

Drug Overdose Public Health Emergency: Interior Health Response

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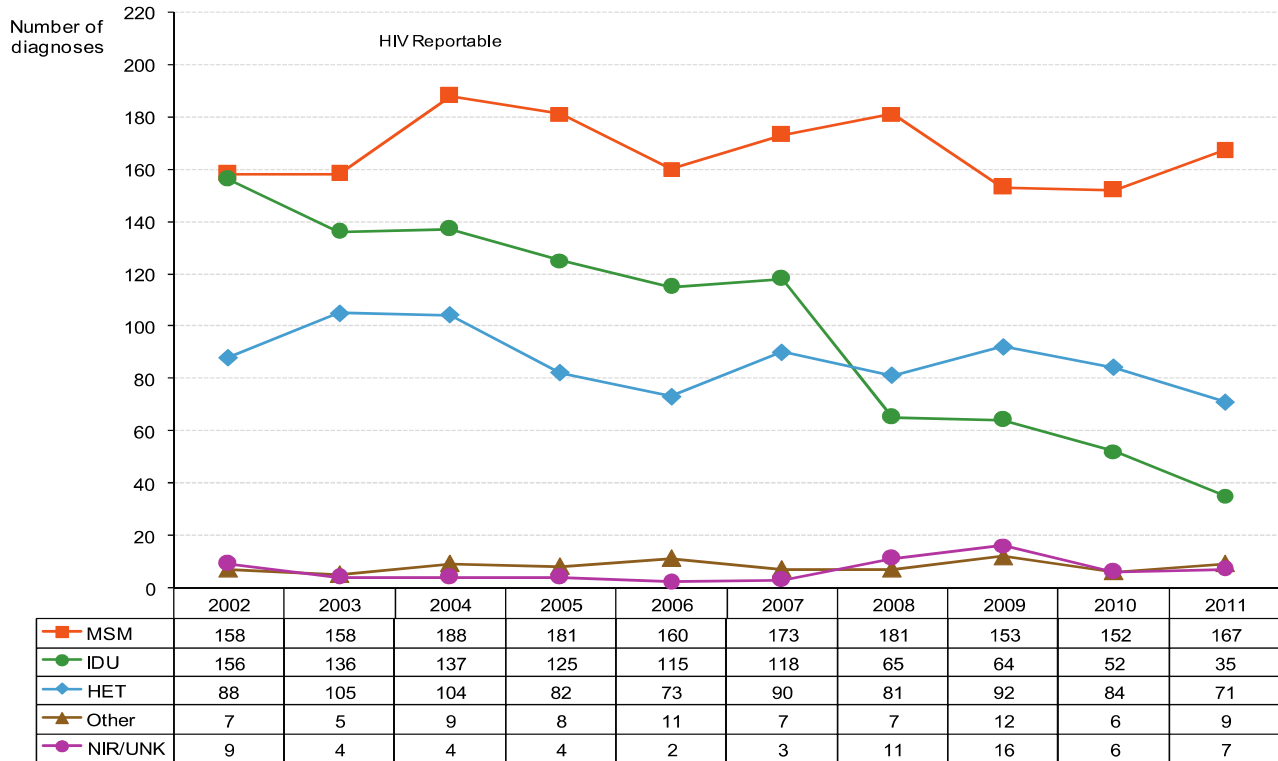
Interior Health
Every person matters

Purpose

- To describe new HIV infections and overdose deaths from injection drug use in BC and the interior region
- To situate the overdose deaths in the context of Harm Reduction strategies
- To outline the meaning and intent of the Public Health Emergency regarding overdose deaths
- To engage in a discussion regarding current planning, stakeholder engagement, and a public health response

