents.⁸ First Nations women continue to experience particularly high rates of non-fatal overdoses compared to other BC women.⁹ These data suggest that the response to COVID-19 may be exacerbating this issue.

A gap exists in understanding the representation of Métis and Inuit peoples in the available overdose datasets; however, the development of new datasets and analyses are underway to allow Métis-specific data and reporting.

FIGURE 14.1



Figures 14.1 to 14.4 show deaths due to illicit drug toxicity from the BC Coroners Service. Illicit drug toxicity deaths include deaths due to:

- Controlled and illegal drugs: heroin, cocaine, MDMA, methamphetamine, illicit fentanyl;
- Medications not prescribed but obtained/purchased on the street, from unknown means or where drug origin is not known; and
- Combinations of any of the above with prescribed medications.

Figure 14.1 shows that illicit drug toxicity deaths have remained elevated since 2016. While an overall decline was observed from 2018 to the end of 2019, this trend has sharply reversed since March 2020. Since June 2020, there have been three months with over 180 illicit drug toxicity deaths (185 in June 2020, 182 in July 2020; and 185 in January 2021).¹

FIGURE 14.2

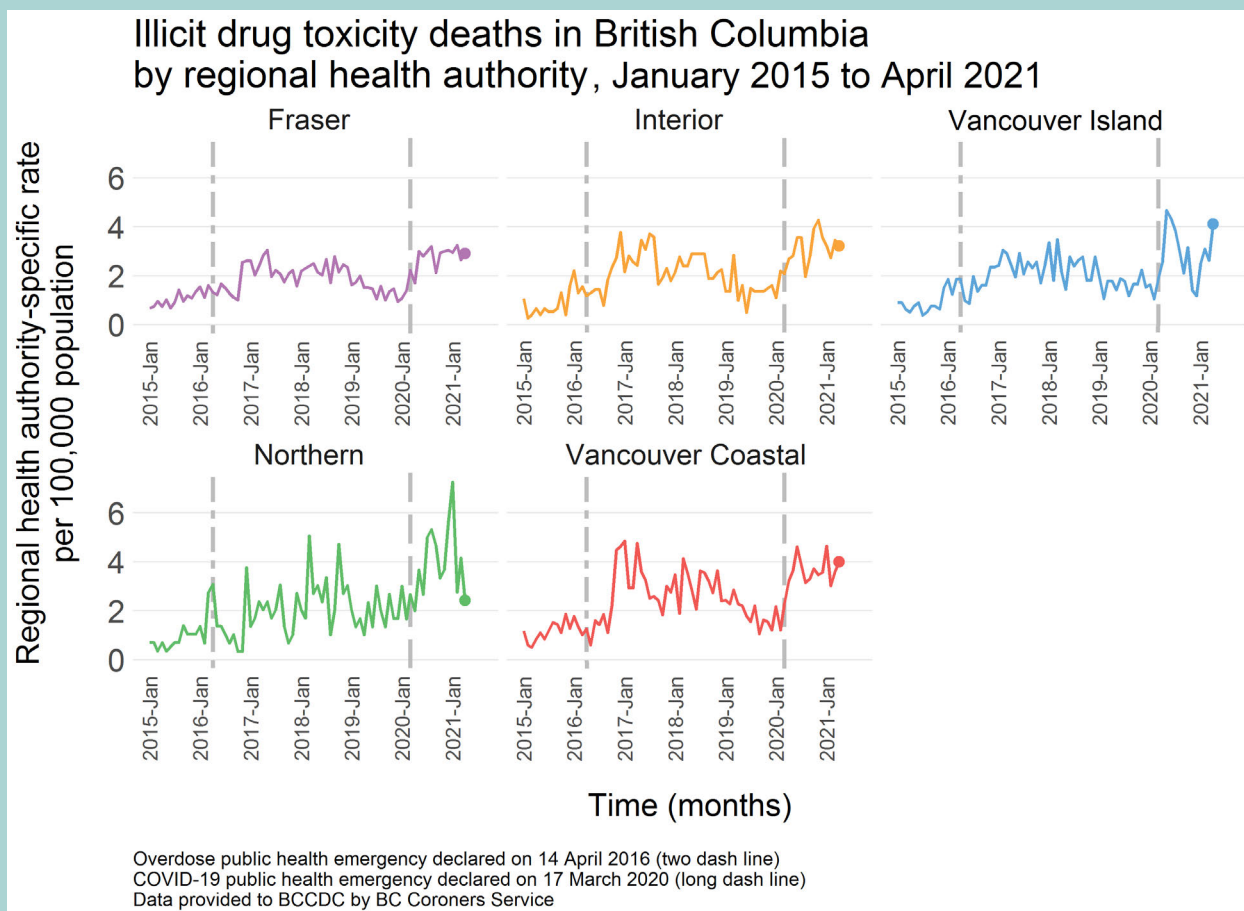


Figure 14.2 presents illicit drug toxicity deaths per 100,000 population by regional health authority. Since March 2020, death rates have increased across all health authority areas. Similar to the trend shown in Figure 14.1, rates in the Island health region saw a temporary decline in 2020 before seeing a surge late in the year that has continued to increase in 2021. Northern Health reached a high in late 2020 and early 2021 before declining slightly. The Fraser, Vancouver Coastal, and Interior health authority regions continue to have high rates of illicit drug toxicity deaths.

