

OVERDOSE
DEATH IS
PREVENTABLE.

31 AUGUST

INTERNATIONAL OVERDOSE
AWARENESS DAY

EVERY OVERDOSE IS SOMEONE'S CHILD



BC Centre for Disease Control

An agency of the Provincial Health Services Authority



Scottish Drug Forum
June 19, 2018

Changing Perceptions and Practice - The Experience in British Columbia

Jane Buxton MBBS, MHSc, FRCPC
Harm reduction lead BC CDC



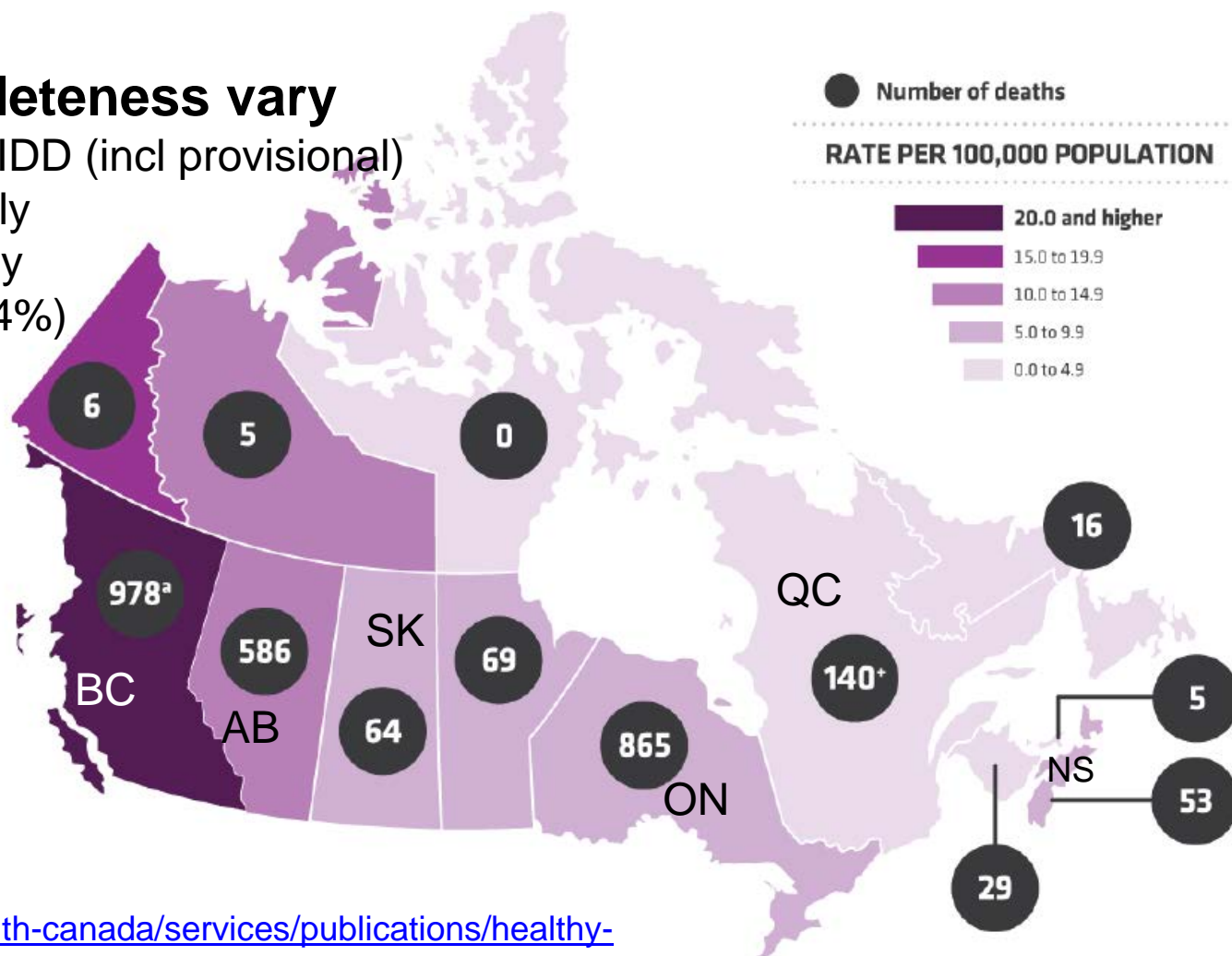
Overview

- Background OD crisis
 - Illicit drug deaths and the emergence of fentanyl
- Are attitudes about drug use in BC changing?
 - Consistent messages (DOAP)
 - Media
 - Naloxone can change discourse
 - PWLE as experts and leaders – PEEP evidence based
 - Acknowledgement of need to be compassionate and inclusive: stigma causes deaths

Opioid-related deaths in Canada 2016

Definitions & completeness vary

- BC all unintentional IDD (incl provisional)
- AB opioid deaths only
- SK closed cases only
- QC closed cases (44%)





BC Centre for Disease Control
AN AGENCY OF THE PRINCIPAL HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



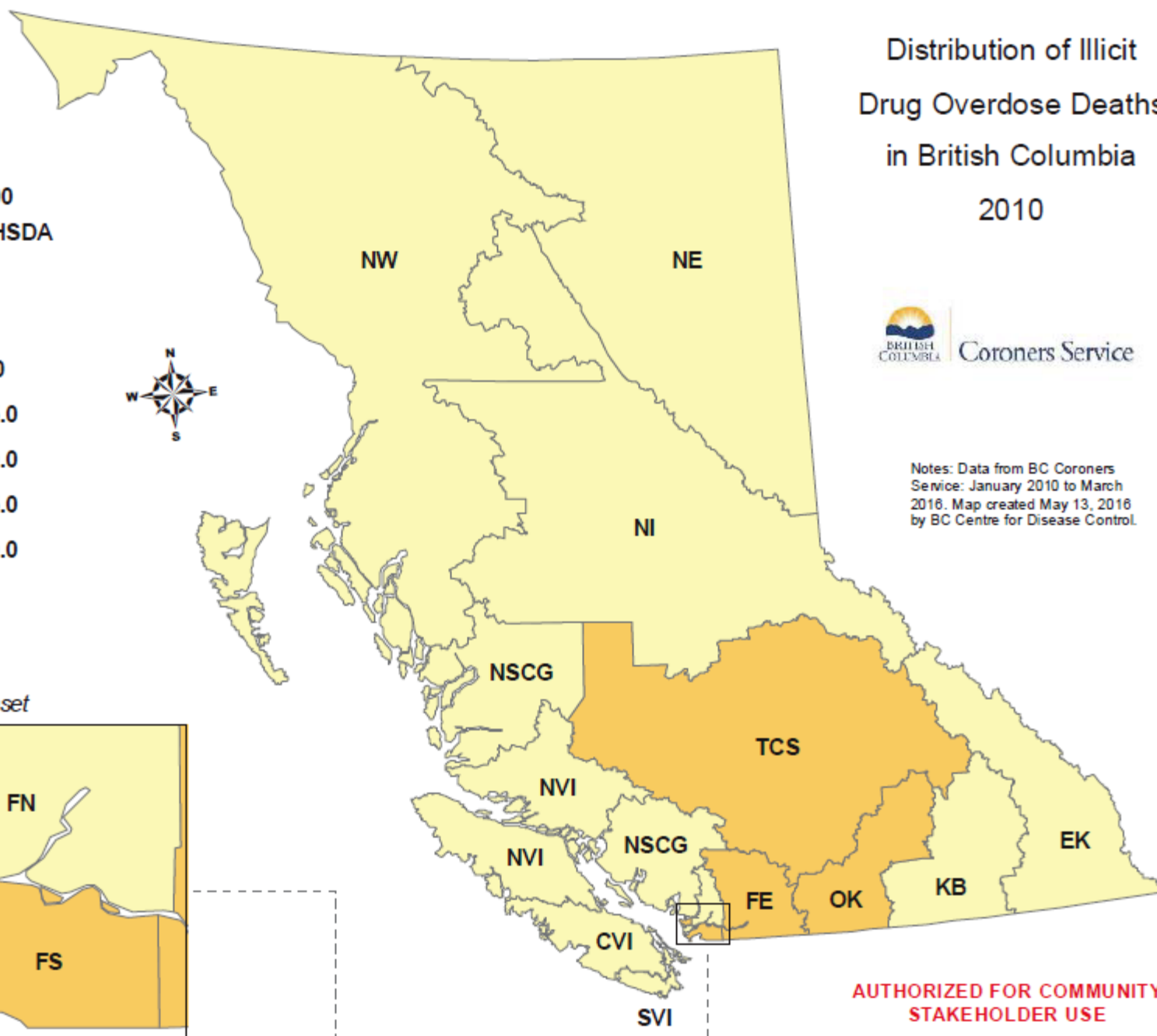
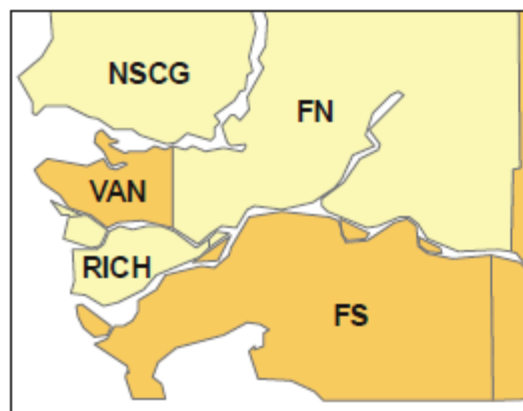
Distribution of Illicit Drug Overdose Deaths in British Columbia 2010



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to March
2016. Map created May 13, 2016
by BC Centre for Disease Control.