Historical HIV Diagnoses in BC

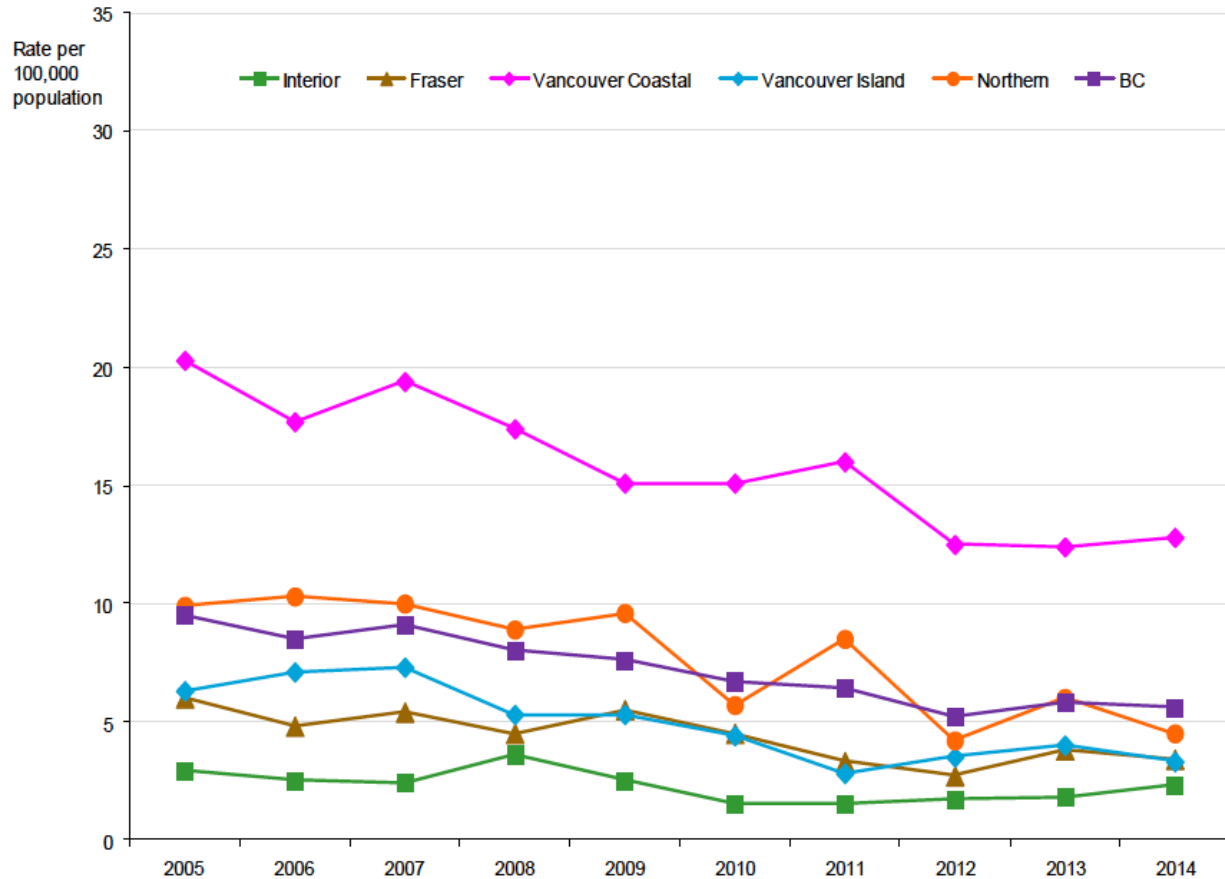
15. New HIV diagnoses in BC by exposure category - total, 2002 to 2011



