



**BRITISH
COLUMBIA**



Overdose Emergency Response Centre

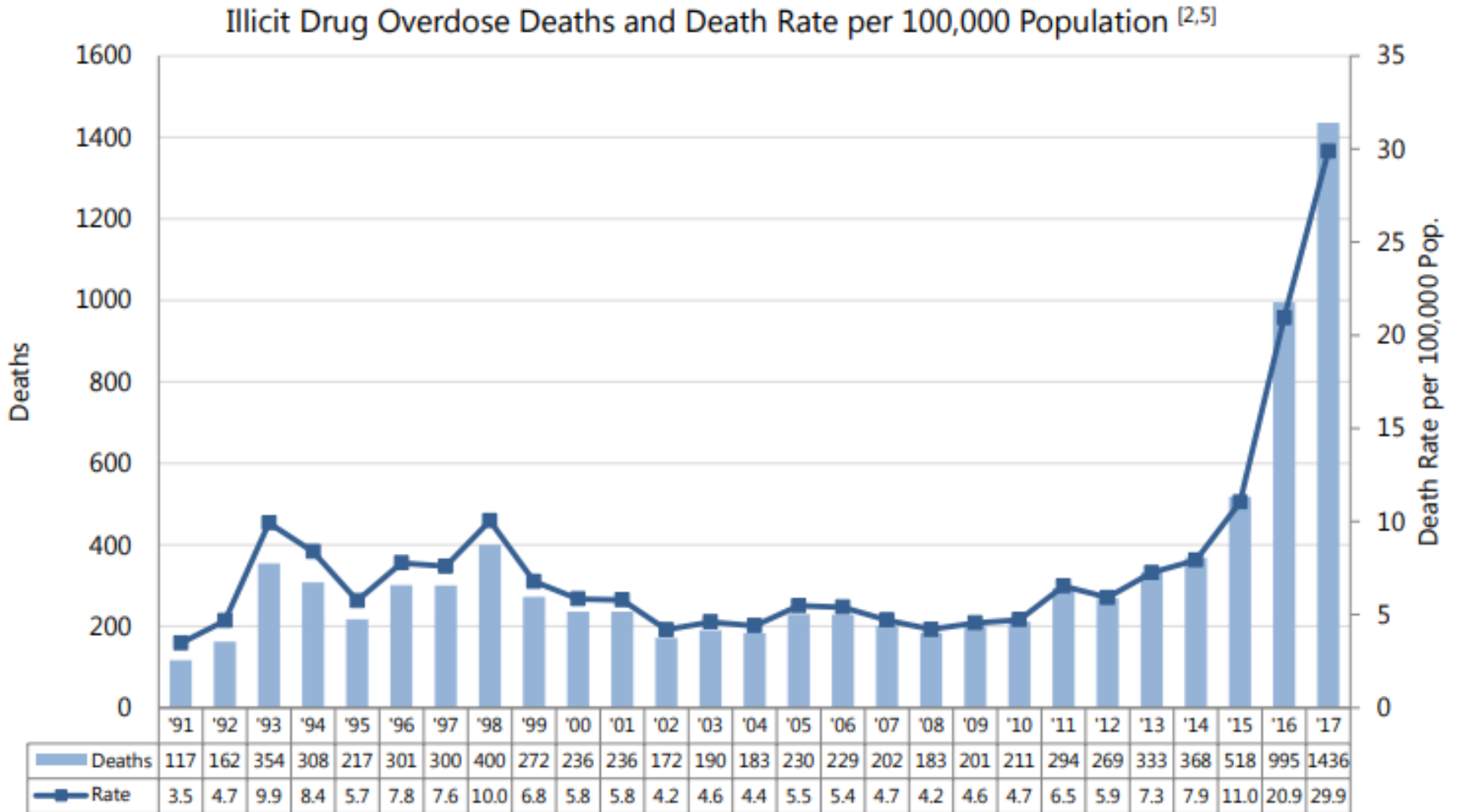
Boost Collaborative

March 15, 2018