FIGURE 14.3

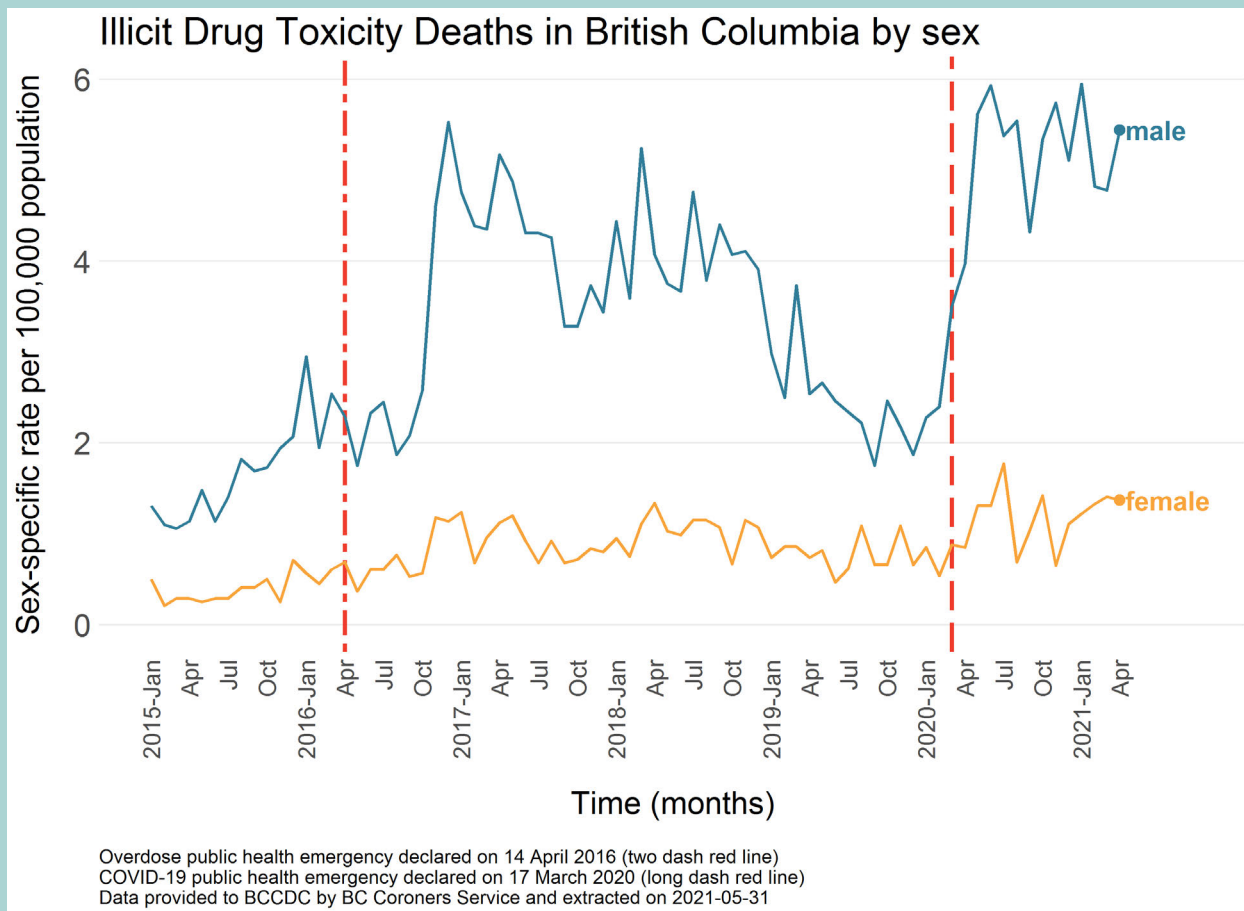


Figure 14.3 shows that illicit drug toxicity deaths per 100,000 population have increased among both males and females since March 2020. Since the onset of the COVID-19 pandemic, the disparity between sexes has increased.

FIGURE 14.4

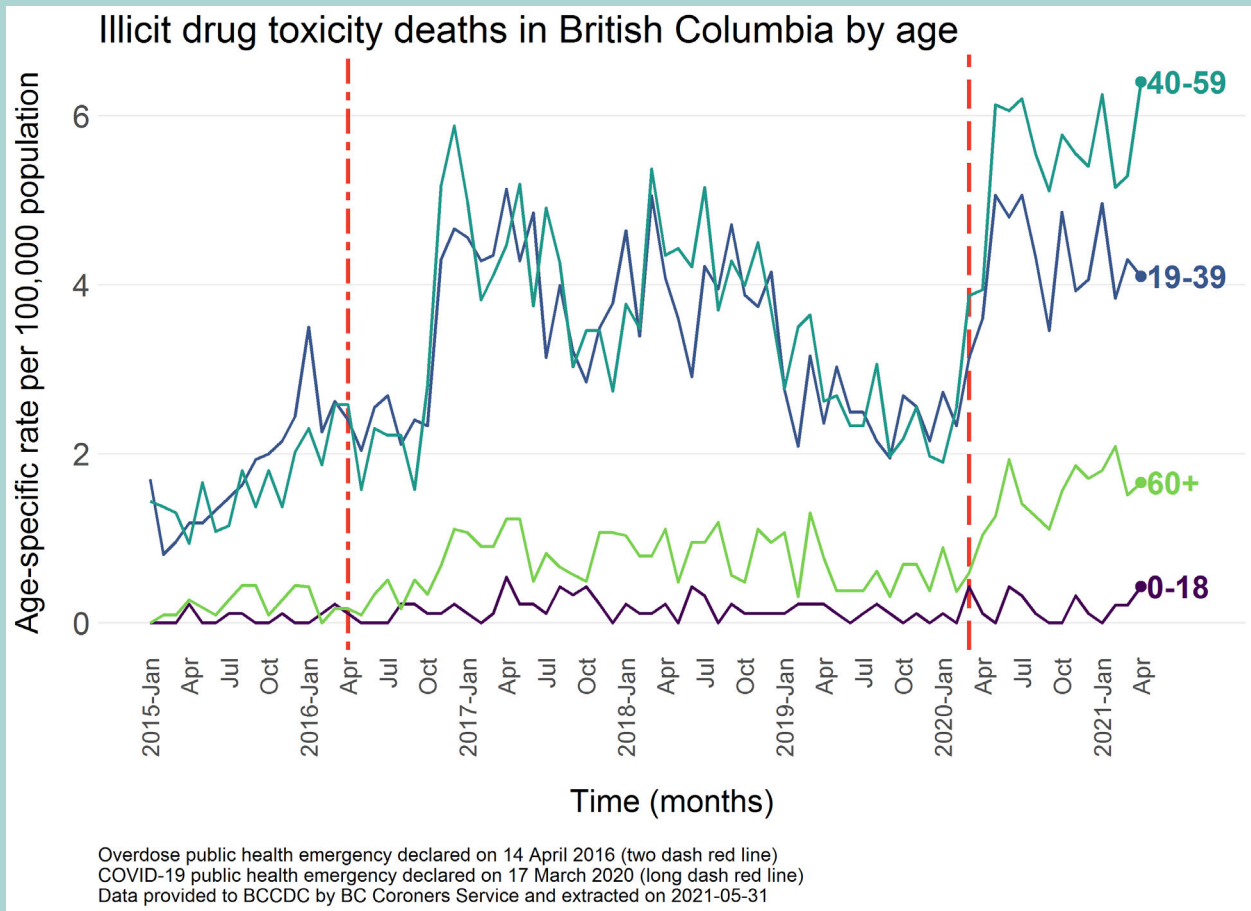


Figure 14.4 shows that, since March 2020, illicit drug toxicity deaths have increased in people over 18 years of age, especially for those in the 19–39 and 40–59 age groups.