BCCDC, 2011

HIV Diagnoses in BC's Interior

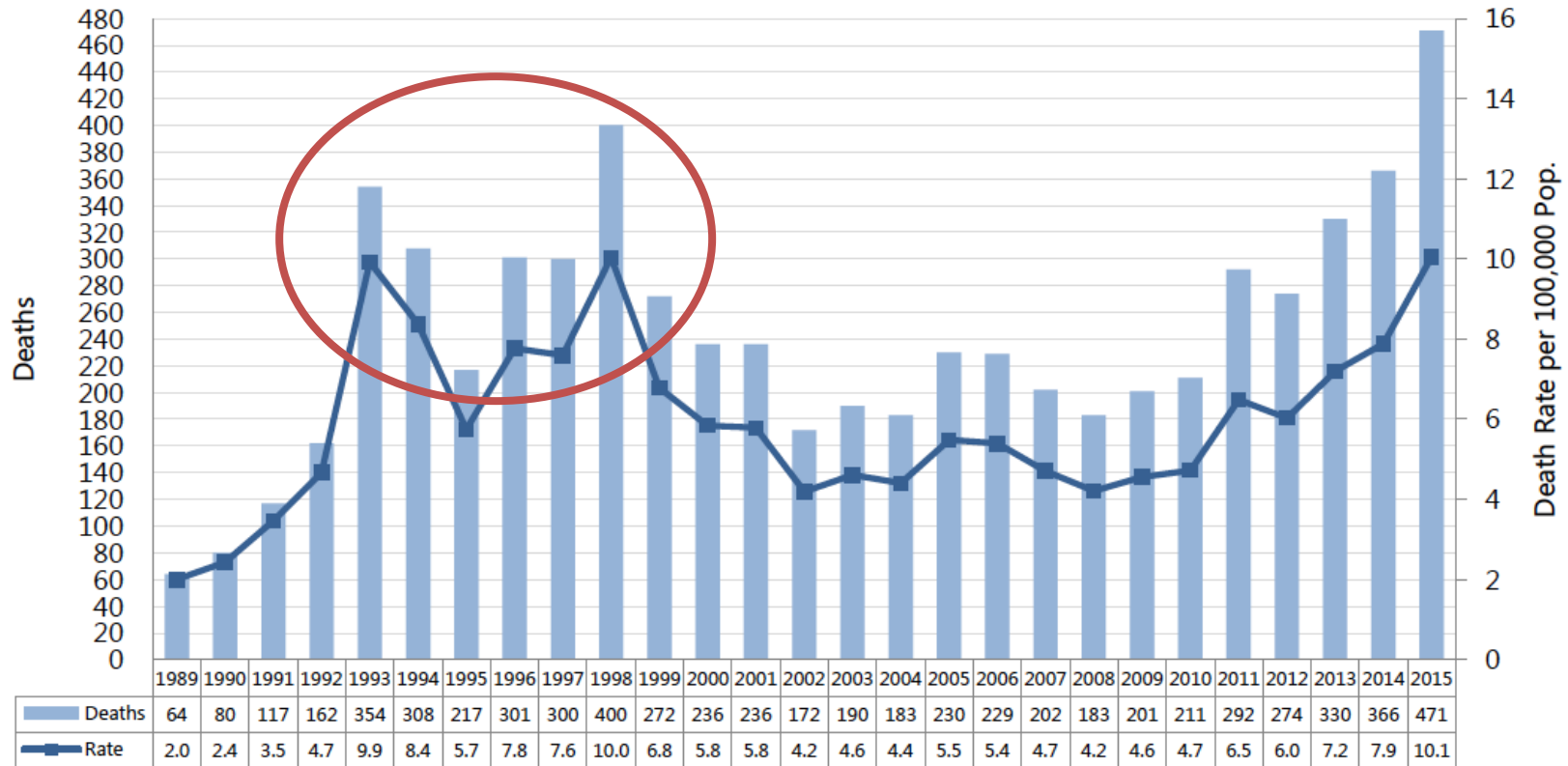
New HIV diagnoses in BC by health authority, 2005 to 2014



BCCDC, 2014

Historical Overdose Deaths in BC

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population, British Columbia



