

Responding to British Columbia's Public Health Emergency

Progress Update
August to December 2020

Background

Overdose Emergency

British Columbians are experiencing unprecedented rates of overdose-related harms due to an unregulated, unpredictable, and highly toxic drug supply that has claimed the lives of over 6,500 people since being declared a public health emergency in April 2016.¹ In March of 2020, an additional public health emergency was declared due to the onset of the novel coronavirus – COVID-19.

The intersection of these emergencies has had devastating effects on people who use drugs, having exacerbated the ongoing risk of overdose and other harms due to an increasingly toxic street drug supply. While deaths due to illicit drug toxicity decreased in 2019 (984 compared to 1,549 in 2018), since March 2020, the number and severity of both fatal and non-fatal overdoses has increased alarmingly and British Columbia (B.C.) has experienced 1,716 overdose deaths in 2020 - more overdose deaths than in any other year.²

Despite escalated efforts across the province, British Columbians continue to experience high rates of overdose-related harm including death due to an unregulated drug supply that is unpredictable and highly toxic. Moreover, overdose continues to be the leading cause of unnatural death, surpassing homicides, suicides, and motor vehicle collisions³ and life expectancy at birth is declining in British Columbia largely due to the overdose public health emergency.⁴

The overdose public health emergency combined with COVID-19 pandemic necessitates a comprehensive response that includes both innovation and evidence-based approaches. This report provides an update of recent actions between August and December 2020, led by the Ministry of Mental Health and Addictions (MMHA) working in collaboration with key partners including the Office of the Provincial Health Officer, Ministry of Health, other ministries, regional and provincial health authorities, First Nations Health Authority, Indigenous serving organizations, non governmental organizations, and people with lived and living experience.

Overdose and COVID-19

There has been a clear and substantial increase in overdose deaths since the onset of COVID-19. This trend is evident throughout the province and across populations and is occurring despite additional measures brought in to mitigate harms to people who use drugs during the pandemic. The following map demonstrates the increase in overdose deaths since the COVID-19 emergency declaration.⁵

¹ BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 – December 31, 2020*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