**Patricia Daly
Chief Medical Health Officer
Vancouver Coastal Health**

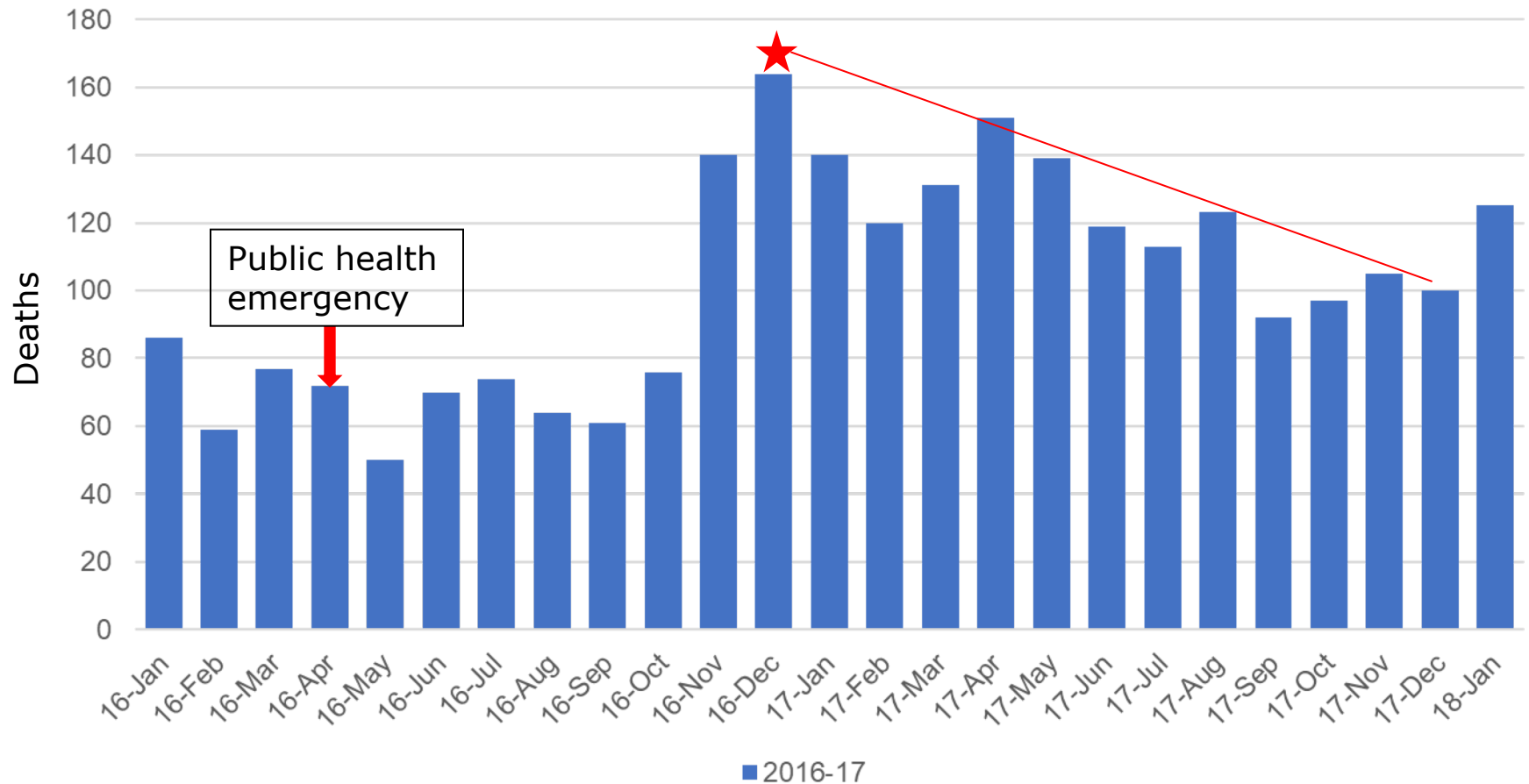
BC Illicit Drug Overdose Deaths 1991-2017