Data and analysis courtesy of BC Coroners Service, 2016

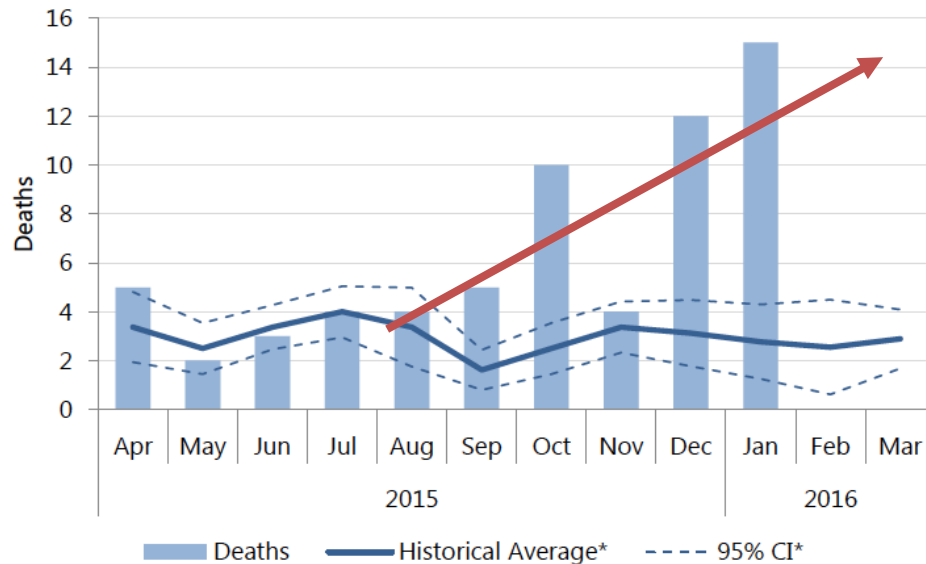
Overdose Deaths in BC's Interior

Illicit Drug Overdose Deaths by Region, 2007-2016*

Region	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Metro	75	60	77	63	93	88	112	130	159	55
Fraser	45	51	49	74	99	90	88	111	169	55
Interior	32	20	33	35	37	31	49	44	60	39
Island	36	44	34	24	47	46	59	56	60	42
Northern	14	8	8							
Total	202	183	201	224	277	271	328	343	439	251

* 2016 data include Jan-Mar

Illicit Drug Overdose Deaths by Month, Interior Region



Data and analysis courtesy of BC Coroners Service, 2016

Overdose Deaths by Township

Illicit Drug Overdose Deaths by Township of Injury, 2007-2016*

Township [†]	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Vancouver	59	38	60	42	68	68	80	101	121	42
Surrey	22	20	23	32	42	44	36	42	68	23
Abbotsford	3	4	4	10	16	7	9	7	24	8
Maple Ridge	5	2	6	3	4	5	10	14	23	8
Kelowna	6	2	5	9	14	8	11	12	19	11
Nanaimo	2	2	6	4	8	6	20	15	18	11
Victoria	19	29	13	13	17	17	25	19	17	13
Burnaby	9	12	8	9	10	10	13	11	16	8
Prince George	5	2	4	1	6	10	7	10	13	2
Coquitlam	2	2	5	2	3	6	1	10	11	4
New Westminster	1	4	2	6	6	3	5	9	11	2
Langley	3	5	2	3	9	5	10	10	10	4
Chilliwack	3	4	2	2	8	8	6	6	9	1
Vernon	3	1	4	6	7	1	11	6	8	3
Kamloops	11	7	7	10	2	5	8	8	7	11
North Vancouver	2	3	1	3	2	2	4	9	6	-
Richmond	-	1	3	4	4	1	3	3	5	1

* 2016 data include Jan-Mar

† Table only includes townships with five or more deaths in 2015.

Data and analysis courtesy of BC Coroners Service, 2016

Harm Reduction

Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic harms associated with the use of psychoactive substances...