Toxic Drug Supply

Since late March 2020, many reports of overdoses have included extreme toxicity, increased fentanyl concentrations, and difficulty reviving people due to mixtures of fentanyl and benzodiazepines and other sedatives.² Preliminary BC Coroners Service data in 2021 has found that fentanyl or its analogues have been detected in 86% of all illicit drug toxicity deaths. Since 2017, fentanyl or its analogues have been detected in 82% to 86% of deaths. Post-mortem toxicology results indicate that there were a greater number and proportion of cases with extreme fentanyl concentrations (exceeding >50ug/L micrograms/litre). The proportion found with this extreme concentration increased from 8% for the period of January 2019 to March 2020, up to 12% for the period of April 2020 to March 2021.¹⁶

Results from the new expedited testing protocol have found that about 91% of submitted samples have detected fentanyl and/or its analogues, 74% have detected at least one stimulant, 20% have detected at least one other opioid, and 39% have detected at least one benzodiazepine. In particular, benzodiazepines are being increasingly identified in illicit drug toxicity deaths and in the illicit drug supply. In July 2020, benzodiazepines were detected in 15% of samples relating to illicit drug toxicity deaths, increasing to 57% of samples in April 2021. In that same period, the benzodiazepine-related substance etizolam was identified in 37% of illicit drug toxicity deaths that have undergone expedited testing.¹⁶ In April 2021, the BC Centre for Substance Use identified benzodiazepines in approximately 25% of samples thought to contain opioids and the Island Drug Checking Project identified etizolam or other benzodiazepines in 69% of samples expected to contain opioids.^{3,4} Since April 2020, etizolam has been detected in about 60 percent of LifeLabs urine drug screens where benzodiazepines/thienodiazepine were identified.⁵

The presence of benzodiazepines in the drug supply is concerning because naloxone, which is normally used to reverse opioid-related overdoses, is not effective against benzodiazepines, and these sedatives are active in the body for long periods. When combined with opiates, benzodiazepines also increase the likelihood of overdose death.

Overdose Prevention and Supervised Consumption Sites

OPS and SCS services provide people who use drugs with a space to consume their substances under the supervision of someone trained to administer naloxone and provide other emergency first aid services. As of February 2021, there were 38 OPS/SCS locations in BC. The largest number are in Vancouver Coastal and Island health regions, which have 10 OPS and 2 SCS each. The Fraser region has 6 OPS and 1 SCS, while the Interior health region has 3 OPS and 3 SCS, and the Northern health region has 1 OPS.

The COVID-19 pandemic and COVID-19 response measures have had unanticipated negative impacts for OPS/SCS. In 2020, the number of visits to OPS/SCS dropped nearly 40% as compared to 2019.

Health authorities are working to implement an episodic-OPS (e-OPS) protocol (*COVID-19: Provincial Episodic Overdose Prevention Services (e-OPS) Protocol*) at sites across the province that are outside of established OPS/SCS locations. This protocol is intended to provide guidance and support in the context of BC's dual public health emergencies for health and social services staff who may receive requests from patients/clients/residents to observe substance use and respond to overdose outside of designated or fixed OPS/SCS locations.¹¹

FIGURE 14.5

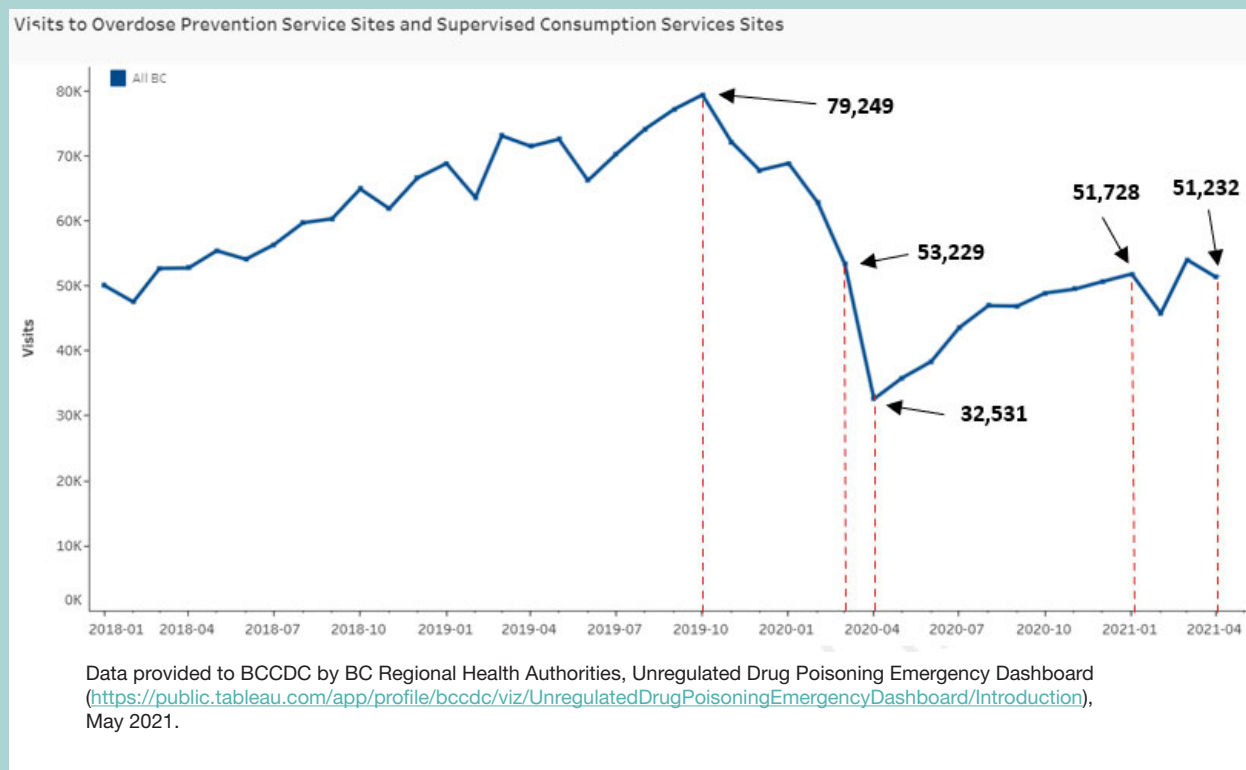
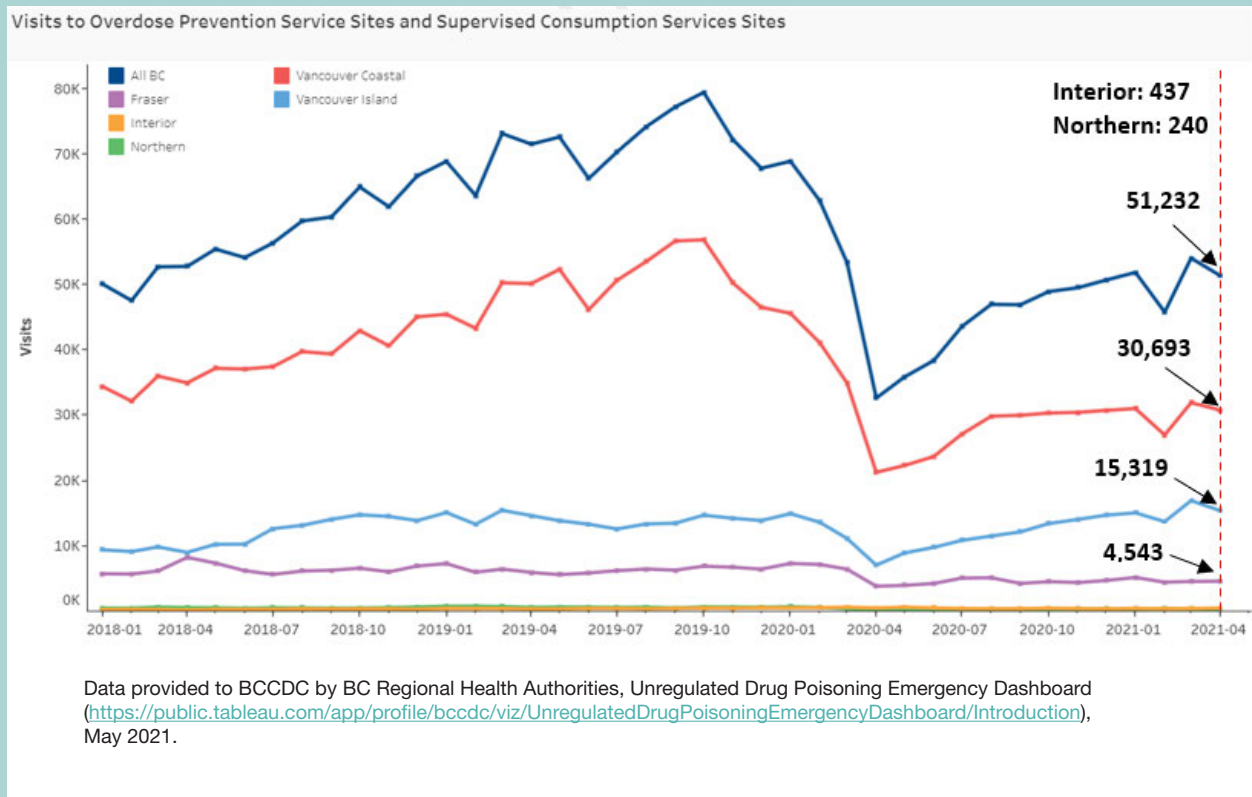