BC Data and Rates



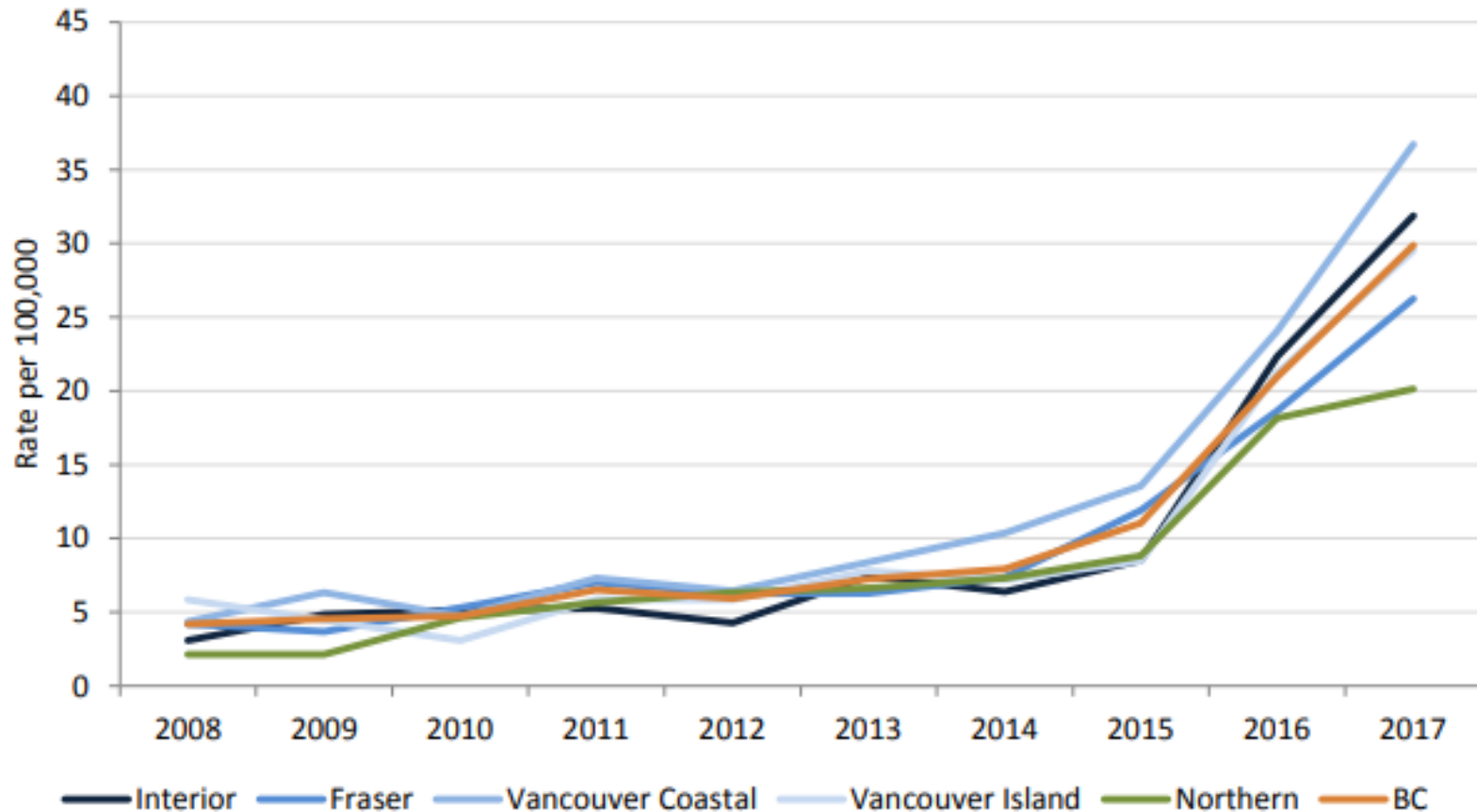
Source: BC Coroners Service

BC Illicit Drug Overdose Deaths



BC Illicit Overdose Death Rate

Illicit Drug Overdose Death Rates by Health Authority, 2008-2017



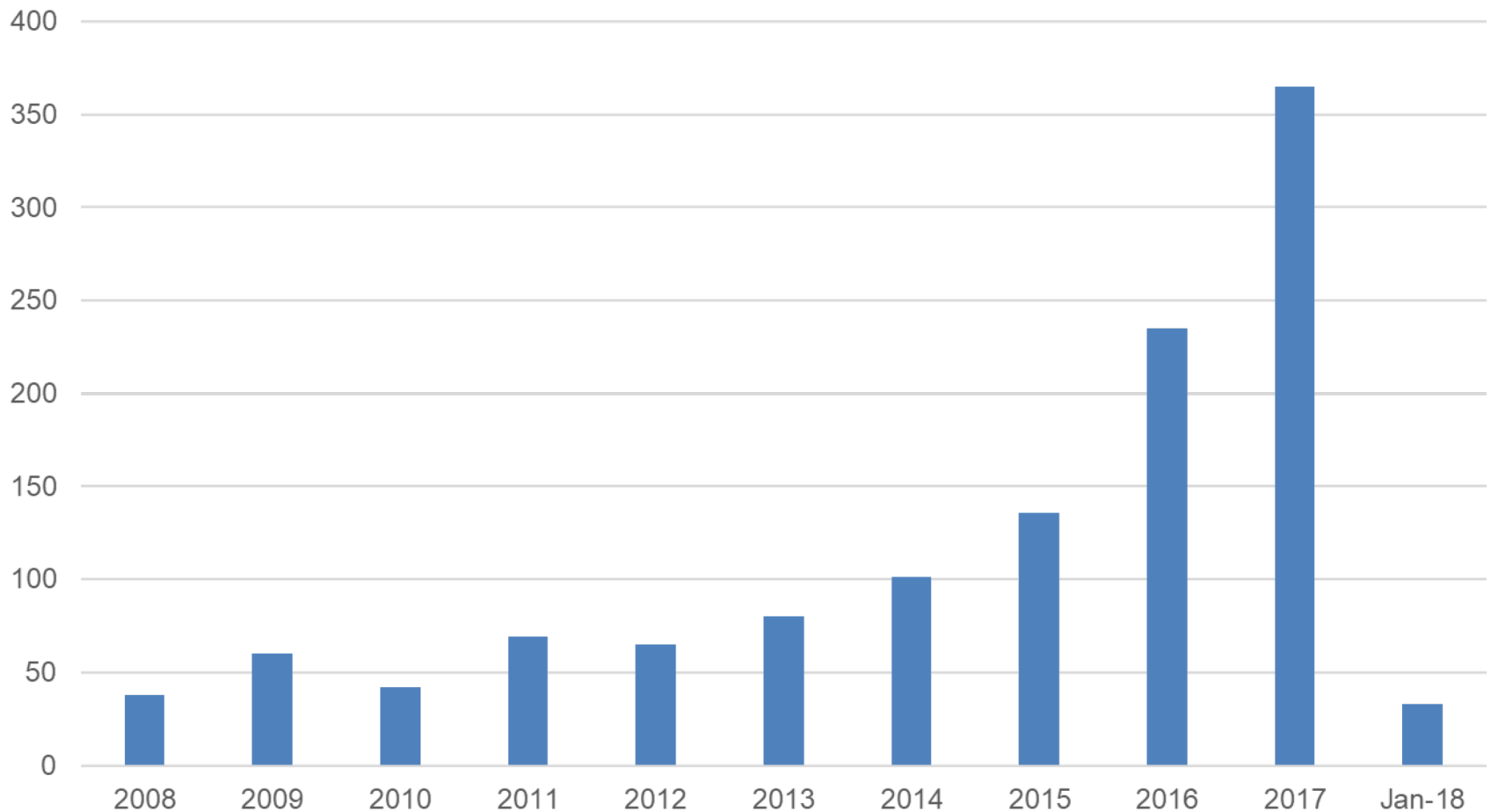
Illicit Drug Overdose Deaths 2017

- Death rate ↑42% from 2016 (↑ 90% from 2015 to 2016)
- 90% 19-59 years of age, 82% male
- 88% of deaths indoors, 60% in private residences
- Highest rate: VCH; highest number: Fraser
 - 63% of deaths Fraser and VCH
 - 33% of deaths VIHA and IH
 - 4% of deaths Northern