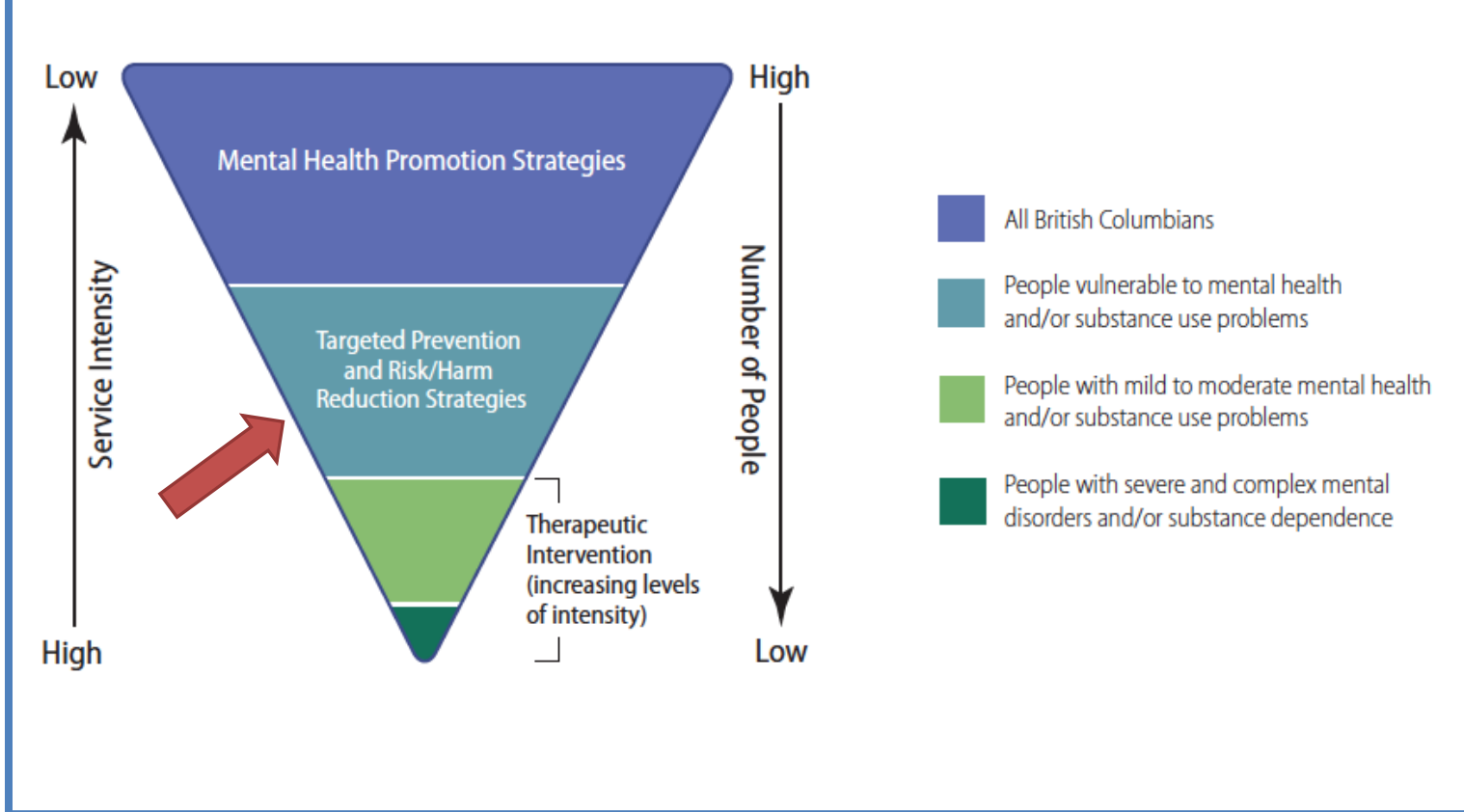
BC Harm Reduction Strategies and Services, BCCDC, 2016

Essential Components

- Describes the spectrum of psychoactive substance use: abstinence, beneficial, non-problematic, problematic, chronic dependence
- Acknowledges that persons participate in all forms of substance use across this spectrum
- Activities are aimed at both short-term and long-term solutions to decrease the harms related to substance use to the individual, a population, and their community
- Interventions should be humanistic, pragmatic, evidence based, transparent, collaborative, and user informed

Where Does Harm Reduction Fit?

Intervention Approaches Across Specific Population Groups



Suite of Harm Reduction Activities

Safe supportive and educated communities

Easy access to health care services

High and low threshold treatment

Substance replacement (methadone)

Safer consumption services

Safer tools for users (THN, needles)

Needle Distribution Programs

- Clean needle distribution programs introduced in the 1990's reduced the spread of HIV, Hepatitis B and C
- Distribution and collection of needles at the Outreach Urban Health site in downtown Kelowna each month:
 - Needles distributed, approx. 14,000
 - Needles collected, approx. 11,000 (7,600 on-site, 3,600 off-site) or 75-80%
 - Sharps containers distributed, approx. 200
- Education/encouragement of clients to dispose of the needles safely
- Safe disposal of needles is voluntary on behalf of users

Safe Consumption Services

Requirements for an application for an exemption under Section 56 of the Controlled Drugs and Substances Act