Greater Vancouver Inset

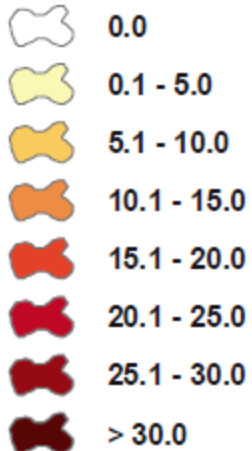


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



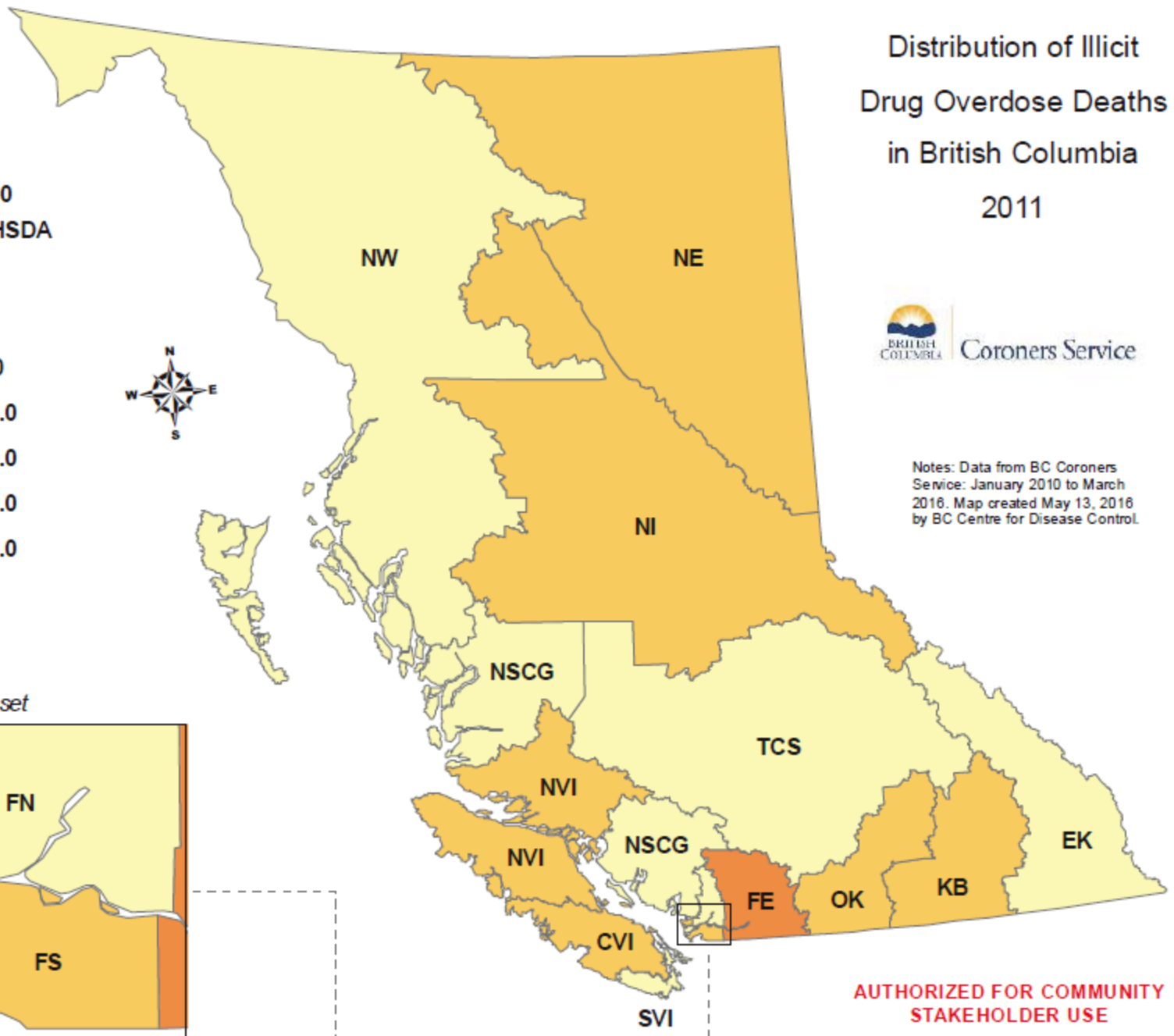
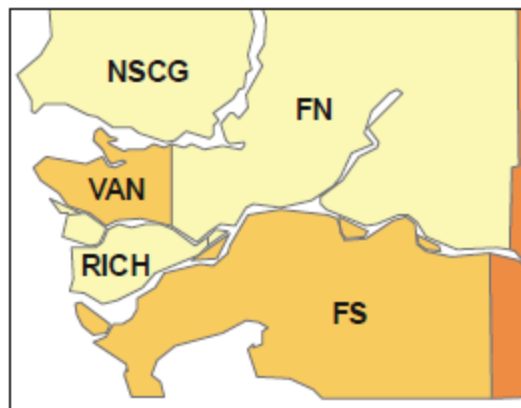
Distribution of Illicit Drug Overdose Deaths in British Columbia 2011



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to March
2016. Map created May 13, 2016
by BC Centre for Disease Control.

Greater Vancouver Inset

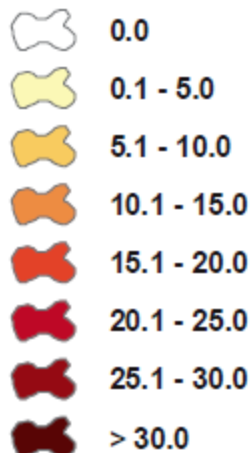


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



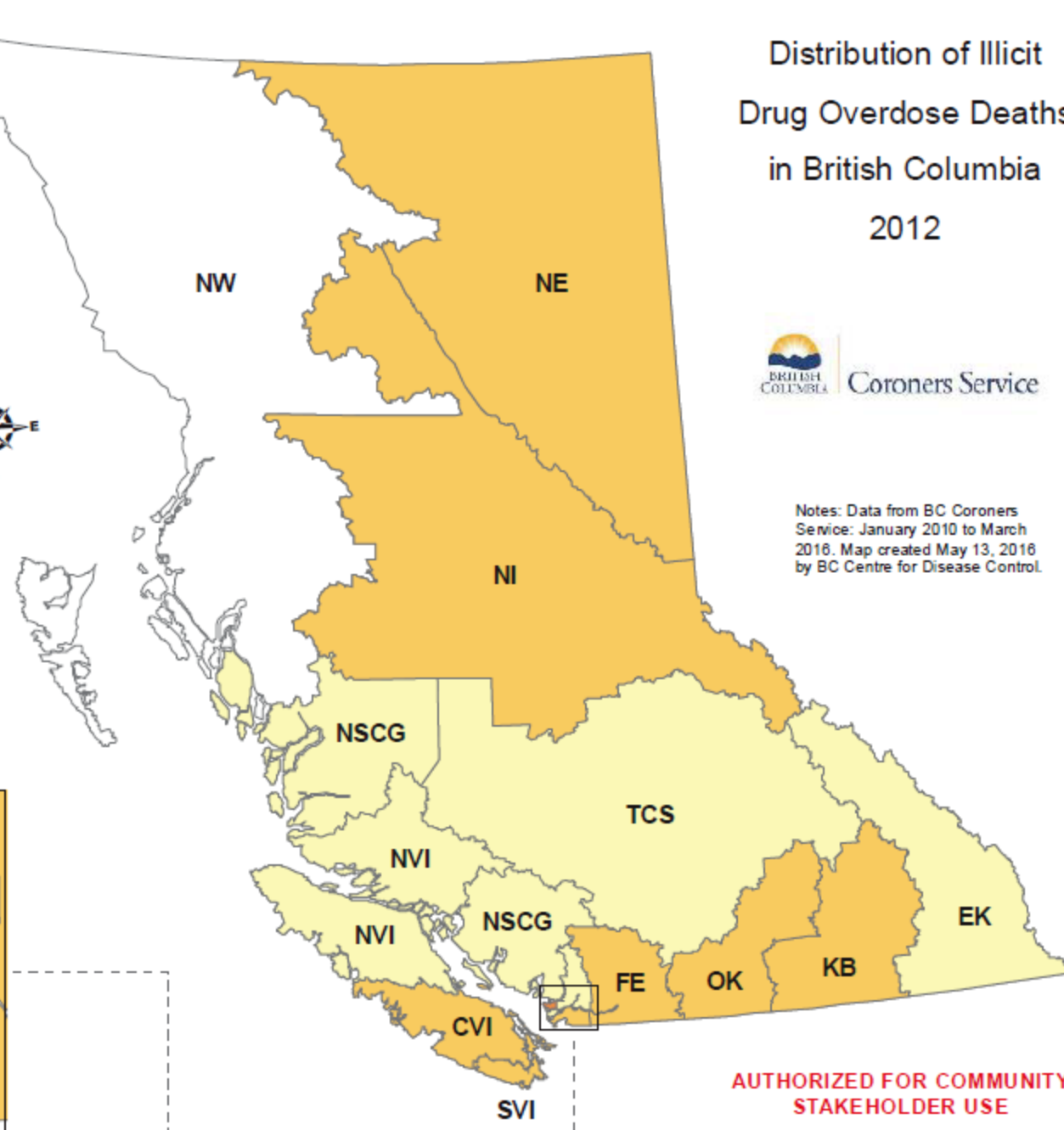
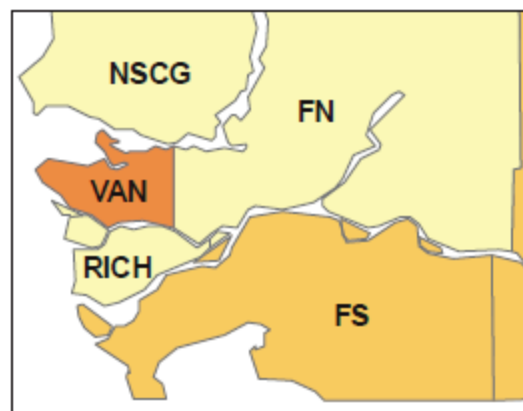
Distribution of Illicit Drug Overdose Deaths in British Columbia 2012



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to March
2016. Map created May 13, 2016
by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



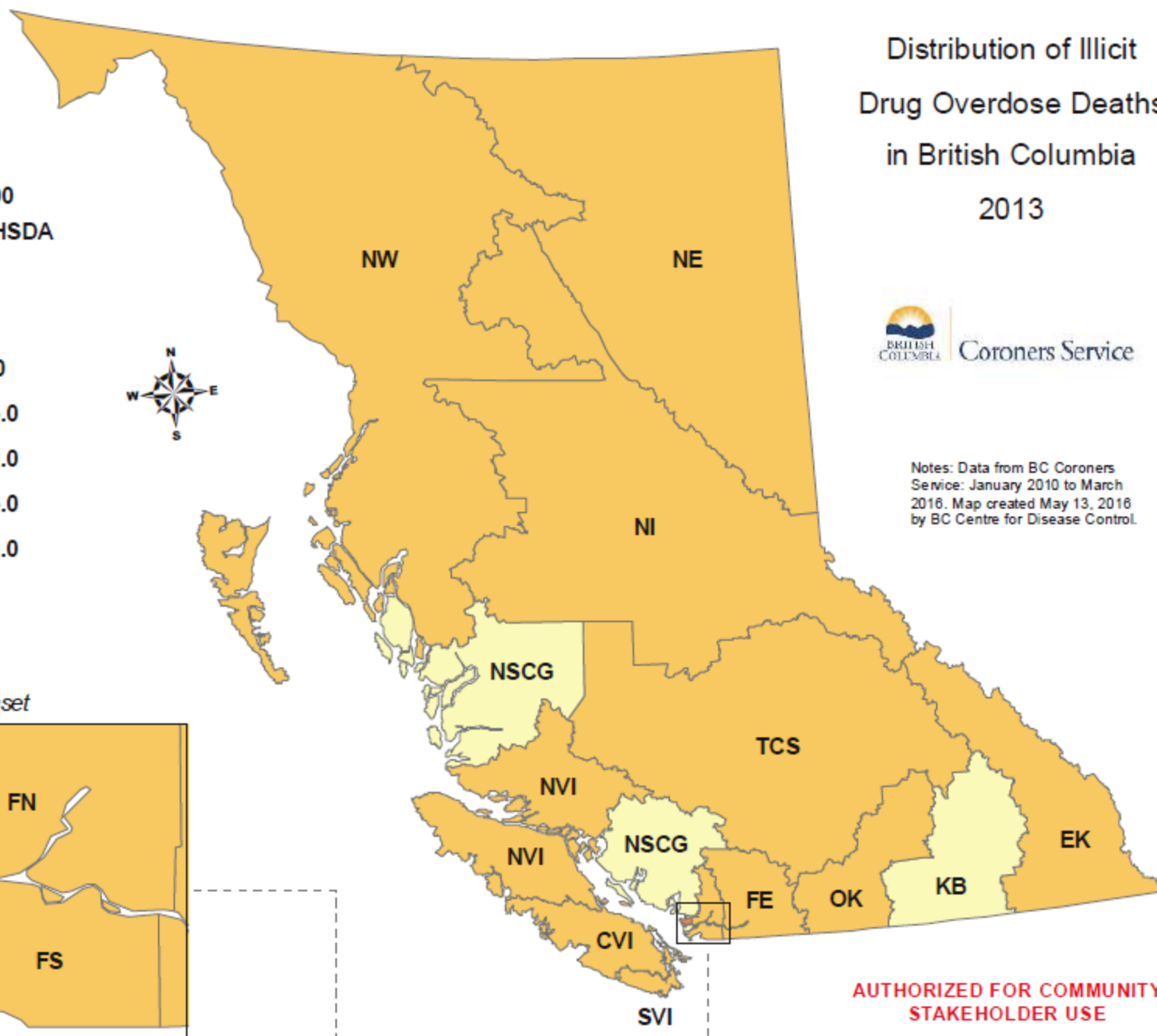
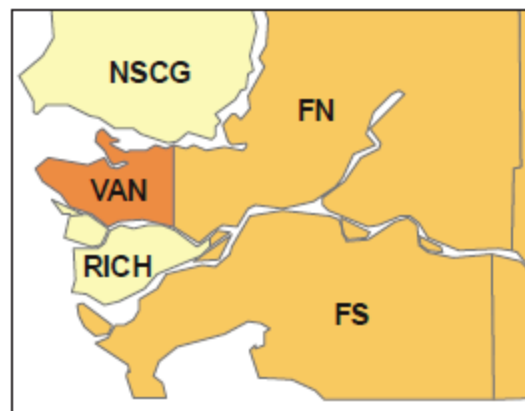
Distribution of Illicit Drug Overdose Deaths in British Columbia 2013