Reminder: Status First Nations (Data from Jan 2015-Jul 2016)

- 3X increased risk of death compared to non-Status FN
- Overdose events: 52% male, 48% female

Vancouver Illicit Drug Overdose Deaths 2008-18



Provincial Context



Overdose Emergency Response Centre (OERC)

- Mandate to reduce opioid overdose deaths
- Includes expanding Opioid Agonist Therapy
- Dedicated funding provided to each health authority



Provincial Mental Health and Addictions Plan

- Responsibility of new Ministry to set strategy
- Planning underway; includes health authorities



Risk Factors for Addiction and Mental Illness

- Housing, poverty, early childhood development, Indigenous reconciliation
- Broader government approach

Overdose Emergency Response Centre

- Announced Dec. 1, 2017
- Located at Emergency Operations Centre, Vancouver General Hospital
- Director: Miranda Compton



Regional Response Teams

- Leads from each regional health authority
 - Public Health, Medical and Operation leads
 - VCH: Reka Gustafson, Mark Lysyshyn, Caitlin Etherington
- Funding for one dedicated FTE from MMH&A
 - Chris Van Veen

Mandate:

- Develop and lead Regional Response Teams
- Actively monitor community overdose indicators and support response
- Develop Community Action Teams

Community Action Teams

- Announced Feb. 1 in Abbotsford
- Communities with most urgent need
- Membership: Municipality, First Nations, First Responders, Community Agencies, Divisions of Family Practice, Lived experience/family groups
- Up to \$100,000 in grant funding available per community



Community Action Teams

- Vancouver
- Richmond
- Powell River
- Surrey
- Langley
- Abbotsford
- Maple Ridge
- Chilliwack
- Victoria
- Campbell River
- Nanaimo
- Duncan
- Port Alberni
- Kelowna
- Kamloops
- Vernon
- Prince George
- Fort St. John

Comprehensive Package of Interventions

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u></p> <p>Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access.</p>	<p><u>Social stabilization</u></p> <p>Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food.</p>
<p><u>Overdose Prevention Services</u></p> <p>Supporting a diversity of community-level, low barrier services tailored to population/ community needs.</p>	<p><u>Peer empowerment and employment</u></p> <p>Providing individual skills and capacity building initiatives within individuals and communities with lived experience.</p>
<p><u>Acute overdose risk case management</u></p> <p>Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.</p>	<p><u>Cultural safety and humility</u></p> <p>In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities.</p>
<p><u>Treatment and Recovery</u></p> <p>Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment and recovery services.</p>	<p><u>Addressing stigma, discrimination, and human rights</u></p> <p>Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination.</p>

Priorities 2018

1. Overdose Prevention Services

- Establish as a standard of practice

2. Drug Checking Services

- Fentanyl test strips and spectrometers
- Potential to reduce risk among those consuming drugs in private residences

3. Referral to Outreach Teams

- Screen for opioid use at healthcare sites e.g. EDs
- Refer to outreach teams for follow-up, linkage to care

4. Treatment options available where needed

- Methadone, Suboxone™, oral morphine, injectable hydromorphone
- Continuity of care for those leaving Provincial Corrections

Anti-Stigma Campaign

- Launched Jan. 29 by Minister Darcy, Kirk McLean
- Link to resources: www.StopOverdoseBC.ca
- Featured at all Canucks home games



Challenges

- **Injectable hydromorphone expansion**
 - Needed for small percentage of high risk opioid users
 - Stand-alone clinic model (SALOME)
 - Other options: Community pharmacies, supportive housing, primary care, supervised consumption sites/overdose prevention sites
 - Challenge:
 - High drug cost; significantly lower drug cost if dispensed from health authority pharmacies
 - Potential solutions:
 - MOU with community pharmacies