1. Scientific evidence demonstrating a medical benefit to individuals or public health associated to activities undertaken at the SCS
2. Information to support the need for the site (i.e. specific target client population, local drug scene in the vicinity of the site)
3. Consultations with letters from stakeholders
 - a. Provincial/Territorial Minister responsible for health
 - b. Local government (i.e. municipality)
 - c. Head of police force
 - d. Lead public health professional
 - e. Provincial/Territorial Public safety minister
4. Consultation with professional licensing authorities for physicians and for nurses
5. Community views: Consultations with community groups from the municipality in which the site would be located
6. Description of the Measures that will be taken address Concerns of public health and public safety
7. Financial support
8. Description of other drug treatment services available at the site (i.e. counseling, methadone program)
9. Health, safety and security of clients, staff and local community: Guidelines and protocols to demonstrate that procedures are in place to protect the health and safety of people in and around the SCS
10. Information Management
11. Proposed personnel

Emergency Declared on April 14, 2016



Minister Terry Lake MOH, and Dr. Perry Kendall PHO

Public Health Emergency

What is it a public health emergency?

A regulated opportunity for Medical Health Officers to collect more robust, real-time information on overdoses (recoveries and deaths) to support health authorities in planning local interventions and response.

Why do we need it?

- ✓ To better understand the circumstances in which overdoses occur at a local level
- ✓ To identify geographic variation and those persons who are most at-risk
- ✓ To support more targeted public health action including education, harm reduction, and access to treatment
- ✓ To reduce the number of overdose recoveries and overdose deaths

**Re: Provincial Health Officer Notice - *Public Health Act* S.B.C. 2008,
Chapter 28, section 52 (2)**

Further to the provisions of section 52 (2) of the *Public Health Act*, I hereby provide notice that the apparent increasing availability of highly toxic, illegally produced opioid fentanyl analogues and resulting increases in people overdosing and mortality associated with the use of these substances, alone or with other illegally and legally produced opioids and other drugs, in the Province of British Columbia, constitutes a regional event as defined under section 51 of the *Public Health Act*.

On the basis of the information that has been reported to me in my capacity as the Provincial Health Officer, I reasonably believe that criteria (a) and (b) listed in *Public Health Act* section 52 (2) applies:

- ★ (a) the regional event could have a serious impact on public health;
- ★ (b) the regional event is unusual or unexpected;

★ The purpose of providing this notice is to enable improved surveillance of and response to this overdose situation as may be supported through application of *Public Health Act* sections 53 (a), 54 (1) (k) and 57.

While this notice allows medical health officers to exercise the powers granted to them under all of Part 5 of the *Public Health Act*, at this time these additional powers should only be exercised in relation to the purpose of this notice with respect to improving surveillance of and response to the situation mentioned above.

Signed this, the 14th day of April 2016, in the City of Victoria in the Province of British Columbia.

Sincerely,



P.R.W. Kendall
OBC, MBBS, MHSc, FRCPC
Provincial Health Officer

Opportunities

- Enhanced surveillance of overdoses and response will support more proactive and reactive harm reduction activities
- Education and the creation of a safer community environment for users will increase awareness of the risk of drug use and the benefits of harm reduction
- Engagement and transparency both as principles and legal requirements of harm reduction will support better multi-sector collaboration

Stakeholder Engagement

1. Bring Key Stakeholders Together
2. Create a Leadership and Organizational Structure
3. Identify Key Community Partners
4. Conduct Needs Assessment and Inventory of Local Services
5. Develop a Locally-Driven Harm Reduction Strategy
6. Mobilize the Community and Implement the Strategy
7. Monitor Implementation and Adjust Course if Needed
8. Communicate Results

Harm reduction: A British Columbia Community Guide, BC Gov, 2005

Next Steps

Interior Health is at various stages and steps in developing harm reduction strategies and policies with municipalities and regional districts.

In the context of a Public Health Emergency we need to enhance our stakeholder engagement as we enhance our response to the crisis.

Stakeholder input and insight is essential to achieving successful outcomes for communities, residents and persons who use drugs.

Discussion

What questions about overdose deaths and harm reduction do you have that we can answer now?

What are your thoughts and ideas for implementing a successful strategy to reduce blood born infections and overdose deaths?

How and who should we be engaging with as we move forward over the next 3 months, 6 months, and beyond?