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to March
2016. Map created May 13, 2016
by BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE PRINCIPAL HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



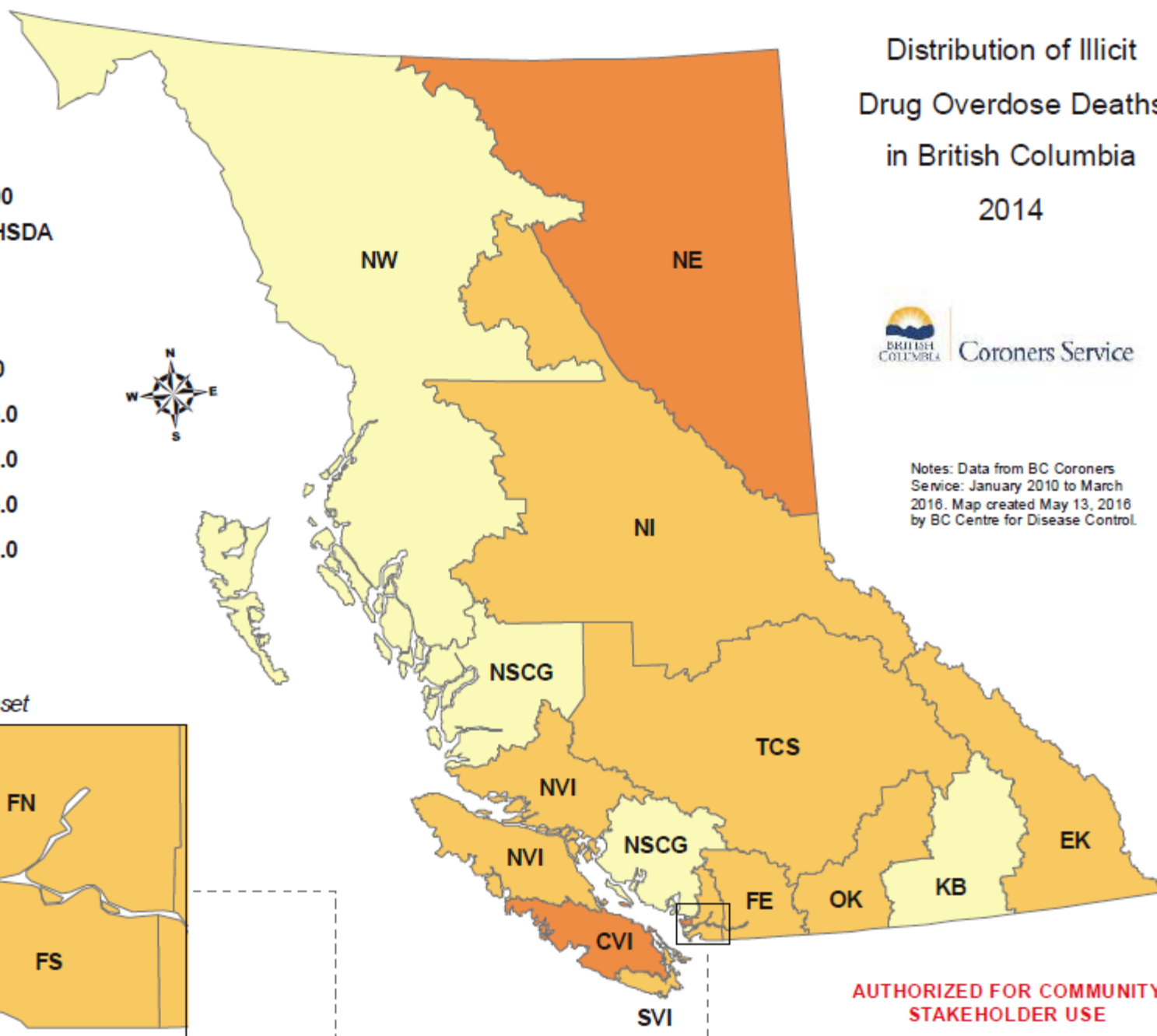
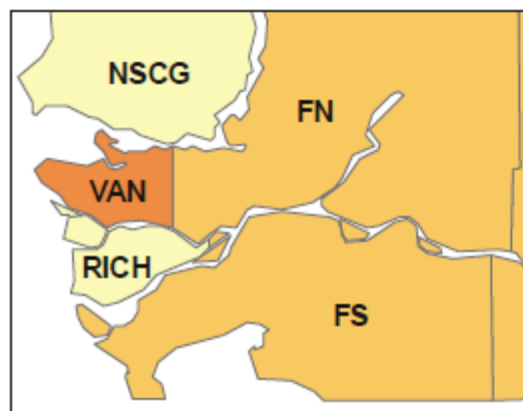
Distribution of Illicit Drug Overdose Deaths in British Columbia 2014



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to March
2016. Map created May 13, 2016
by BC Centre for Disease Control.

Greater Vancouver Inset

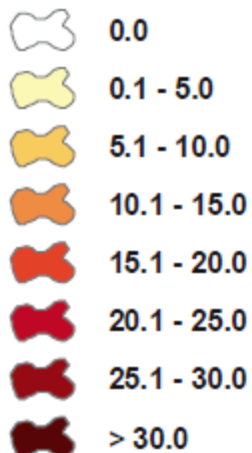


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE PROVINCE OF BRITISH COLUMBIA

Rate per 100,000
population by HSDA



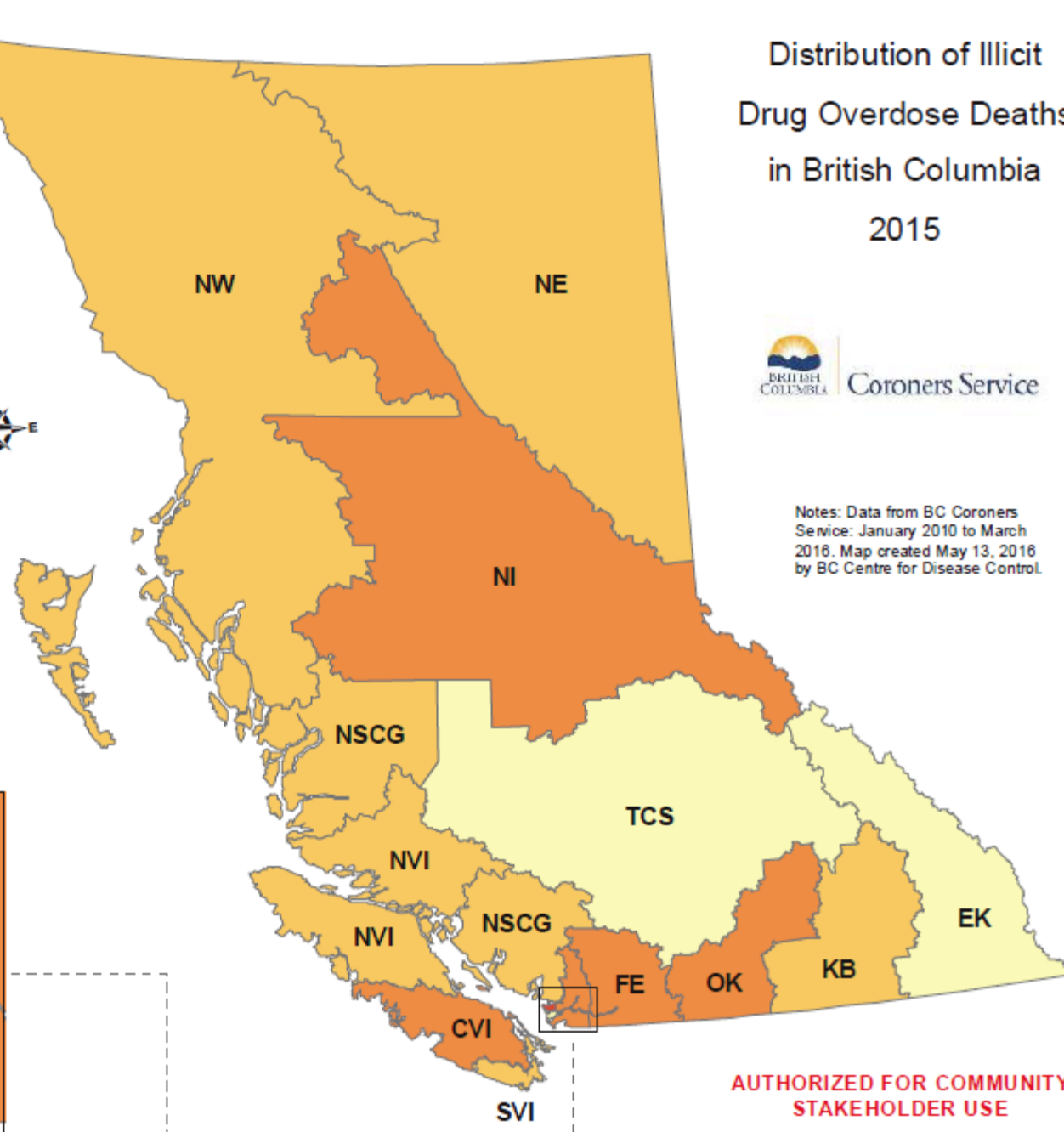
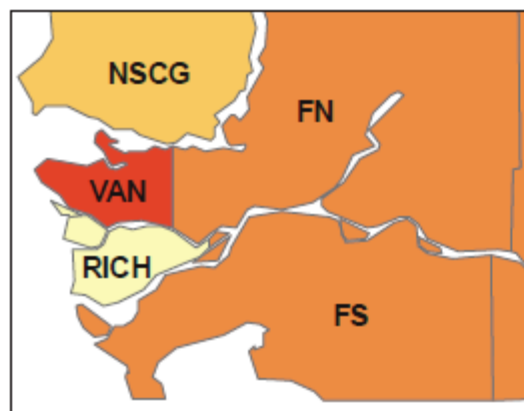
Distribution of Illicit Drug Overdose Deaths in British Columbia 2015



Coroners Service

Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.