Figure 14.5 shows that while the number of visits to OPS/SCS had been declining since reaching a high of 79,247 in October 2019, the COVID-19 pandemic likely resulted in the accelerated decline in the number of visits. Since the lowest number of visits seen in April 2020, visits to OPS/SCS have been increasing and are returning to pre-pandemic levels.

FIGURE 14.6



The COVID-19 pandemic and the introduction of COVID-19 response measures have not affected health authorities equally. Figure 14.6 shows that attendance at OPS/SCS has been disproportionately changed in Vancouver Coastal and Island health authorities.

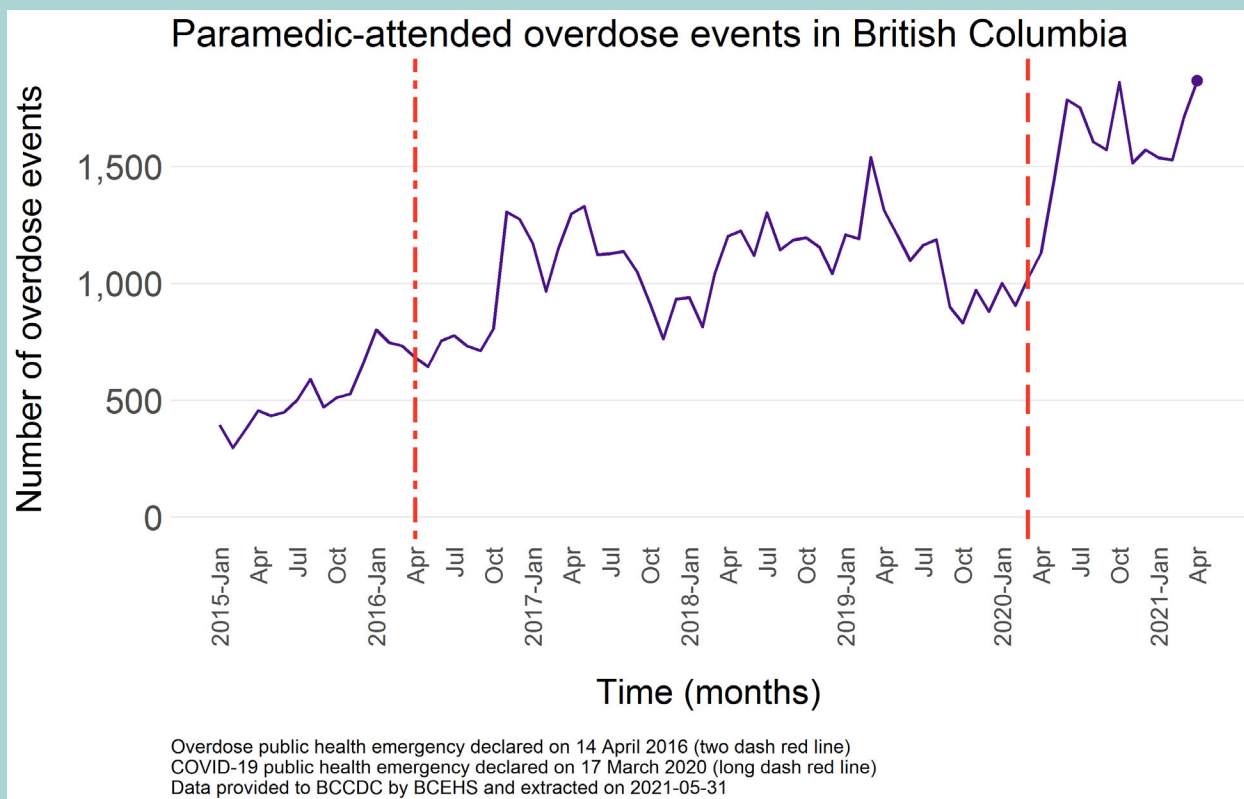
Paramedic-attended Overdose Events

BC paramedics attend a range of non-fatal overdose events and overdose deaths every day. People who experience an overdose poisoning and are attended by paramedics have a better chance of surviving. In 2020, BC Emergency Health Services saw its overdose related call volume increase 12% from 24,166 in 2019 to 27,067 in 2020. Overall, since 2015, the number of overdose-related calls across the province has increased over 120%.⁶

Since May 2020, there have been over 1,400 paramedic-attended overdose events every

month, reaching a new monthly high of 1,867 in April 2021.⁵ In total, in 2020, paramedics attended 17,159 overdose events in BC, which was approximately 20% more than in 2019. For the 13-month period from April 2020 through April 2021 covering much of the COVID-19 pandemic response timeline, there were 20,875 paramedic-attended overdose events. This was nearly 45% more paramedic-attended overdose events than the 14,416 events over the 13-month period from April 2019 through April 2020.⁵ From January to April 2021, paramedics have already attended a total of 6,643 overdose events, which is approximately 64% more than in the same four-month period in 2020.

FIGURE 14.7



Figures 14.7 to 14.11 present monthly paramedic-attended overdose events, based on patient care records completed by attending paramedics. The algorithm for overdose events includes cases where naloxone was administered by paramedics, cases where the paramedic impression codes indicate overdose due to street drugs, and events related to cardiac arrest that were likely overdose. The algorithm is designed to exclude overdoses primarily due to alcohol or prescription drugs.