Challenges

- Expanding drug checking
 - Knowledge of contamination can reduce risk
 - Challenges:
 - Currently only available at Supervised Consumption Sites/Overdose Prevention Sites
 - Cost of machine and technician for mass spectrometer
 - Potential solutions:
 - Stand-alone drug checking sites
 - Pilot fentanyl test strips for home use
 - Pilot dispensing hydromorphone pills for home consumption, as an alternative to the contaminated illegal drug supply

Challenges

- **Lack of treatment capacity**
 - Referral to outreach teams e.g. from EDs, requires places to connect clients to care
 - Challenges:
 - Specialty addiction clinics cannot flow patients back to primary care
 - Uneven access to addiction treatment around the province
 - Potential solutions:
 - Work with Divisions of Family Practice

BC Methadone and Suboxone™

June 1, 2017

1. Number of Prescribers: **853**
2. Number of Patients on OAT: **22,743**
3. Number of New Patients on OAT: **2,472**
4. Number of Pharmacies Dispensing OAT: **1,032**

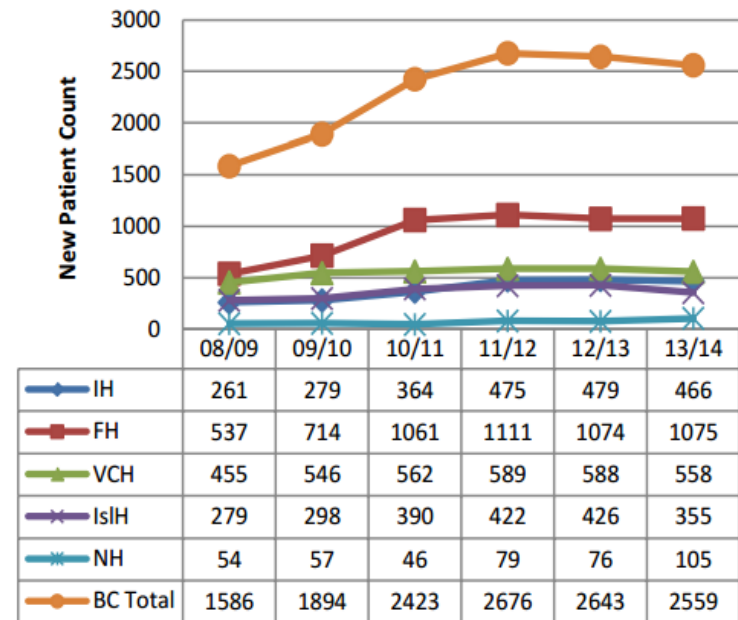
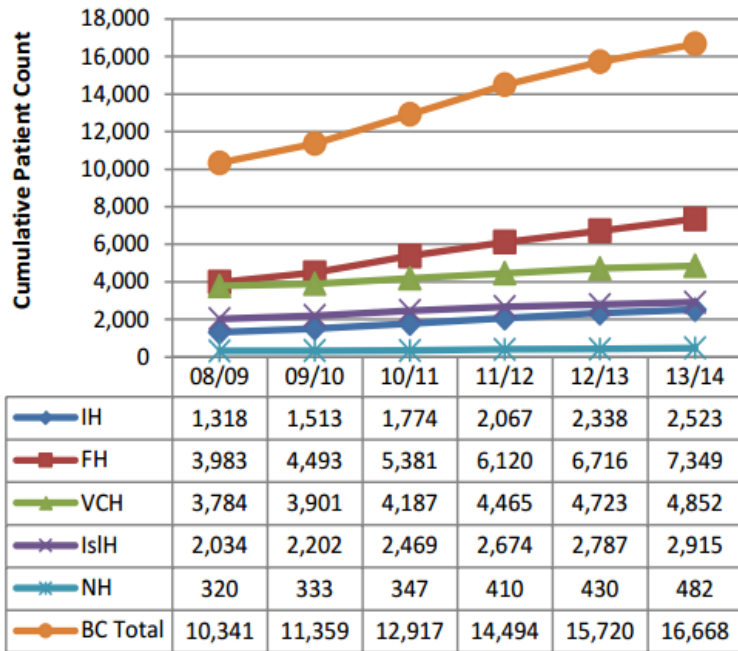
December 1, 2017