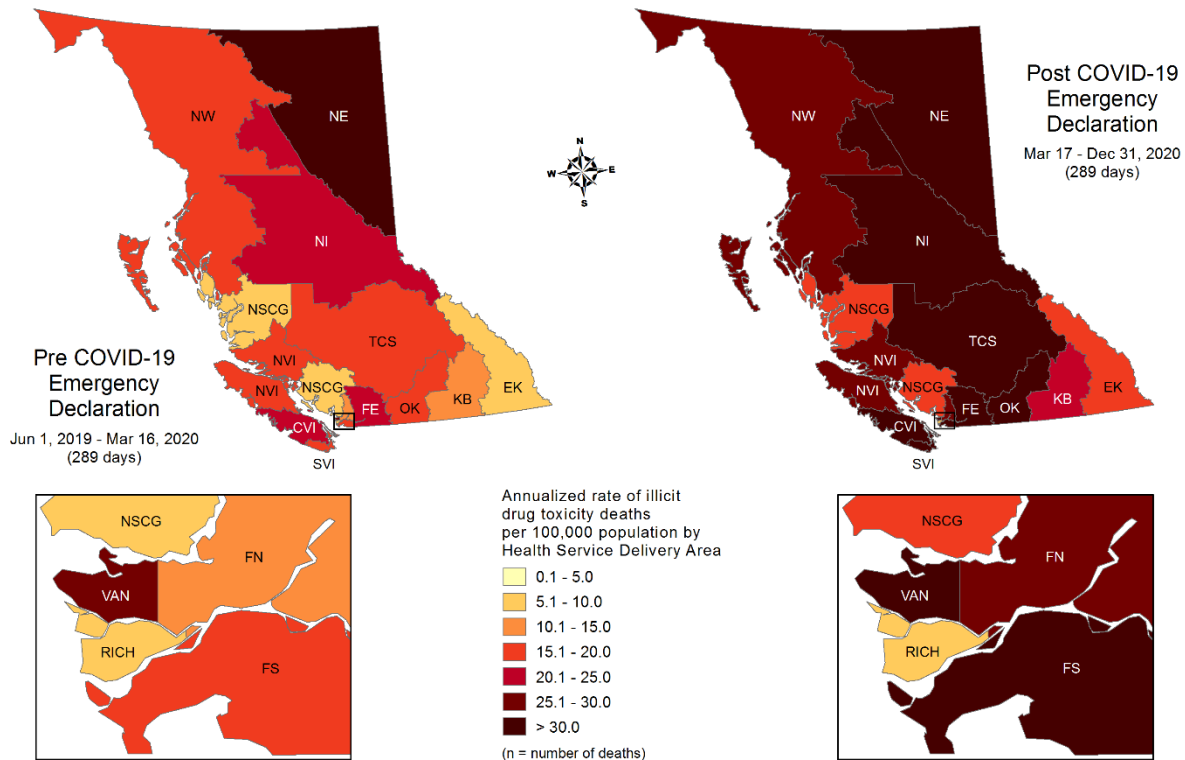
² Ibid

³ Ibid

⁴ Statistics Canada. (2020) *Life tables, 2016/2018*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>

⁵ BC Centre for Disease Control. (2020). *Geographic Distribution of Illicit Drug Overdose Deaths by Health Service Delivery Area*. Available at: [cdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/Geographic_Distribution_IDD_HSDA_monthly_update.pdf](https://www2.gov.bc.ca/gov/content/health/diseases/communicable-diseases/overdose-deaths/gallery/Documents/Educational%20Materials/Epid/Other/Geographic_Distribution_IDD_HSDA_monthly_update.pdf)

Illicit Drug Toxicity Deaths: Pre vs Post COVID-19 Emergency Declaration



Data from BC Coroners Service. Map created February 11, 2021 by BC Centre for Disease Control.

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Increased Toxicity of the Drug Supply

The primary driver of increased deaths is the growing toxicity and unpredictability of street drugs as a result of disruptions to the drug supply chain since late March 2020 which has resulted in increased reliance on domestic supply, increased adulteration of substances, and ultimately increased toxicity.

The BC Coroners Service found a greater number of deaths due to illicit drugs demonstrated extreme fentanyl concentrations (>50ug/L [micrograms/litre]) in April to December 2020 compared with previous months. From April to December 2020, approximately 13 per cent of cases had extreme fentanyl concentrations as compared to 8 per cent from January 2019 to March 2020.⁶

Since late March 2020, there has been a widespread increase in community drug alerting across BC, both in urban areas and small to mid-sized communities. Recent reports cite extreme toxicity; difficulty reviving people due to mixtures of fentanyl and sedatives; overdoses related to fentanyl; and rapid, severe overdose with smoking.

Benzodiazepines and their relative - [etizolam](#) - have increasingly been identified in illicit drug deaths and in the illicit drug supply. Amongst illicit drug toxicity deaths, the detection rate of

⁶ BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 – December 31, 2020*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

benzodiazepines has increased from 15% of samples in July 2020 to 50% of samples in December 2020.⁷ In that same period, the benzodiazepine-related substance etizolam has been identified in 28% of illicit drug toxicity deaths. Drug checking data from overdose prevention and supervised consumption services identified 10% of samples adulterated with [etizolam](#).⁸ This trend is of concern as naloxone which is normally used to reverse opioid-related overdoses is less effective in [reversing overdoses](#) due to these sedatives and, when combined with opiates, these substances increase the likelihood of overdose.

The use of methamphetamine, a stimulant, has been increasing in BC since 2012.⁹ People who primarily use substances other than opioids, like stimulants, may have lower tolerance to opioids and therefore be more susceptible to fentanyl contamination. Historically, the presence of fentanyl in tested stimulant samples has been low but this may now be changing.¹⁰

Other COVID-19 Related Factors Influencing Overdose Rates

Before COVID-19, people who used substances could reduce the risk of harms by accessing nearby services, social networks, and routines. The introduction of COVID-19 response measures has impacted service delivery and disrupted the settings and context of drug use, which has contributed in part to an increase in overdose events and deaths. [Attendance at overdose prevention and supervised consumption services](#) was down by over 50 per cent in April and May and continued to be down 25 per cent up to December 2020 compared to the same month in 2019.¹¹ Other impacting factors include reduced availability to access overdose prevention and supervised consumption services, reduced community drug checking services, and reduced ability to use the “buddy system” due to physical distancing measures in response to COVID-19. Additionally, social and economic/income situations were compromised, which created additional mental distress and increased substance use due to decreased employment, loss of income and housing security, and increased social isolation.