Figure 14.7 shows that paramedic-attended overdose events were increasing from 2015 to 2016 (inclusive), and fluctuated considerably from 2017 to 2019. In March 2019, paramedic-attended overdose events began to decline. Since the onset of the COVID-19 pandemic and the introduction of related response measures, paramedic-attended overdose events increased substantially, continuing to break records and reach new highs.

FIGURE 14.8

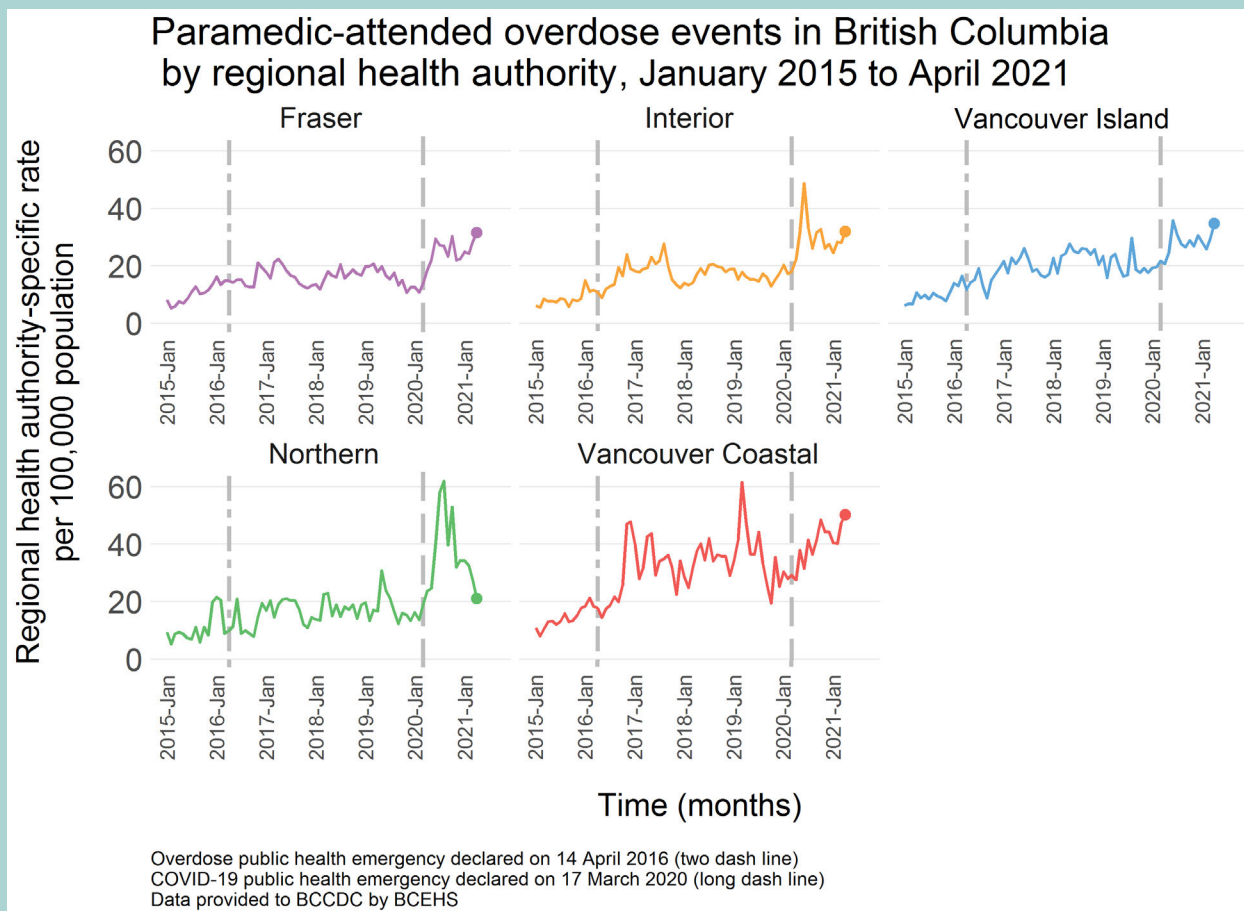
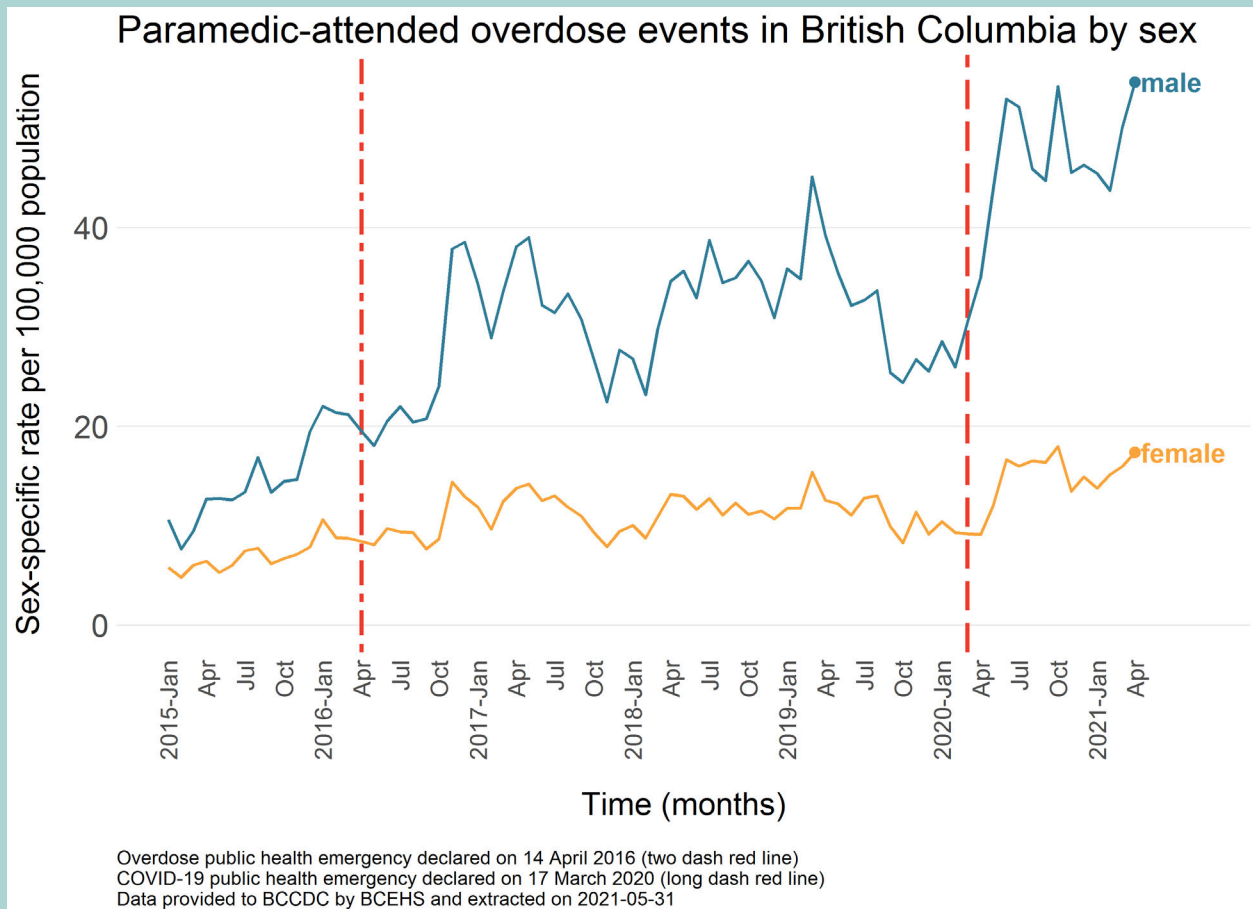