Greater Vancouver Inset

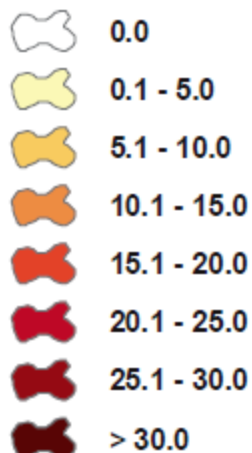


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE PRINCIPAL HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



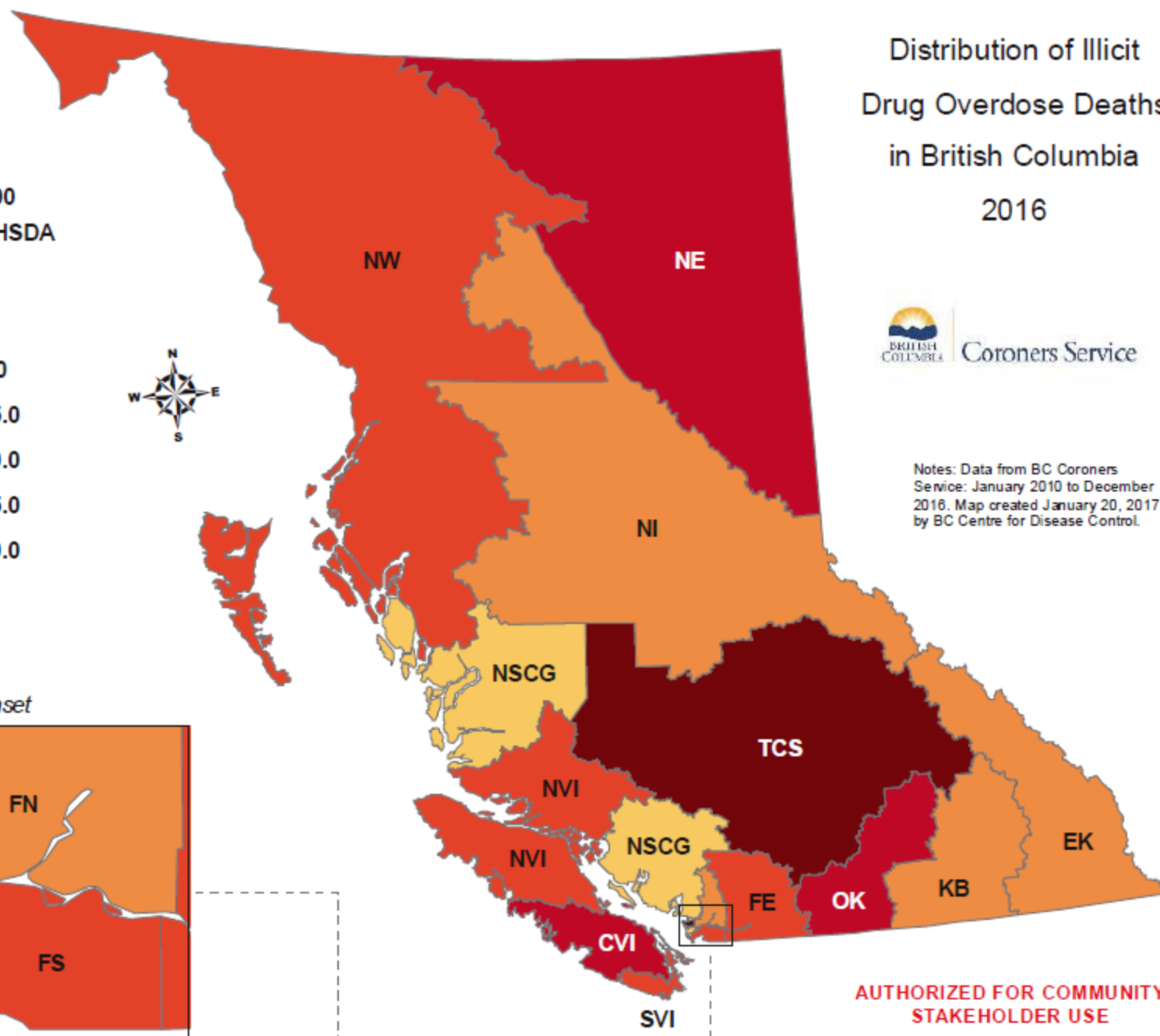
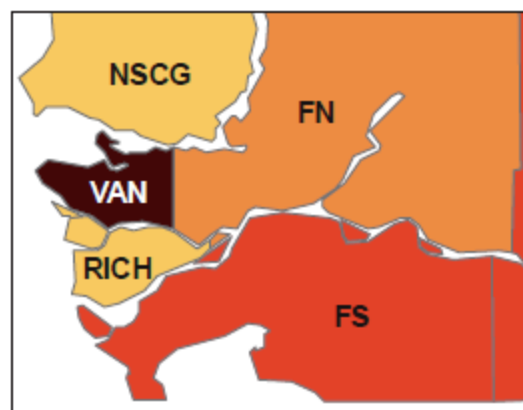
Distribution of Illicit Drug Overdose Deaths in British Columbia 2016



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to December
2016. Map created January 20, 2017
by BC Centre for Disease Control.

Greater Vancouver Inset

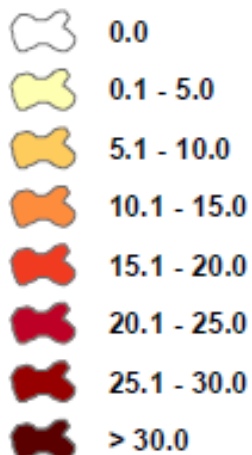


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE BRITISH COLUMBIA HEALTH SERVICES AUTHORITY

Rate per 100,000
population by HSDA



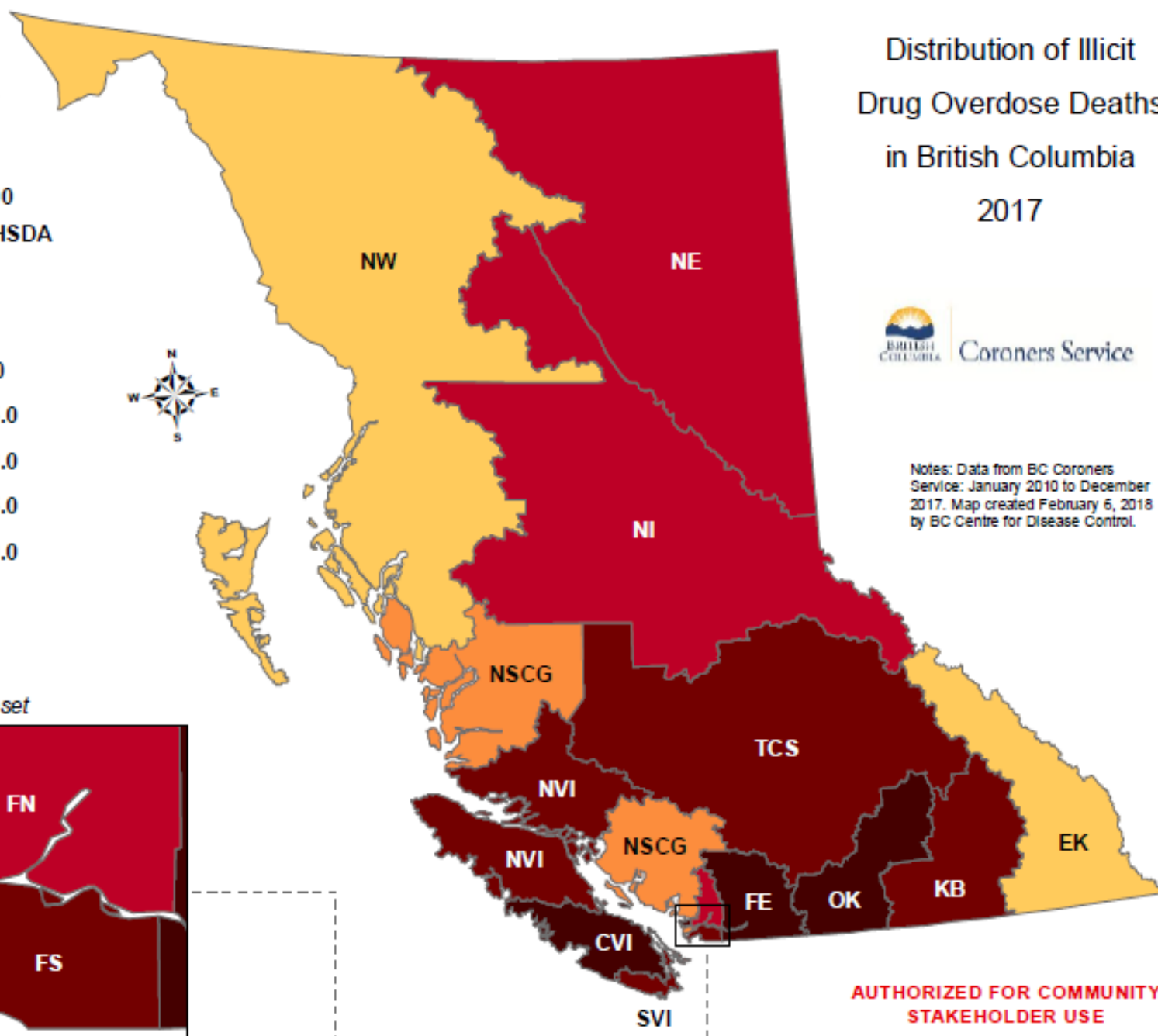
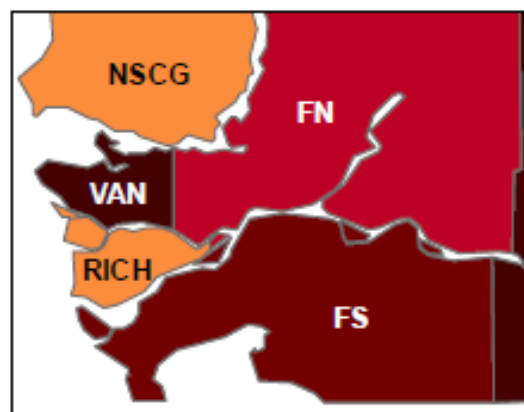
Distribution of Illicit Drug Overdose Deaths in British Columbia 2017



Coroners Service

Notes: Data from BC Coroners
Service: January 2010 to December
2017. Map created February 6, 2018
by BC Centre for Disease Control.