1. Number of Prescribers **1,365**
2. Number of Patients on OAT: **27,553**
3. Number of New Patients on OAT: **5,583**
4. Number of Pharmacies Dispensing: **1,103**

Treatment Concerns

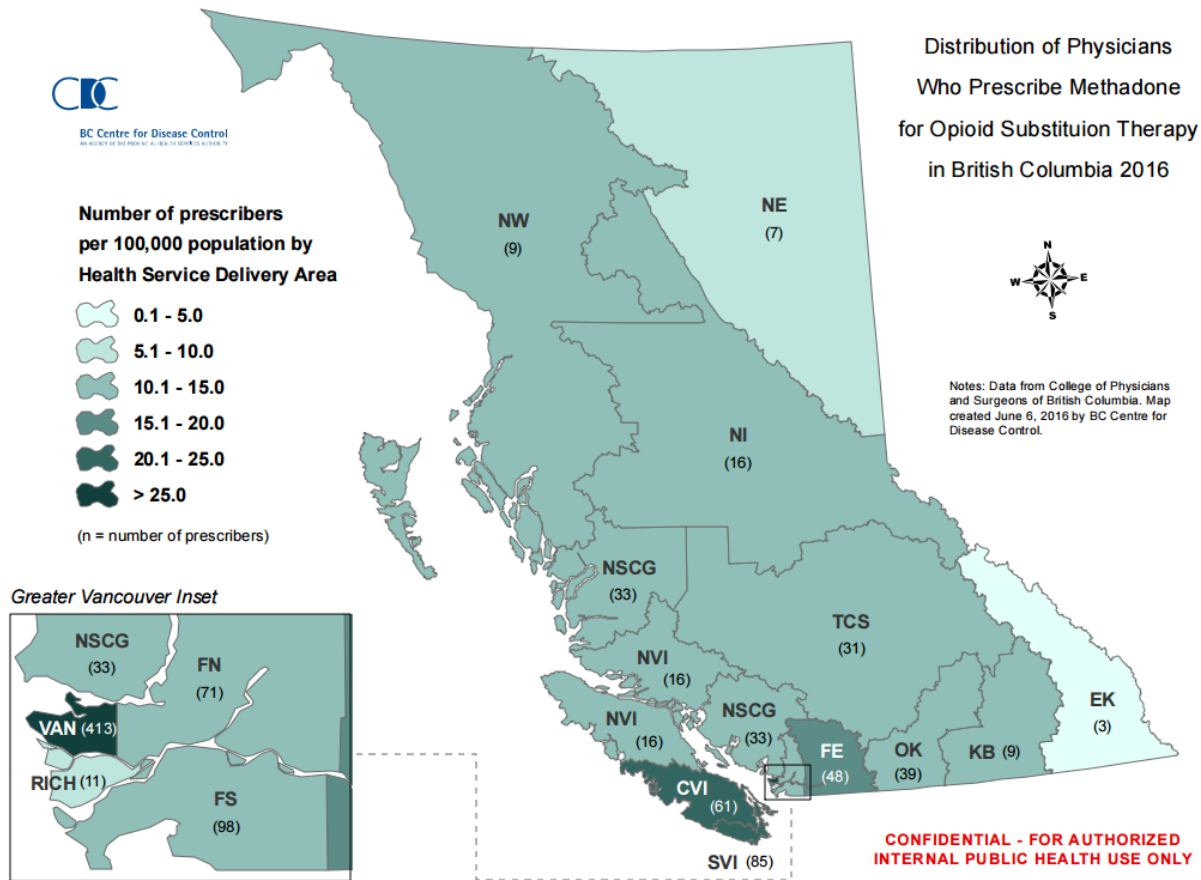
- No data on continuity of care for those on OAT (cascade of care)
- Evidence of increased risk of death when treatment is interrupted
 - E.g. leaving Provincial Corrections, during or after Detox or Residential Treatment