Figure 14.8 shows the rate per 100,000 population of paramedic-attended overdose events. The rate of paramedic-attended overdose events began to increase in March and April 2020 and has remained high. The sharpest increases in rates per 100,000 population were seen in the Northern and Interior health regions. While sharp increases in the Northern and Interior health authorities are concerning, these results should be interpreted with caution since health authority-specific rates are sensitive to small population fluctuations. The majority of overdose events continue to occur in the Vancouver Coastal and Fraser health authority areas, consistent with trends since the beginning of the overdose public health emergency.

FIGURE 14.9



Similar to Figure 14.7, analyses by sex and by age show that paramedic-attended overdose events have increased during the COVID-19 pandemic. Figure 14.9 shows that rates have increased for both males and females. In April 2021, there were 1,405 paramedic-attended overdose events amongst males, a new all-time high, and 456 amongst females, the second highest number recorded since the start of the overdose health emergency. The disparity between males and females has also increased.

FIGURE 14.10

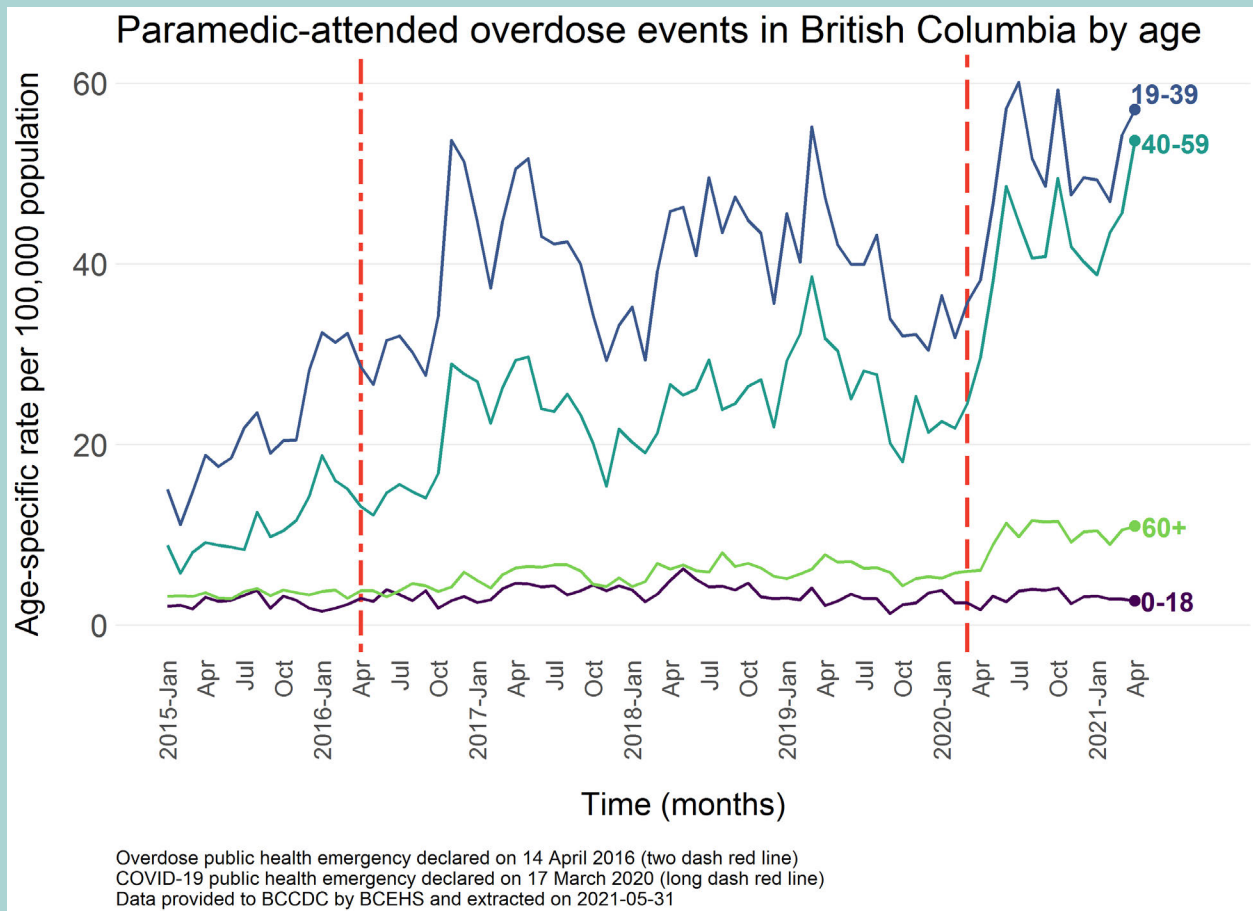


Figure 14.10 shows that overdose and paramedic-attended overdose rates have increased in most age groups since COVID-19, with the sharpest increases amongst those age 19–39 and 40–59.