Greater Vancouver Inset

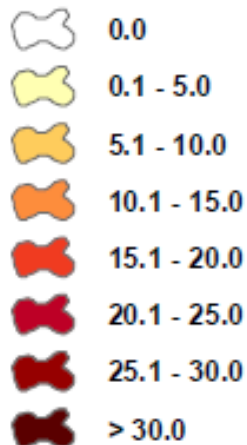


AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE



BC Centre for Disease Control
AN AGENCY OF THE HEALTH SERVICES ACTUARY

Rate per 100,000
population by HSDA



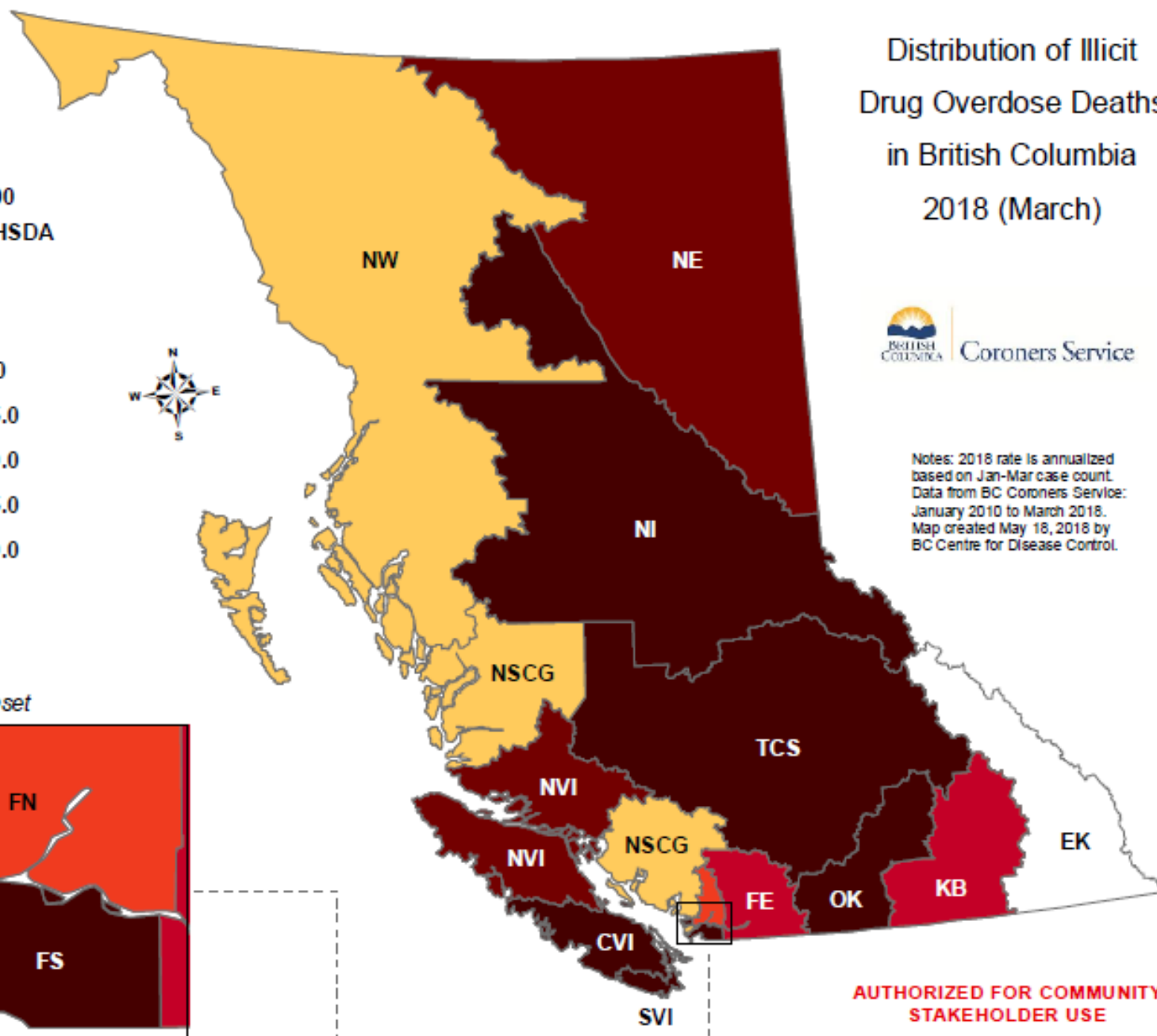
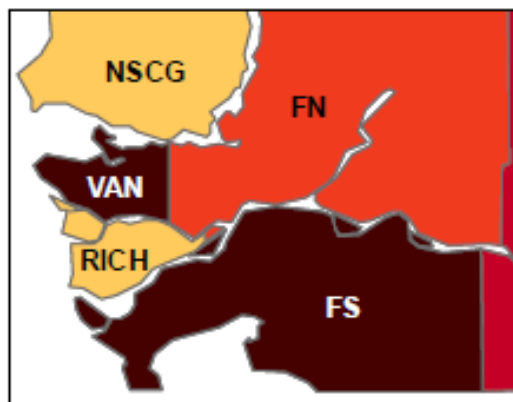
Distribution of Illicit Drug Overdose Deaths in British Columbia 2018 (March)



Coroners Service

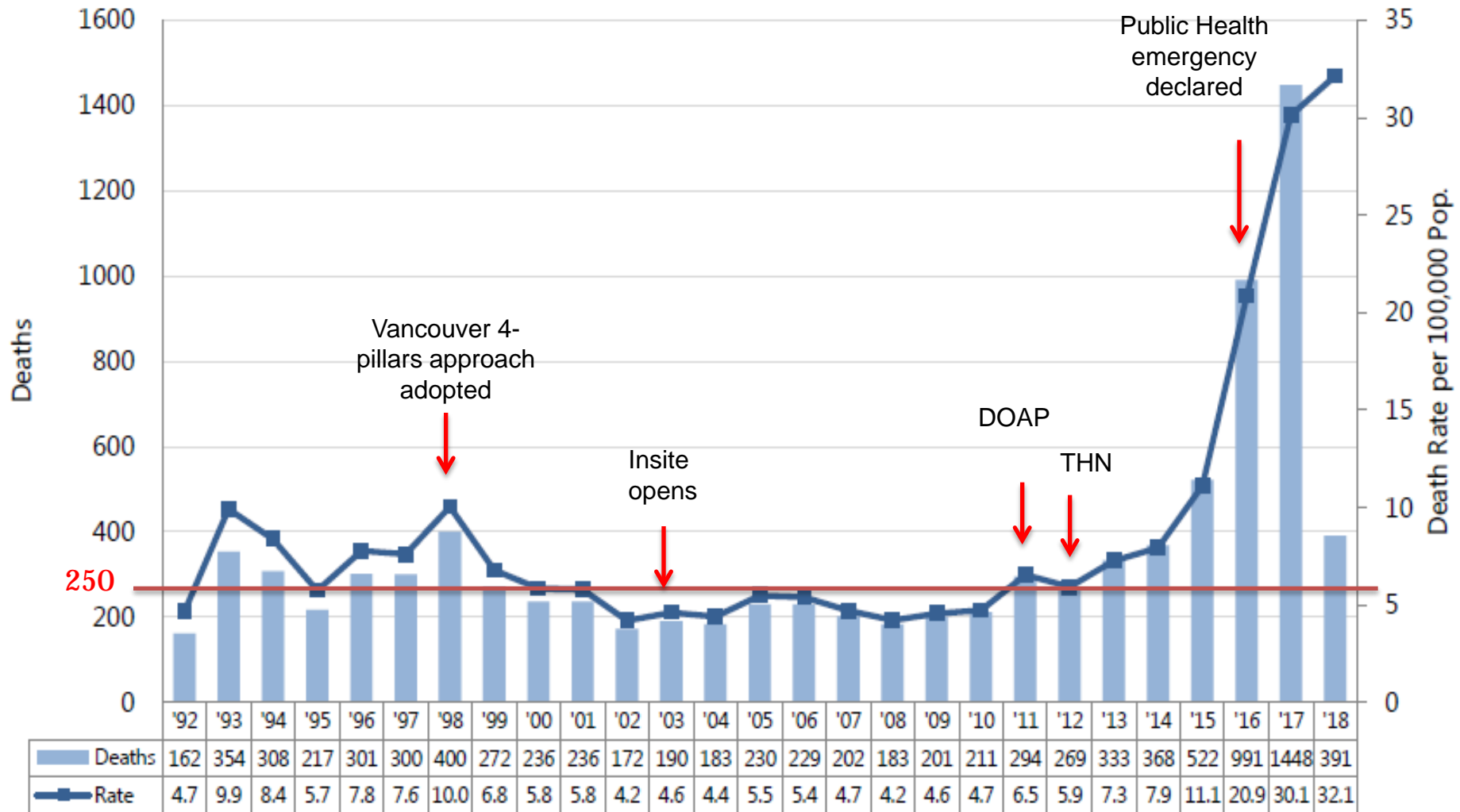
Notes: 2018 rate is annualized
based on Jan-Mar case count.
Data from BC Coroners Service:
January 2010 to March 2018.
Map created May 18, 2018 by
BC Centre for Disease Control.

Greater Vancouver Inset



AUTHORIZED FOR COMMUNITY
STAKEHOLDER USE

Illicit drug overdose deaths (IDD) and death rate/100,000 population BC (4.7m)

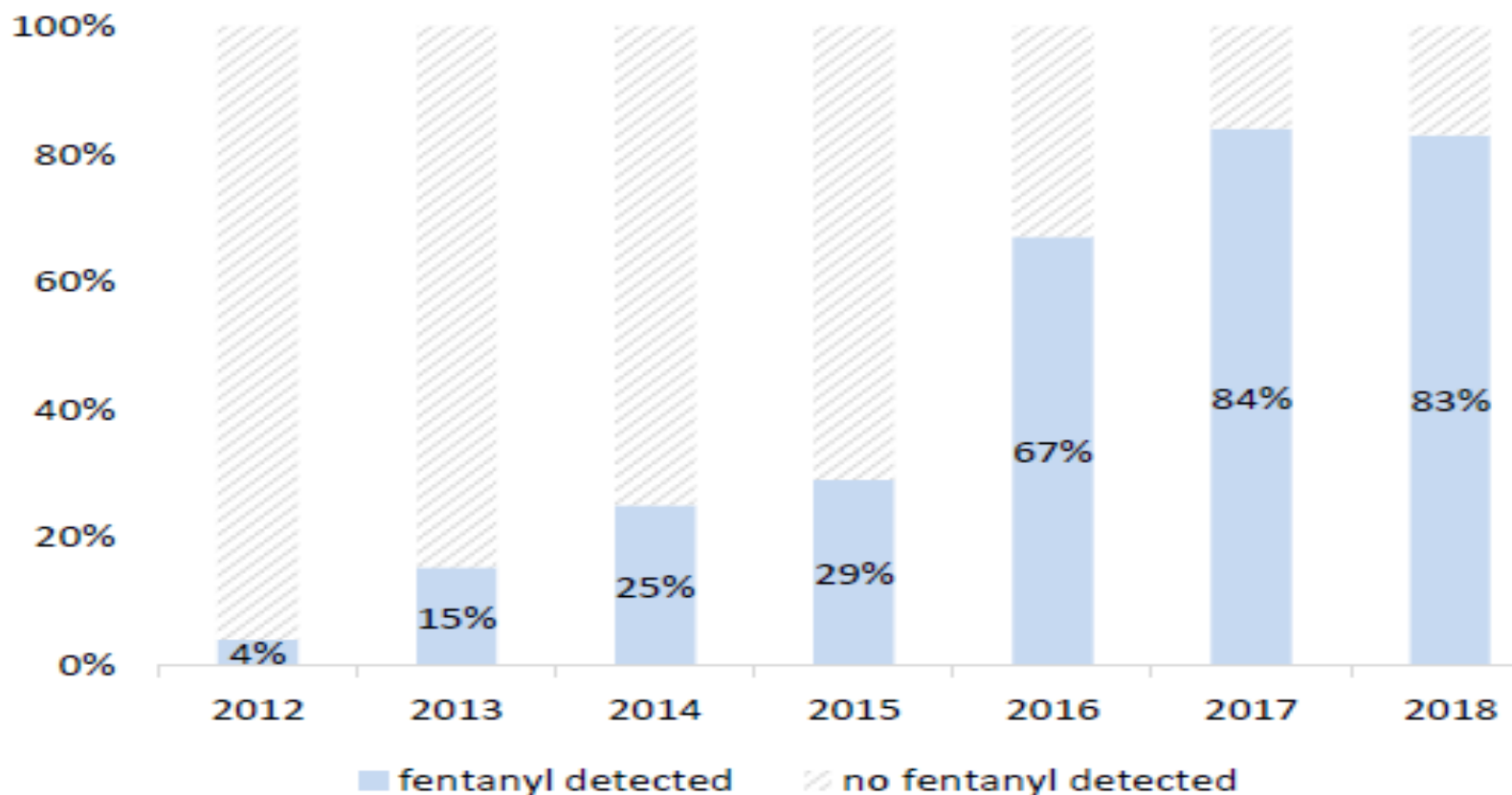


Public health interventions

Provisional data to Mar 31, 2018 will change as cases closed; Source BCCS, May 10, 2018

