

# Responding to BC's Illegal Drug Overdose Epidemic

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Progress Update  
**January 2018**



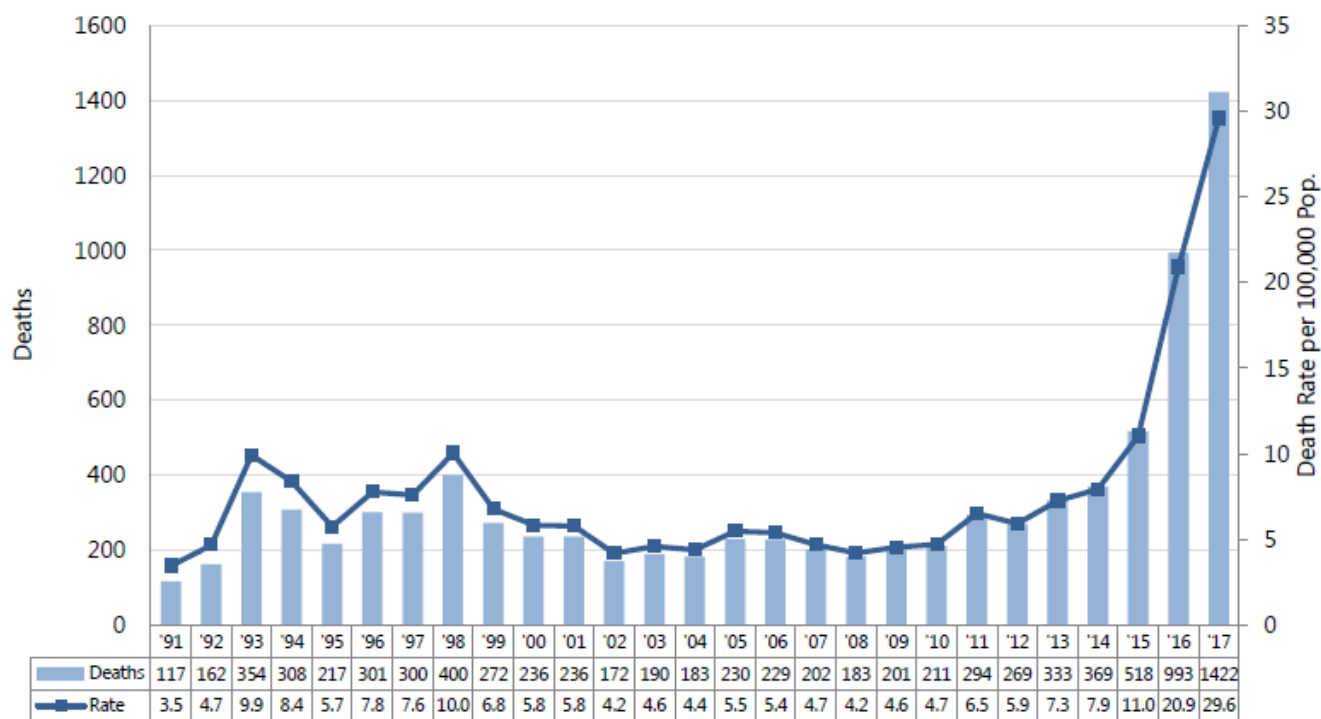
Ministry of  
Mental Health  
and Addictions

## BACKGROUND

In British Columbia, 2017 marked the worst year on record for illegal overdose deaths; 1,422 people died – a 43% increase from 2016 (993) at an average of 3.9 deaths per day. Males accounted for 82% of all overdose deaths in 2017; the majority of individuals who died were between the ages of 19 and 59, but of these just over half were 30 to 49 years old.