FIGURE 14.11

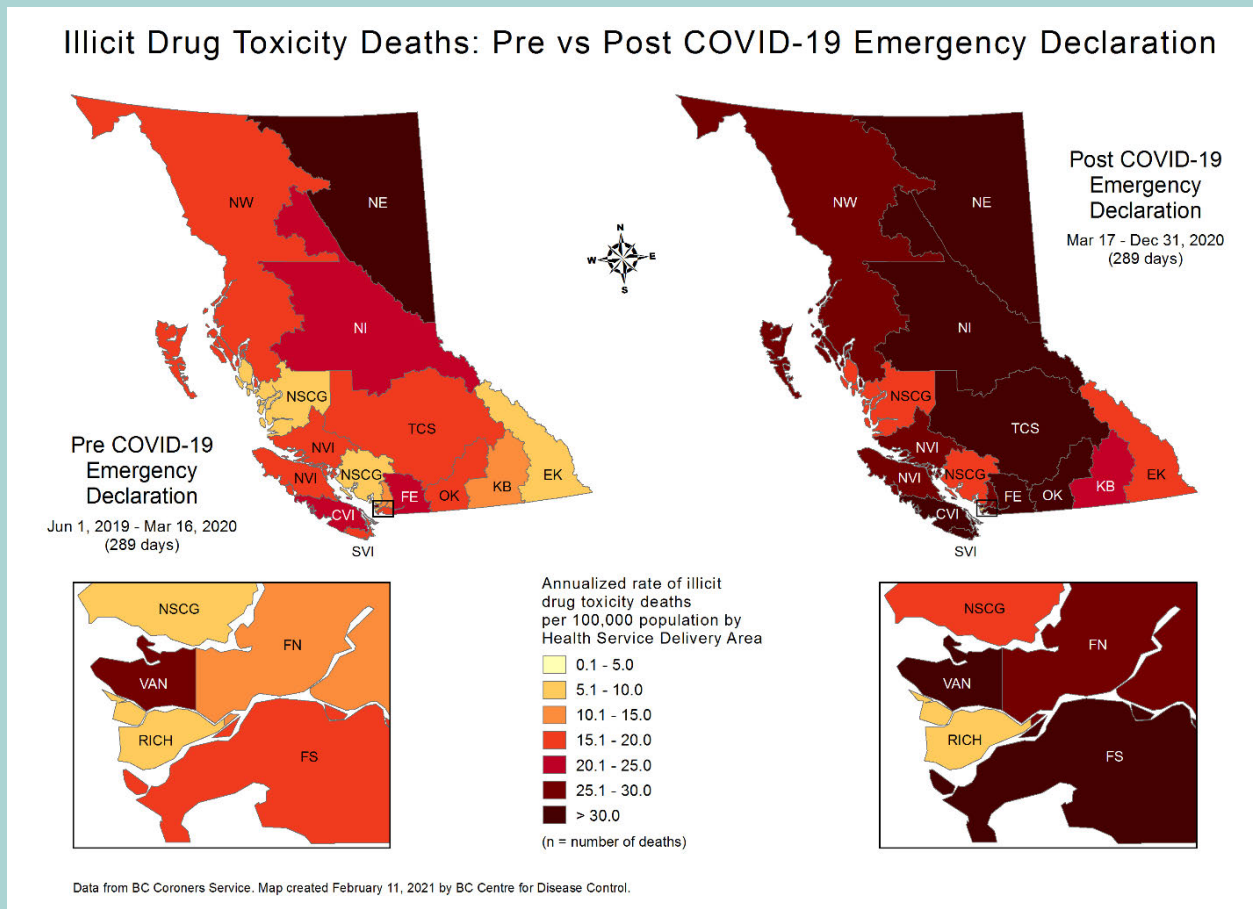


Figure 14.11 presents illicit drug toxicity mortality rates in all Health Service Delivery Areas (HSDAs) in BC, before and after the COVID-19 emergency declaration. During the 289 days prior to the COVID-19 emergency declaration (June 1, 2019 through March 16, 2020), illicit drug toxicity deaths per 100,000 population were generally high, with two HSDAs exceeding 25 deaths per 100,000 population (Northeast and Vancouver). Three additional HSDA populations had between 20.1–25 illicit drug toxicity deaths per 100,000 population (Northern Interior, Thompson Cariboo Shuswap, and Central Vancouver Island).

In the 289-day period after the declaration of the COVID-19 public health emergency (March 17, 2020 through December 31, 2020), 10 HSDA populations in BC had mortality rates exceeding 25 deaths per 100,000. In addition, three HSDAs that previously had rates below 10 deaths per 100,000 saw those figures increase to 20.1–25 deaths per 100,000 population.

Equity Considerations

Several groups have been overrepresented in overdose events and deaths in BC. While COVID-19 response measures have not impacted which groups are overrepresented, they have added to the disproportionate burden on these groups. Subpopulations and groups overrepresented in overdoses and deaths include individuals living in remote communities, people living in small-sized communities, individuals involved in the justice system, men age 20–49, and the perinatal population. For example, in BC, 66% of people who died from illicit drug overdoses between January 2016 to July 2017 had prior BC Corrections involvement.⁶

People who use drugs face multiple forms of discrimination, which is made worse by criminalization. Discrimination creates barriers to accessing health care and social supports. Fear of child apprehension, stigma, and judgment are commonly shared as barriers that prevent pregnant women who use drugs from seeking treatment.^{7,8} A US study found that women with opioid use disorders had an increased risk of overdose during the first year postpartum.⁹ Treatment options may also be ineffective, such as when the dose or length of opioid agonist treatment [OAT] prescription are not adequate.²²

Actions Initiated or Planned to Address Unintended Consequence

- On March 26, 2020, the BC Centre on Substance Use (BCCSU) released *Interim Clinical Guidance: Risk Mitigation in the Context of Dual Public Health Emergencies*. This risk mitigation guidance aims to support individuals at risk of substance use-related harms exacerbated by the COVID-19 pandemic by improving access to prescribed pharmaceutical alternatives to illicit drugs. In cases where patients' risk cannot be lowered with standard evidence-based approaches, the document provides guidance for prescribing substances to support COVID-19 related self-isolation or physical distancing – including prescription alternatives to the illegal drugs including opioids, stimulants, benzodiazepines, alcohol and nicotine.¹⁰
- In May 2020, the BC Centre for Disease Control released the *COVID-19: Provincial Episodic Overdose Prevention Services (e-OPS) Protocol* which provides step-by-step guidance for health and social services staff to observe substance use and respond to illicit drug toxicity poisoning outside of designated OPS/SCS locations during the COVID-19 pandemic.¹¹
- In May 2020, the Provincial Health Services Authority (PHSA), in partnership with regional health authorities and Lifeguard Digital Health, launched a new made-in-BC resource called the *Lifeguard App*. The app can connect people to emergency responders if an overdose occurs, which can assist people who are using drugs alone.¹⁰
- On August 5, 2020, the Government of BC announced an additional \$10.5 million in funding for 2020/21 to 2023/24 to accelerate the response to the increasingly toxic illicit drug supply exacerbated by the COVID-19 pandemic and related response measures. This funding has increased access to overdose prevention services and interdisciplinary teams, and increased nursing care available for people at risk of overdose.¹²
- On September 16, 2020, the Provincial Health Officer issued a public health order to allow registered nurses (RNs) and registered psychiatric nurses (RPNs) the ability to diagnose, refer, order, and prescribe federally regulated controlled drugs and substances for the purpose of reducing the overdose risk for people with substance use conditions/disorders.¹³ This is being rolled out in a phased approach starting with first line treatment, Suboxone. Currently, over 90 RNs/RPNs Registered Nurses and Registered Psychiatric Nurses have enrolled in education and training for buprenorphine/naloxone. Nurses began prescribing in early 2021. This represents 23 communities across BC, largely in rural and remote areas.
- On February 1, 2021, Health Canada and the BC Ministry of Mental Health and Addictions announced more than \$15 million in federal funding for four safer supply projects for people at risk of overdose in BC. The four projects will provide people with opioid use disorder with a safer, medical alternative from a licensed prescriber, and connect them with important health and social services.¹⁴
- The BC Ministry of Mental Health and Addictions is prioritizing the development of pharmaceutical alternatives to toxic drugs as part of the province's harm reduction approach and ongoing response to the overdose emergency. These alternatives are meant to provide low-barrier, flexible options to the illicit drug supply and do not carry the expectation or requirement that people will enter into treatment or reduce overall substance use. This supports people's autonomy in less clinically-intensive settings.¹¹

Considerations for Further Action

Addressing Inequities for Underserved Populations, Including Structural Discrimination

1. Involve the people who use drugs and whose lives are most affected by decisions, in decision-making processes.
2. Address the societal stigma and structural discrimination in institutional practices. Planning services for people who use drugs must recognize power imbalances often organized around sex, gender identity, age, race, Indigeneity, sexual orientation, physical ability, socio-economic status, and geography, as well as the stigma and structural discrimination rooted in the criminalization of drug use.¹²
3. Ensure that women who are pregnant or parenting are supported through recovery options that prioritize the mothers and their infants/children staying together.