Opioid Substitution Treatment

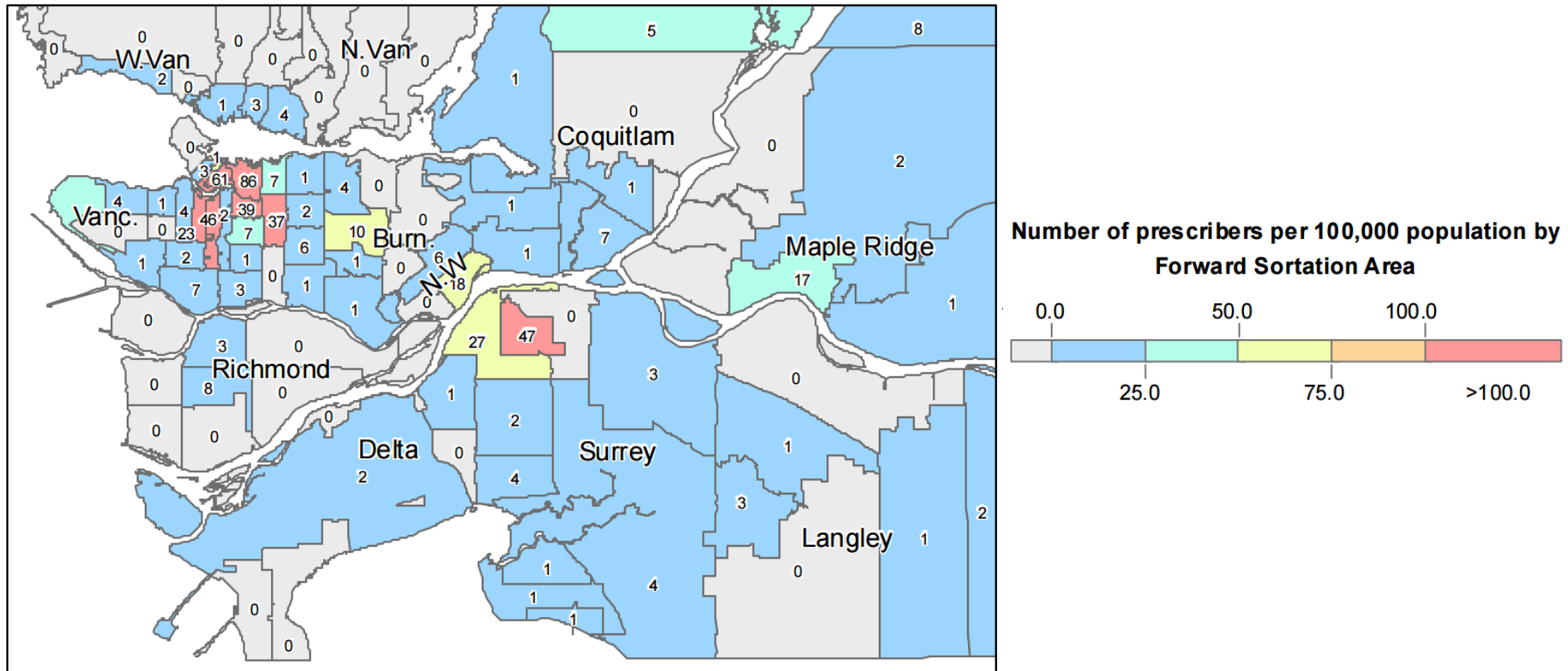


Cumulative and new patient count for OST, by Health Authority, BC, 2008/2009 to 2013/2014.

Opioid Substitution Treatment



Opioid Substitution Treatment



Distribution of physicians who prescribe methadone for OST, by forward sortation area, Greater Vancouver, 2016