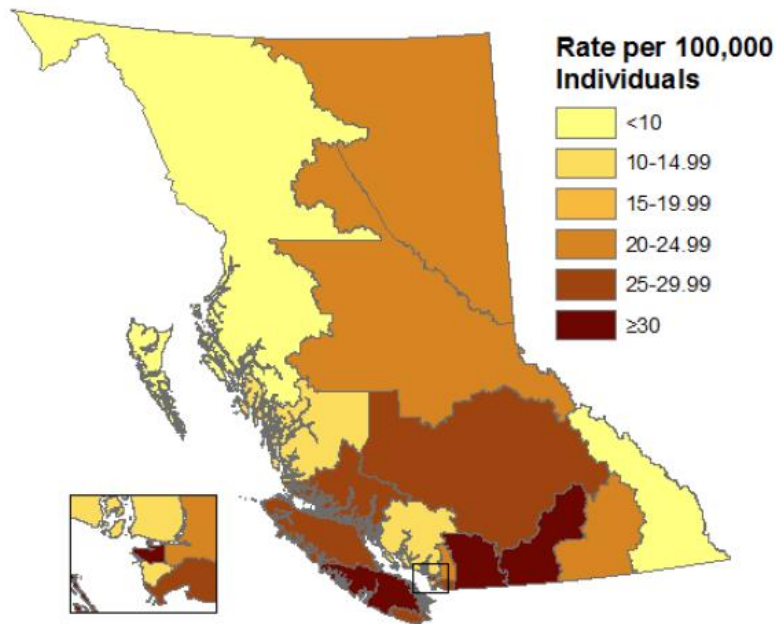
Nearly 90% of deaths occurred inside, which means people who use drugs alone and in the absence of medical intervention remain at high risk of overdose death. There were significantly fewer deaths during the last four months of 2017 (average of 96 deaths per month) than the first eight months of the year (average of 129 deaths per month). Analysis is underway to determine the causes and/or influences of this decrease.

Although fentanyl has been detected in illegal drug overdose deaths since 2012, it is clear that BC's illegal drug supply is now highly contaminated with potent and unregulated synthetic opioids. Fentanyl was detected in the majority of overdose deaths (81%) in 2017; this is a considerable increase from 2016 (63%). Carfentanil was also detected in a small proportion of deaths; urine screening by LifeLabs has shown the presence of additional fentanyl analogues, including furanylfentanyl, cyclopropyl fentanyl, and a designer opioid referred to as U-47700.



**Figure 1: Illegal Drug Overdose Deaths in BC**  
(BC Coroners Service, January 1, 2007 – December 31, 2017)

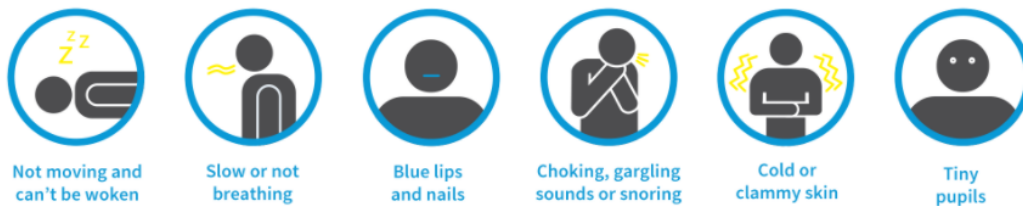
In 2017, the overall rate of illegal drug overdose deaths in BC was 29.6 deaths per 100,000 people; this is a 42% increase from 2016 where the rate was 20.9 per 100,000 people. As shown in Figure 2, every area of the province experienced a rate of at least 10 overdose deaths per 100,000, with the highest rates experienced in Vancouver, Okanagan, Fraser East, Central Vancouver Island, and North Vancouver Island Health Service Delivery Areas.



**Figure 2: Illegal Drug Overdose Death Rate by Health Service Delivery Area (BC Coroners Service, December 31, 2017)**

BC’s public health emergency related to illegal drug overdose deaths continues to hit every corner of the province. Everyone has a part to play; get informed; get help; get involved.

### Know the signs of an overdose



*IF ANY SIGNS OF AN OVERDOSE ARE PRESENT CALL 911 IMMEDIATELY!*

## KEY AREA 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:**

- The Province has partnered with the BC Centre for Disease Control and the BC Pharmacy Association to offer free kits at pharmacies under the Take Home Naloxone Program to ensure everyone who needs a kit has access.
- Funding has been allocated to specific public safety initiatives, including supporting multidisciplinary approaches to bring together mental health, social service and police agencies to proactively address persons that are at elevated risk for overdose
- The BC Centre on Substance Use released an evidence review on drug checking services

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:**

- In partnership with the Vancouver Canucks, the Province launched a public awareness campaign and a new website, [www.StopOverdoseBC.ca](http://www.StopOverdoseBC.ca)
- The [Peer Engagement and Evaluation Project \(PEEP\)](#) worked with peers and providers across the province to develop and release best practice guidelines
- The [Peer Engagement and Evaluation Project \(PEEP\)](#) also developed the Compassionate Engagement Modules – a series of interactive case studies developed to address stigma and discrimination experienced by people who use drugs

3. **Building a network of mental health and addiction treatment services:** Services that support treatment of and recovery from addiction.