Addressing Criminalization

4. Address the criminalization of people who use drugs. Criminalization creates barriers to accessing health care and other forms of care, and reinforces structural discrimination.

Addressing the Toxic Drug Supply

5. Ensure that individuals who use drugs have access to a wide range of pharmaceutical alternatives to reduce/eliminate reliance on the toxic drug supply.
6. Expand the range of pharmaceutical alternatives, including testing and evaluating non-medical models of delivery.

Improving Health Services

7. Increase access and effectiveness of mental health services, including more capacity, reduced barriers, and greater alignment between mental health and substance use service delivery, including access to harm reduction measures.
8. Enhance harm reduction services, including take-home naloxone, overdose prevention and supervised consumption services (e.g. services for smoking, episodic overdose services, particularly in housing).
9. Expand the reach and range of drug checking services around the province, including more advanced technologies (e.g. Fourier-transform infrared spectroscopy [FTIR] spectrometry, mass spectrometry) and flexible service delivery models (e.g., distributed sample submission via drop-off or mail-in).
10. Improve treatment by reducing the barriers to opioid agonist treatment (OAT) and enhancing linkages to care through multidisciplinary outreach teams that include people with lived experience and improve retention in care.
11. Enhance the role that primary care networks and urgent primary care centres play in providing substance use care.
12. Enhance surveillance and monitoring to better understand the circumstances of the crisis. Ensure health authorities have the information they need to understand the circumstances of overdose and to inform planning at the local and regional levels.

Appendix 14-A: Ministry of Mental Health and Addictions Comprehensive Package of Health Sector Interventions and COVID-19

The comprehensive package of essential services for overdose prevention in BC includes the following essential health sector interventions:

<p>Naloxone</p>	<p>Ensuring optimal supplies, training, and community-level infrastructure for sustained Naloxone access, including coverage, supplies, trainers and increasing capacity.</p>
<p>Overdose Prevention Services</p>	<p>Supporting a diversity of community-level, low barrier services tailored to population/community needs, such as overdose prevention and supervised consumption services, drug checking services, and the Lifeguard App.</p>
<p>Acute overdose risk case management</p>	<p>Robust surveillance, analytics, and referral system to identify individuals at risk within communities and capacity for follow-up connection to care including fire, ambulance, and police.</p>
<p>Treatment and Recovery</p>	<p>Facilitate low-barrier access to the full spectrum of evidence-based medications, treatment, and recovery services including rapid access addiction clinics and continuum of opioid use disorder (OUD) treatment including Opioid Agonist Treatment (OAT), injectable OAT, and Tablet injectable OAT. Capacity building and supports for prescribers and other clinicians including Learning About Opioid Use Disorder (LOUD) in the Emergency Department initiative, RACE Line, and 24/7 Addiction Medicine Support Clinical Support Line.</p>

Appendix 14-B: Overdose Data and Surveillance

Following the declaration of a public health emergency in response to overdoses and deaths in April 2016, the Provincial Health Officer (PHO) issued nine orders to expedite the collection of suspected and confirmed overdose data. This allowed medical health officers across the province to collect real-time information on overdoses, to immediately identify where risks are arising, and warn and protect people who use drugs.

The Overdose Emergency Response Centre coordinates provincial data and analysis activities including:

- Unlinked data streams: BC Coroners data, BC Emergency Health Services data, BC Emergency Department data, BC Take Home Naloxone program data, supervised consumption and overdose prevention services utilization, PharmaNet data on opioid agonist treatment uptake, and toxicology data from various laboratory services.
- Linked data: BC Provincial Opioid Cohort (ODC), a project of the BC Centre for Disease Control (BCCDC) that links data from the BC Coroners Service, Drug and Poison Information Centre, BC Emergency Health Services, emergency department visits at hospitals across BC, BC Corrections, and data from the Ministry of Social Development and Poverty Reduction (SDPR). The data is supplemented with data holdings from the Ministry of Health (MOH) and BCCDC. The study details the comprehensive health history of people who have experienced possible fatal and non-fatal opioid overdose. The asset is stewarded and analyzed collaboratively with partners engaged in the response.
- Dashboards: Weekly and monthly interactive dashboards and reports for the public published on the BCCDC website (<http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>).
- Modelling: A BCCDC-led project to provide ongoing mathematical modelling estimating death events averted as a result of the rapid expansion of harm reduction and other services.
- Cascade of Care: A project with Dr. Bohdan Nosyk, Associate Professor at Simon Fraser University and the BC Centre for Excellence in HIV/AIDS (BCCfE) entitled “Towards a comprehensive performance measurement system for Opioid Use Disorder in British Columbia.” The project is based on province-wide linkage of health and other administrative databases, including BC Perinatal Services, Corrections BC, and the Ministry of Social Development and Poverty Reduction.
- Evaluation of the interim guidance document, *Risk Mitigation in the Context of Dual Public Health Emergencies*: This evaluation is ongoing and is conducted using both administrative and survey data to determine the benefits and harms of prescribing under this guidance. The Evaluation Team is led by Dr. Amanda Slaunwhite, BCCDC and is comprised of representatives from Ministry of Mental Health and Addictions, MOH, BCCDC, British Columbia Centre on Substance Use, Canadian Institute of Substance Use Research, and the Centre for Excellence in HIV/AIDS. This evaluation is supported by a broad consortium of over 70 researchers who help to interpret and contextualize findings.

Appendix 14-C: Services for People who are Currently or Recently Incarcerated

In 2017, health-care services in provincial correctional facilities transitioned to Provincial Health Services Authority's Correctional Health Services (CHS). CHS has eliminated the waitlist for Opioid Agonist Therapy (OAT) for people in prison. Currently, 40% of CHS clients are on OAT.¹³

CHS is also piloting Community Transition Teams at five of the ten provincial correctional facilities. These teams provide care coordination and peer mentorship for people leaving prison who are eligible for the program.¹⁴ Naloxone kits (used to reverse the effects of an opioid overdose) are offered to anyone leaving custody.

Support services, delivered by community organizations or regional health authorities, are inconsistently available across the province. Overdose Prevention Sites (OPS) provide space for people to use drugs under supervision. Like other services such as shelters, foodbanks, and treatment centres, during COVID-19, many OPS operated at decreased capacity.

People leaving prison may be less aware of harm reduction initiatives such as the Lifeguard App. Peer mentorship and support programs are a promising practice.^{15,16}

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