<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

Percentage of illicit drug deaths in which fentanyl detected in BC

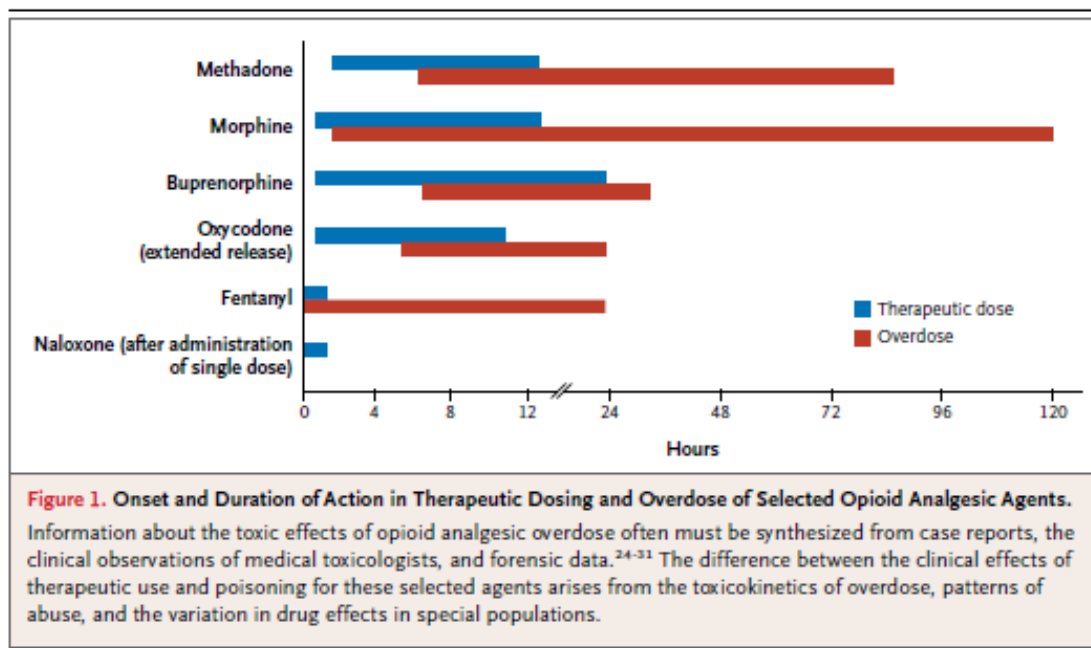


*Provisional data to Mar 31, 2018, may change as cases closed; Source BCCS, May 10, 2018

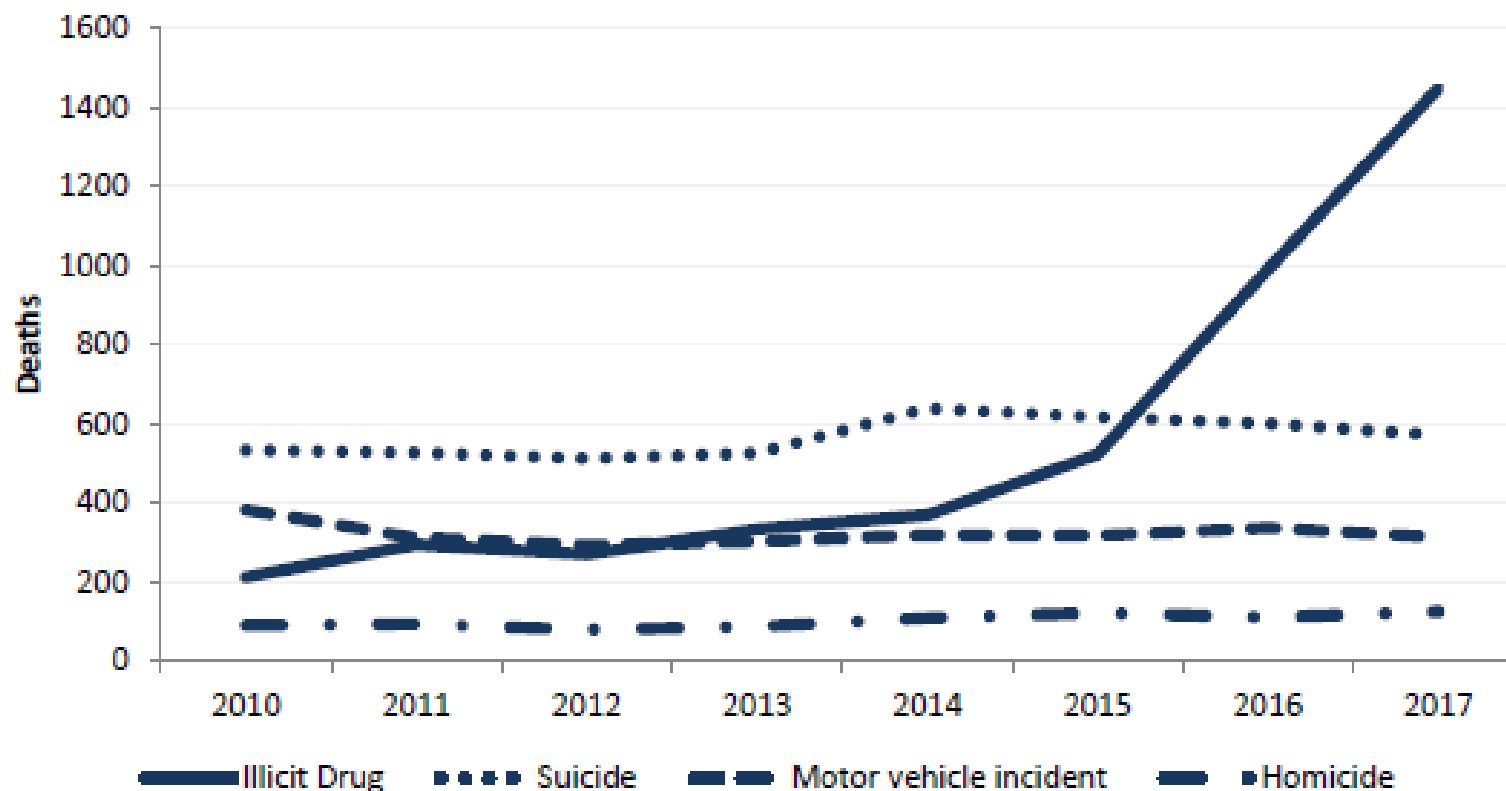
<http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

Onset and Duration of Action of Opioids: Boyer NEJM 2012

The NEW ENGLAND JOURNAL of MEDICINE



Major Causes of Unnatural Deaths in BC



Emergence of Fentanyl in BC

Powdered fentanyl mixed with or sold as heroin

- Oct 2014: 31 ODs at InSite (2days)



Fentanyl Urine Screen Study (FUSS)

- Feb 2015 - 242 participants across BC
- Fentanyl in all regions (29% +ve)
- 73% those +ve unaware took fentanyl

Fake oxy; green monsters

- CDN one side 80 other
- Aug 2015: Deaths in young adults
- Pills seized and tested by police variable fentanyl little to lethal dose



Fentanyl analogues appear

- Late 2016: Carfentanil

Public Health Emergency Declared

April 14th, 2016 BC Provincial Health Officer declared a Public Health Emergency under section 52 of the *Public Health Act* in response to the rise in opioid overdoses:

<https://t.co/fwEwCkmmx0>

The first time the provincial health officer has served notice under the public health Act to exercise emergency powers.

“The action will allow medical health officers throughout the province to collect more robust, real-time information on overdoses in order to identify immediately where risks are arising and take proactive action to warn and protect people who use drugs.”

Complex problem needs multi-pronged collaborative solutions

Ministry Directive:

Overdose Prevention Services

Dec 9, 2016 Ministerial order under Emergency Health Services Act and Health Authority Act

- Temporary safe spaces for people who use drugs to be monitored in case of overdose
- Sites throughout the province
- Sites vary between and within region
 - Supportive housing facilities
 - Existing harm reduction/drop-in sites
 - New stand alone sites
- Collect minimum data
- As of Mar 31st, 2018: **25 OPS sites** and **826,064** visits and **5,386** ODs reversed
No Deaths



Supervised Consumption Sites

Fraser Health 2 sites opened June 2017

Illegal substances can be injected, snorted or swallowed

7 booths, 7am-1am, 7days/wk

- 1) Safe Point; 135A Street, Surrey
- 2) Quibble Creek Sobering & Assessment Centre



Photo credit Georgia Straight

Vancouver #3 SCS - Powell St Getaway July 28, 2017



Insite stays open all night during cheque week

Interior x2 mobile sites – were OPS sites

Vancouver Island (Victoria) 1 opened June 18, 2017

10 booths 6:30am-8pm

Are attitudes about drug use in BC changing?

- Consistent messages (DOAP);
 - Sharing data for the public
 - Police “we cannot arrest our way out of this”
 - Multidisciplinary call for decriminalization
- Media giving ‘faces’ to the deaths
 - BC highlight deaths in ‘normal’ young people
 - Public faces, relatable
- Everyone affected/knows someone
- Naloxone changes discourse, normalises - abstinence based services/Indigenous communities
- PWLE as experts and leaders
- Stigma causes deaths

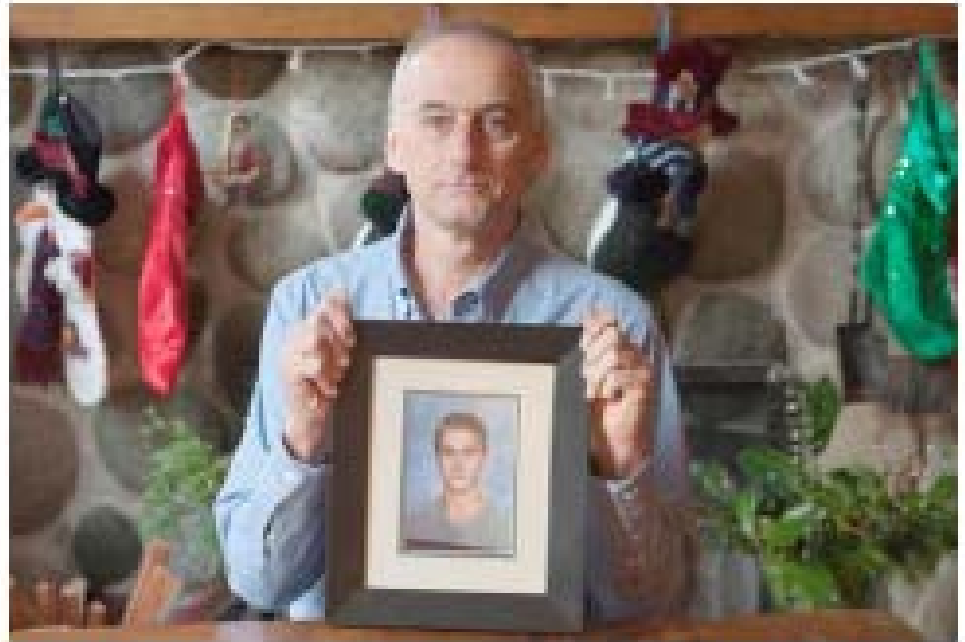
Coroner confirms fentanyl linked to deaths of young North Vancouver couple

TIFFANY CRAWFORD, VANCOUVER SUN 07.31.2015 |



The B.C. Coroners Service has confirmed the deaths of a North Vancouver couple earlier this month. Hardy and Amelia Leighton, both in their early 30s, were found dead in their home. Investigators believed at the time that the deaths may be linked to the use of drugs.