**Progress:**

- The number of providers who can prescribe opioid substitution therapy has continued to climb significantly (nearly 50% between June 1 and December 31, 2017). As a result, the number of people receiving opioid substitution therapy has reached over 27,500 as of December 31, 2017
- The Guidelines and Protocols Advisory Committee released draft guidelines for external review on the diagnosis and management of opioid use disorder in primary care; among other key recommendations, the guidelines reflect the BC Centre on Substance Use's clinical opioid use disorder treatment guidelines in supporting buprenorphine/naloxone as first-line treatment, do not support withdrawal management in the absence of long-term opioid substitution therapy, and support the provision of Take home Naloxone kits for patients at risk of overdose

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.

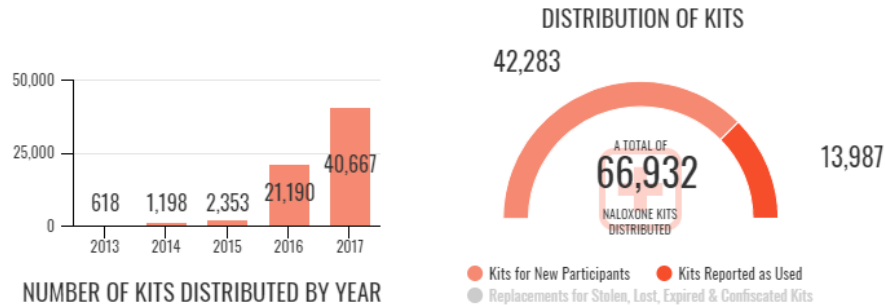
**Progress:**

- The Ministry of Municipal Affairs and Housing made a major funding announcement of \$13 million to provide supportive housing for people living with mental health and substance use issues in Surrey.
- Over 200 agencies and nearly 2,000 individuals have received psychosocial support from the Mobile Response Team.

# 1. SAVING LIVES

## Broader Access to No-Cost Naloxone

Since 2013, over 66,000 Take Home Naloxone kits have been distributed free of charge (over 40,000 kits in 2017 alone). As of December 20, 2017, the Province has partnered with the BC Centre for Disease Control and the BC Pharmacy Association to offer free kits at pharmacies under the Take Home Naloxone Program to ensure everyone who needs a kit has access. Nearly 14,000 kits have been reported as used to reverse an overdose since the inception of the Take Home Naloxone program began in 2013.



## Overdose Prevention Services



From December 2016 to January 8, 2018, there have been over 545,000 visits to 25 overdose prevention sites in the province. 2,500 overdoses have been reversed, and zero deaths have been recorded.

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### ***Drug Checking as a Harm Reduction Intervention***

In December 2017, the BC Centre on Substance Use released an evidence review on drug checking services as a harm reduction intervention. The report concludes that while more research is needed to determine how drug checking services influence behaviours of people who use drugs, the existing evidence suggests that drug checking has been effective in monitoring the rapidly changing market of illegal substances, and that this information may be helpful to people who use drugs, both regularly or occasionally. In November 2017, BC expanded drug checking services to all overdose prevention and supervised consumption service locations in the province.

Read the report here: <http://www.bccsu.ca/wp-content/uploads/2017/12/Drug-Checking-Evidence-Review-Report.pdf>

### ***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.

To continue the work already underway, the Ministry of Public Safety and Solicitor General has allocated \$31.3 million over three years which is specifically directed to some critical initiatives, including:

- to disrupt the drug supply line in local neighbourhoods, the Ministry is working through the Provincial RCMP and Combined Forces Special Enforcement Unit (CFSEU-B.C.) to provide new dedicated anti-trafficking teams with additional officers and support staff. This means more boots on the ground to go after, arrest, and prosecute dangerous and violent street-level drug traffickers in BC communities
- to stem the flow of fentanyl into our province, financial support is increasing for all police agencies for enforcement against organized crime importers and traffickers, through the provinces gang unit (CFSEU-B.C.), including more funding for projects that specifically target traffickers
- to shield officers from exposure while they engage in their work, support is increasing to supply police with naloxone and training, as well as special equipment such as detection and protective gear
- providing more support for police-based outreach in their own communities.

The Ministry of Public Safety and Solicitor General is also providing more than \$7 million over the next three years to the BC Coroners Service specifically to expand the Drug-Death Investigations Team, which will help to resolve backlog and meet the significant increase in workload and lab testing. This will provide timely, accurate data to inform new strategies in this public health crisis.