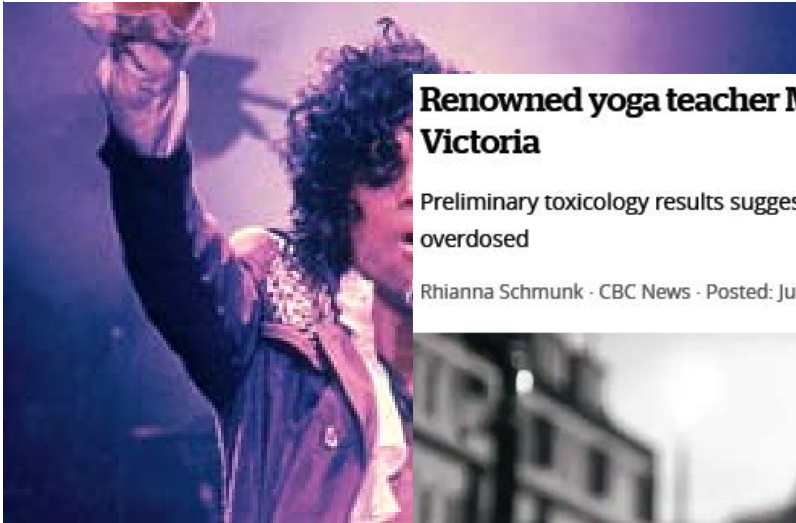
Grieving Burnaby family joins those warning of danger of fentanyl



Mark Bodle holds a photo of his 17-year-old son Jack, who died from a fentanyl-related overdose in August 2015.
Photograph By JASON PAYNE

April 21, 2016

Fentanyl Spiral: How the guilt and shame of addiction stole a B.C. man's life (Jun 2017)



Renowned yoga teacher Michael Stone dies after drug overdose in Victoria

Preliminary toxicology results suggest Stone had opioids, including fentanyl, in system when he overdosed

Rhianna Schmunk - CBC News - Posted: Jul 23, 2017 2:51 PM PT | Last Updated: July 24, 2017



Michael Stone died earlier this month after taking a street drug his partner says may have contained fentanyl. He was married with three children and another on the way and taught wellness seminars across the country. (Michael Stone/Facebook/Caitlin Strom)



10 yrs sober the 57 yo
yoga instructor
died a cold one

Who died of illicit drug overdose in 2017?

82% male

72% aged 30-59yrs

Age group (yrs)	# deaths	%
10-18	23	1.6
19-29	270	18.6
30-39	400	27.6
40-49	340	23.5
50-59	296	20.4
60-69	113	7.8
70+	7	0.48

Source BCCS, accessed June 9, 2018. Provisional – subject to change as cases closed;
<http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports>

Illicit drug overdose deaths by place of injury, BC, 2018



61%

at private residences



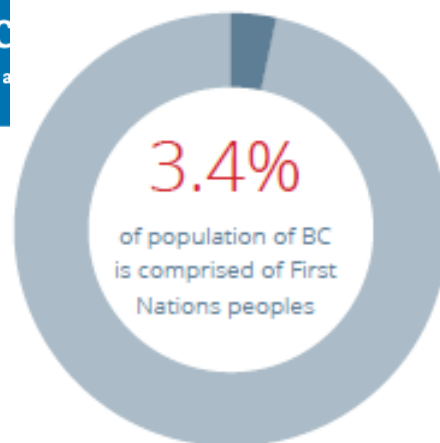
29%

at other inside locations (e.g., other housing, hotel/motel, public buildings)



9%

at outdoor locations (e.g., parks, vehicles, streets)



First Nations people are **5X** more likely than non-First Nations to experience an overdose event

First Nations people are **3X** more likely than non-First Nations to die due to an overdose



THE OPIOID EMERGENCY HAS EQUALLY AFFECTED FIRST NATIONS MEN AND WOMEN

Across BC, First Nations population overdose events have affected: **52% men** and **48% women**.

Non-First Nations overdose events in BC have affected: 71% men | 29% women

FIRST NATIONS OF ALL AGES ARE AT A HIGHER RISK OF OVERDOSE EVENTS AND DEATH

1,903 First Nations OD Events between January 1, 2015 - November 30, 2016

60 First Nations OD Deaths between January 1, 2015 - July 31, 2016



BC Take Home Naloxone kit

- Program evaluation qual and quant, youth
- Input from Community Advisory Board

Case - changes with input
Proud to carry naloxone
White zip - easy find in bag
Belt hook – easy to carry

Silver cross

Contents

Amp snappers
3 amps naloxone 0.4mg/ml
3 safety needles
Breathing barrier



Site Locator

<p>Where are you?</p> <input type="text" value="Enter an address, city, or postal c"/>	<p>Distance</p> <p>5km ▼</p>	<p>What supplies are you looking for?</p> <p>Naloxone ▼</p>
<p>Search</p>	<p>Reset</p>	

Locations

AIDS Prevention – Needle Exchange – Prince George
1108 3rd Ave
Prince George BC, V2L 3E5
[Zoom To](#)

Dawson Creek Health Unit
1001 – 110th Ave
Dawson Creek BC, V1G 4X3
[Zoom To](#)

Quesnel Public Health Unit
511 Reid St
Quesnel BC, V2J 7C9
[Zoom To](#)

Terrace HU
3412 Kalum St
Terrace BC, V8G 4T2
[Zoom To](#)

Map



1,402

ACTIVE THN
DISTRIBUTION

LOCATIONS IN BC

INCLUDING



87

HOSPITALS &
EMERGENCY DEPTS.



137

FIRST NATION SITES



17

CORRECTIONS
FACILITIES



582

COMMUNITY
PHARMACIES

	2012	2013	2014	2015	2016	2017	2018*
Active THN Sites cumulative total	6	33	61	106	454	992	1402 **
Kits Distributed cumulative total (2017 only)	106	724	1,922	5,075	26, 303	87, 627 (61,324)	104, 264
Overdose Reversals Reported using THN Kits*** (2017 only)	5	41	168	565	4,504	19,862 (15,385)	24,528

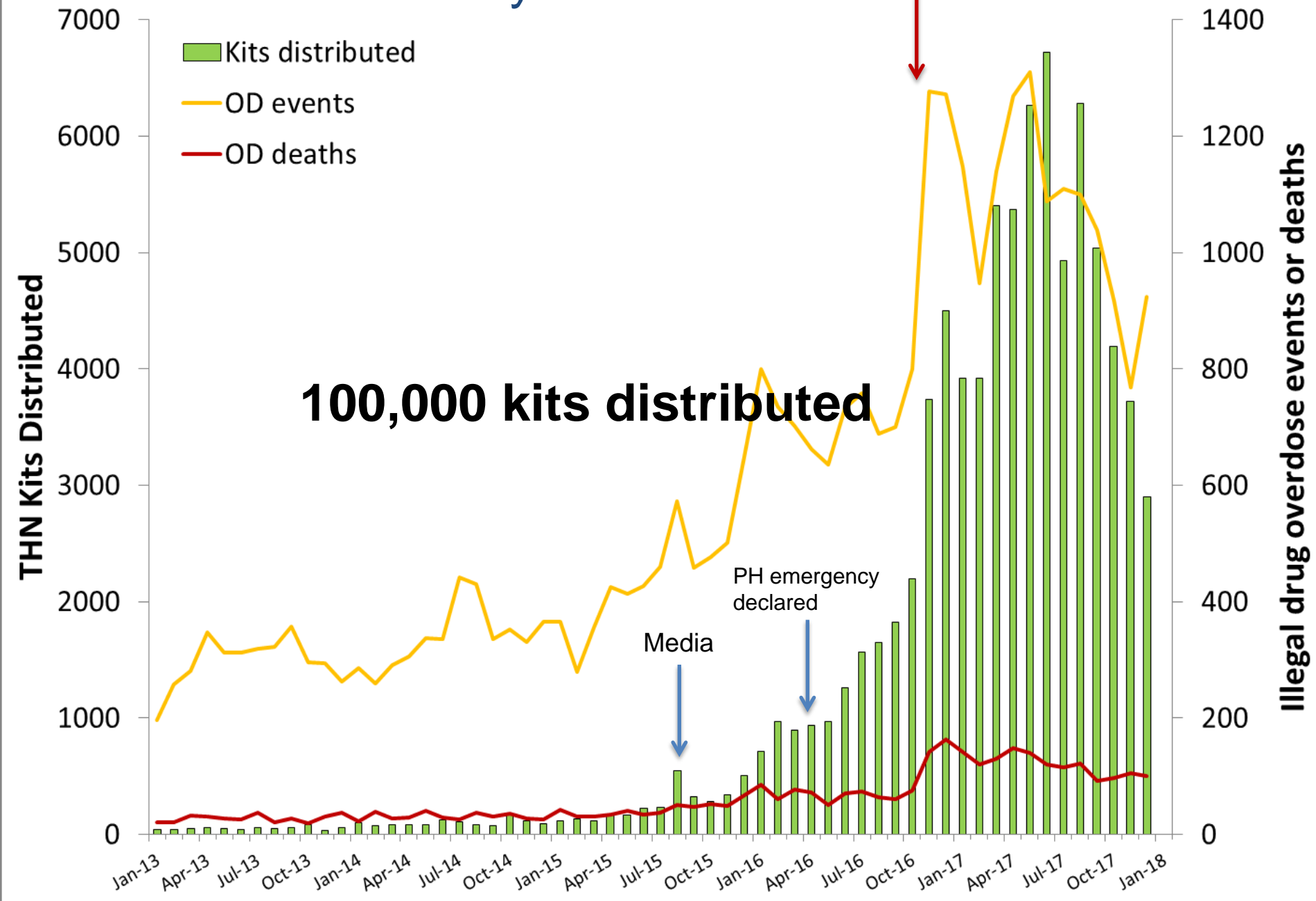
* Data extracted June 15, 2018; kit distribution data entry fairly complete until Mar 31st, 2018

** includes 582 community pharmacies enrolled since Dec 2017; excludes inactive sites

*** based on client kits refilled reported due to naloxone use on self/others to reverse an OD

<http://towardtheheart.com/naloxone/>

Monthly data



Why engage people with lived experience?