In addition, the Ministry of Public Safety and Solicitor General will allocate funding to explore new provincial legislation tools for police such as regulating pill presses and tableting machines. Funding will also be provided for multidisciplinary approaches to bring together mental health, social service and police agencies to proactively address persons that are at elevated risk for overdose.

Taking these actions will reduce opportunities for criminals to prey on people who struggle with addictions, increase opportunities on the front lines to support people in crisis, and increase community resilience to support vulnerable people, and increase our knowledge about overdose deaths to inform prevention efforts.

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## 2. ENDING THE STIGMA AROUND ADDICTIONS AND MENTAL ILLNESS

### *Stop Overdose*

The provincial overdose awareness campaign was launched in partnership with the Vancouver Canucks on January 29, 2018. The campaign's ambassador is retired Canuck goaltender, Kirk McLean; as a professional athlete, he's known several colleagues who struggled with addiction.

The campaign aims to knock down walls of silence and stereotypes that stigmatize drug users and encourage citizens to see people who use drugs as real people. The campaign encourages people to strike up honest conversations about addiction with friends, family members, and co-workers.

A new website, [www.stopoverdoseBC.ca](http://www.stopoverdoseBC.ca), launched and will continue to expand in the coming weeks. The campaign will also be promoted in Rogers Arena at all Canucks home games and other events, such as concerts.



### *Peer Engagement and Evaluation Project (PEEP)*

The [Peer Engagement and Evaluation Project \(PEEP\)](#) is an innovative initiative to ensure everyone across the province has equal access to harm reduction services. The goal of PEEP is to establish an enhanced peer engagement network with best practice recommendations so service providers BC-wide can work with peers in their communities to better meet local needs.

Over the past three years, PEEP visited communities across BC to talk to people who use drugs and providers about peer engagement and harm reduction. As research partners, peers and providers helped to develop and release the following resources:

- [Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and other providers](#)
- [Peer Engagement Principles and Best Practices: A brief summary](#)
- [How to involve people who use drugs](#)
- [Respectful Language infographic](#)

### *Compassionate Engagement Modules*


The [Peer Engagement and Evaluation Project \(PEEP\)](#) is an innovative initiative to ensure everyone across the province has equal access to harm reduction services. PEEP developed the Compassionate Engagement Modules – a series of interactive case studies developed to address stigma and discrimination experienced by people who use drugs. Access the modules by visiting: <http://towardtheheart.com/reducing-stigma>

## **3. BUILDING A NETWORK OF MENTAL HEALTH AND ADDICTION TREATMENT SERVICES**

### *Expanding Access to Opioid Substitution Therapy*

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. 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 BC patients receiving treatment from a total of 401 providers; 21 months later at December 31, 2017 there were 27,553 BC patients receiving treatment from a total of 1,365 providers.

	<b>As of June 1, 2017 (TOTAL)</b>	<b>As of Dec 31, 2017 (TOTAL)</b>	<b>% change between June 1 and Dec 31, 2017</b>
<b># of BC providers that prescribed opioid substitution therapy</b>	853	1,365	60%
<b># of BC patients on opioid substitution therapy</b>	22,743	27,553	21%
<b># of new BC patients on opioid substitution therapy</b>	2,472	5,583	126%
<b># of BC pharmacies that dispensed opioid substitution therapy</b>	1,032	1,103	7%



### *Opioid Use Disorder Guidelines*

In response to the guidelines released by the BC Centre on Substance Use on the clinical treatment of opioid use disorder, the Guidelines and Protocols Advisory Committee posted draft guidelines for external review. Among other key recommendations, the guidelines support buprenorphine/naloxone as a first-line treatment for opioid use disorder, do not support withdrawal management in the absence of opioid substitution therapy or linkage to continuing care, and promote the provision of a Take Home Naloxone kits to patients who are risk of overdose.

It is expected that the guidelines will be posted as final in the coming weeks. For more information, read the draft guidelines here: [Opioid Use Disorder: Diagnosis and Management in Primary Care](#)



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

### *Psychosocial Support for Front-Line Providers*

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

205 front-line agencies and nearly 2,000 helpers, peers, volunteers and staff have received psychosocial support services.

### *Housing Supports*

The Ministry of Municipal Affairs and Housing made a major funding announcement of \$13 million to provide supportive housing for people living with mental health and substance use issues in Surrey. To learn more, visit: <https://news.gov.bc.ca/releases/2018MAH0003-000035>

## CONCLUSION

BC 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 other 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 BC'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.