- Peers are the experts
- Lack of peer input stigmatizes further
- Builds capacity, shares power
- Improves relevance and acceptability of programs
- PWUD often relate better to Peers

“Peer” is a person with lived experience of substance use, who uses that experience in their work

Peer engagement is meaningful participation of people with lived experience in program, policy and research settings.



One size ≠ fit all

Examples Peer Engagement

- Designing harm reduction services for rural and remote regions
- Providing input into messages, posters etc
- Provide a reality check – urban myths, rumours and misperceptions; also unintended consequences of interventions (Rx policies etc)
- Provide resources for peer led OPS site
- Take-home-naloxone training hosted and delivered by peers

Communicating drug alerts

Methods

- Focus groups PWUD (n=22)

Results

- Timely response
- Share through different outlets
- Increase visibility, accessibility & relevance of postings
 - Use brief simple language
 - Use words that imply harm
 - Date posters & remove
 - Mention what to look out for
 - Actions for appropriate response



VCH Harm Reduction
October 6st 2014
Remove by Nov 10th 2014

Overdose Alert:

Unsafe drug labs making Fentanyl in BC:

- It may be TOXIC or CONTAMINATED
- It has been found in Oxys, heroin & other drugs
- It has been found in urine drug tests in Vancouver
- It increases OD risk
- Naloxone helps: get trained to use it (to find out where, ask a service provider, or go to TowardTheHeart.com)

For ODs, use the **SAVE ME** steps:

Follow the **SAVE ME** steps below to respond.
If the person must be left unattended at any time, put them in the recovery position.





BC Centre for Disease Control

An agency of the Provincial Health Services Authority

DON'T LET THIS PARTY BE YOUR LAST

You can't know if the drug you use is safe. Any drug—cocaine, crack, ecstasy, meth, heroin—can contain fentanyl.

- *Never use alone*
- *Go slow*
- *Carry naloxone*

Learn more at gov.bc.ca/overdose



 CARRY A NALOXONE KIT  CALL 911  #STOPOVERDOSE

KNOW THE SIGNS OF AN OVERDOSE

The risk is real – an overdose can happen to anyone. If you see these signs, give naloxone and call 9-1-1. Save a life.

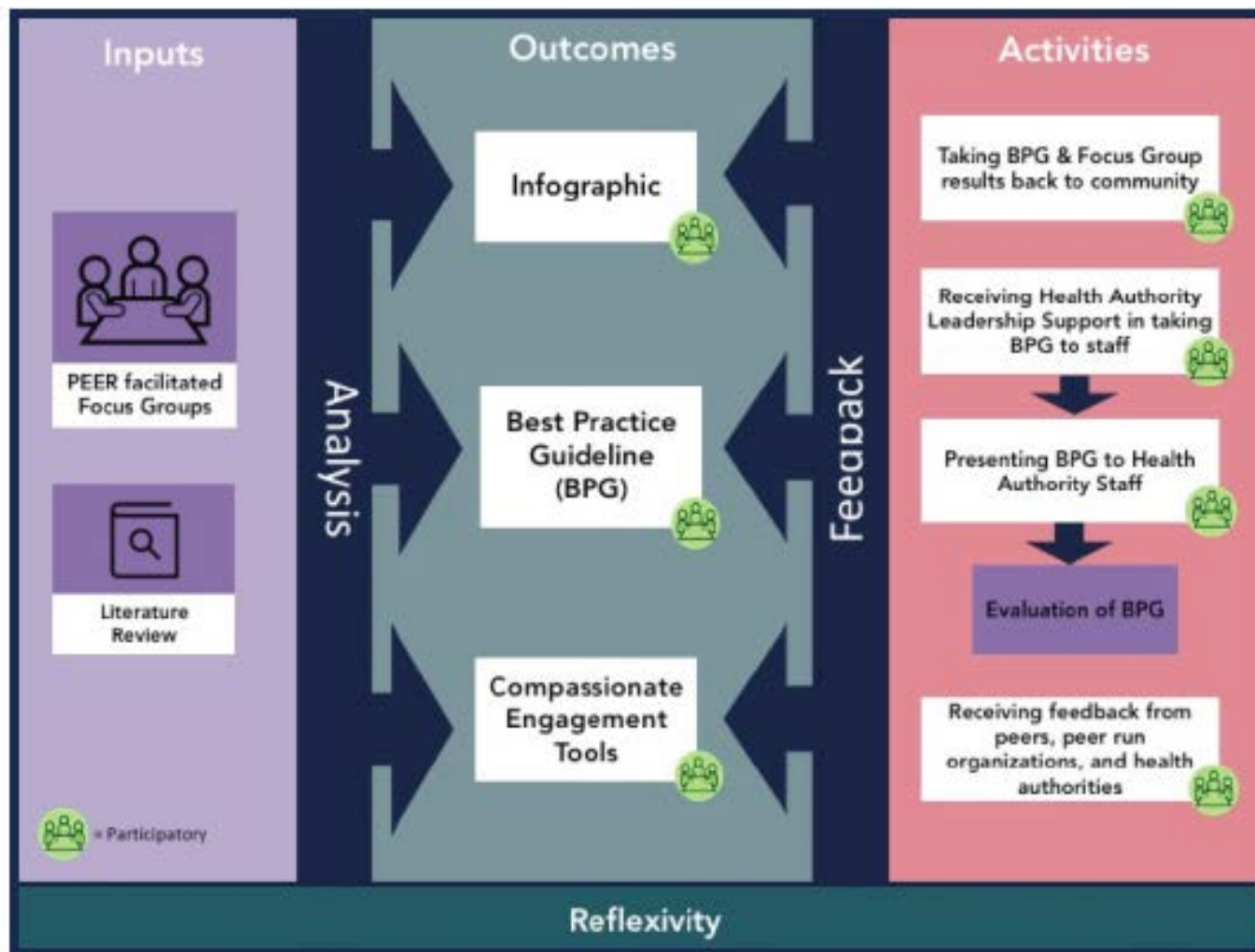
- *Slow or no breath and heartbeat*
- *Unresponsive*
- *Choking, gurgling*
- *Cold, clammy skin*
- *Blue lips, tiny pupils*

Learn more at gov.bc.ca/overdose



 CARRY A NALOXONE KIT  CALL 911  #STOPOVERDOSE

Peer engagement & evaluation project (PEEP)



How to Involve People Who Use Drugs



We Have a Lot of Experience So Please...

- Do invite several of us
- Do invite a peer-based group to select representatives
- Do invite people who actively use drugs
- Do invite people who formerly used drugs, in addition to people who actively use drugs
- Do listen to and integrate our answers
- Do financially support peer-based organizations if you expect representatives to consult with members of their community before the meeting
- Do give us information about what the meeting is about, what our role will be, and how we can contribute

- Don't invite just one of us
- Don't hand-pick the same person you know and are comfortable with every time
- Don't only invite people who formerly used drugs – OK to invite them and they have lots to offer, but they are not the same as people who are actively using drugs, who also have a perspective that is valuable needs to be heard as well
- Don't ask a question or invite us to your meeting just because it is politically correct

We May Not be Used to Your Style of Meetings So Please

- Do provide us with training and a support person
- Do ask us to help define groups expectations
- Do show flexibility with meeting styles (times, agenda, level of participation)
- Do ask us what we need
- Do train us for ongoing or future committee or board events
- Do acknowledge that you may have needs, too, and that unfamiliarity may make you uncomfortable
- Do consider providing oppression informed training specific to the issue of peer involvement, and ask us to participate
- Do ask for our participation in planning sessions for consultations or meetings

- Don't run your committee or board meetings without considering that it may be the first time for us to be a committee or board
- Don't hold a meeting or consultation just the way you are used to; work with peers to make it inclusive
- Don't hold a meeting at 9 a.m. or on cheque issue day
- Don't be afraid to ask for support from a peer committee or group that have experience
- Don't assume that we are the problem and the only ones who need to learn
- Don't think that you can't learn how to integrate us and our experience
- Don't think that we cannot do more, such as work for you in a paid position

Adapted from: 2005 Canadian HIV/AIDS Legal Network
Nothing About Us Without Us; modified with extensive peer
input through the Peer Engagement and Evaluation Project
Updated: December, 2017

How to Involve People Who Use Drugs



We are NOT Very Mobile or Wealthy So Please...

- Do hold a meeting or consultation in a low-key setting or in a setting where people who use drugs already hang out
- Do provide a stipend – contrary to most people who attend your meetings, we are not paid to attend by our jobs, but still need to look after our needs
- Do give us money in cash

- Don't hold meetings in a government building
- Don't assume that we don't need a stipend or would just spend it on drugs (or that it wouldn't be justified even if we did)
- Don't write us a cheque or give us a coupon
- Don't ask us to come and meet you in Ottawa unless you provide us with adequate support and compensation

We Value Our Privacy So Please ...

- Do guarantee and protect confidentiality
- Do let us know who else will be at the table including law enforcement, social workers, parole officers, religious groups and city officials

- Don't identify what a particular person said in the proceedings of the meeting
- Don't require us to disclose: HIV (or other health) status, exposure to trauma, or proof of income when involving us or as a requirement for participation

If You Want Us to Travel Please ...

- Do help with arranging Methadose carries and Suboxone or opioid replacement medication
- Do arrange for advice from a local person who uses drugs – drugs may be more dangerous in a different city and travelling puts us at risk
- Do provide accommodation close to the meeting space
- Do have a healthcare provider available to support us

- Don't invite us at the last minute and assume we can deal with this alone
- Don't just leave us on our own in cities we don't know
- Don't assume we have identification (or credit cards) to check into hotels or board flights

BC Centre for Disease
Control 655 West 12th
Avenue Vancouver, BC
V5Z 4R4

E-mail:
outreach@towardtheheart.com

Adapted from: 2005 Canadian HIV/AIDS Legal Network
Nothing About Us Without Us; modified with extensive peer
input through the Peer Engagement and Evaluation Project
Updated: December, 2017

vincial Health
ices Authority
ince-wide solutions.
tter health.



Language matters...



4 guidelines to using non-stigmatizing language

1 Use People-first language



Person who uses opioids

VS.

Opioid user OR Addict



2 Use language that reflects the medical nature of substance use disorders



Person experiencing problems with substance use

VS.

Abuser OR Junkie



3 Use language that promotes recovery



Person experiencing barriers to accessing services

VS.

Unmotivated OR Non-compliant



4 Avoid slang and idioms



Positive test results OR Negative test results

VS.

Dirty test results OR Clean test results



VERSION 2
DECEMBER 2017

PEER ENGAGEMENT PRINCIPLES AND BEST PRACTICES

A GUIDE FOR BC HEALTH AUTHORITIES AND OTHER PROVIDERS
Written in partnership with peers and providers



This guide was developed by the Peer Engagement and Evaluation
through a research project funded by Peter Wall Institute for Advanced Studies

February 2018
V2

PAYING PEERS IN COMMUNITY BASED WORK

AN OVERVIEW OF CONSIDERATIONS FOR EQUITABLE COMPENSATION

In partnership with the Paying Peers Working Group

Sincerest thanks to the late Larry Howett for his review of this document.



Provincial Health Services Authority
Province-wide solutions.
Better health.



Overview

- Background OD crisis
 - Illicit drug deaths and the emergence of fentanyl
- Are attitudes about drug use in BC changing?
 - Consistent messages (DOAP)
 - Media
 - Everyone affected in some way
 - Naloxone changes discourse
 - PWLE as experts and leaders – PEEP evidence based
 - Acknowledgement need to be compassionate and inclusive: stigma causes deaths