Drug Toxicity Death Statistics

In 2020, B.C. set a heartbreaking record for more lives lost due to illicit drug toxicity than in any other year.

- According to the [BC Coroners Service](#), there have been a record 1,716 confirmed or suspected deaths from drug toxicity in 2020. This represents a 74% increase over the number of deaths seen in 2019.

⁷ BC Coroners Service. (2021). *Illicit Drug Toxicity: Type of Drug Data*. Available at:

<https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

⁸ BC Centre for Disease Control. (2021). *Etizolam in British Columbia's Illicit Drug Market*. Available at:

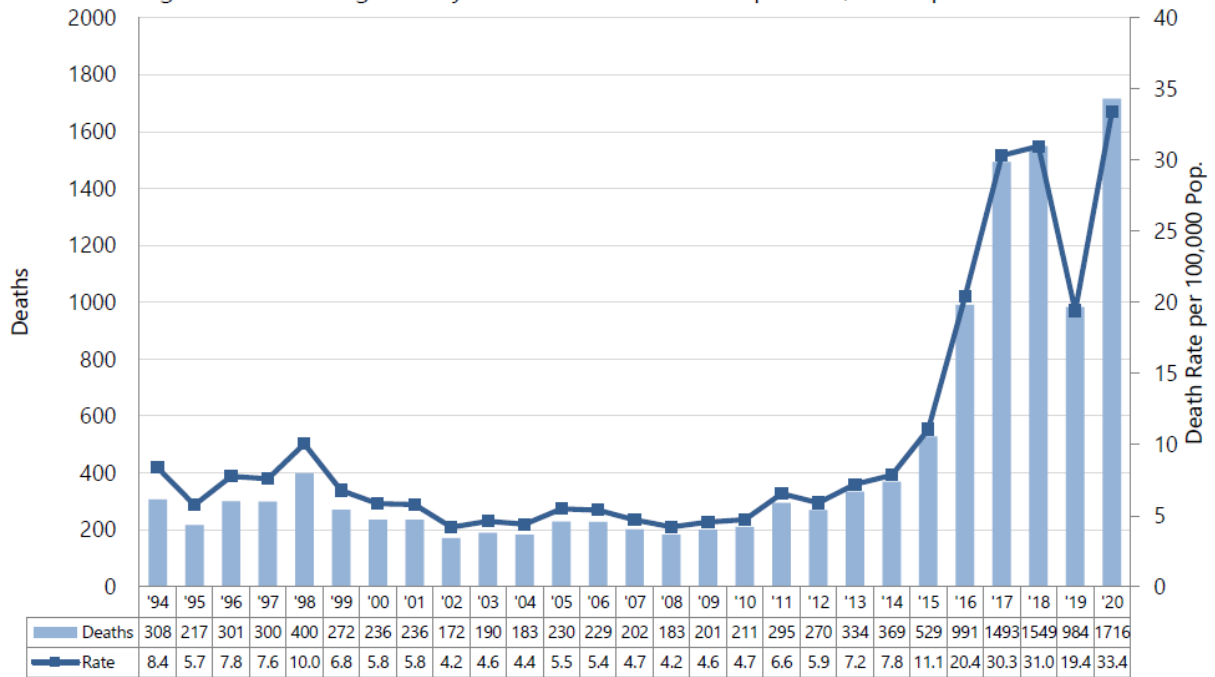
<https://towardtheheart.com/assets/uploads/1609977106OOyN2HFTIkYYKxfbZi8XL6s1NfTIHI0ejSYqQnt.pdf>

⁹ BC Coroners Service. Illicit drug toxicity deaths in BC. January 1, 2012 to July 31, 2020. Burnaby, BC: BC Coroners Service. 2020 Aug 25 [cited 2020 Aug 27]. Available from: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

¹⁰ British Columbia Centre on Substance Use. Drug checking in Vancouver Coastal Health. Vancouver, BC: British Columbia Centre on Substance Use; 2020 Jun [cited 2020 Aug 27]. Available from: https://drugcheckingbc.ca/wp-content/uploads/sites/2/2020/07/Drug_Checking_VCH_Jun_20.pdf

¹¹ BC Centre for Disease Control. (2021). *Overdose Response Indicators*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#OPS>

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]

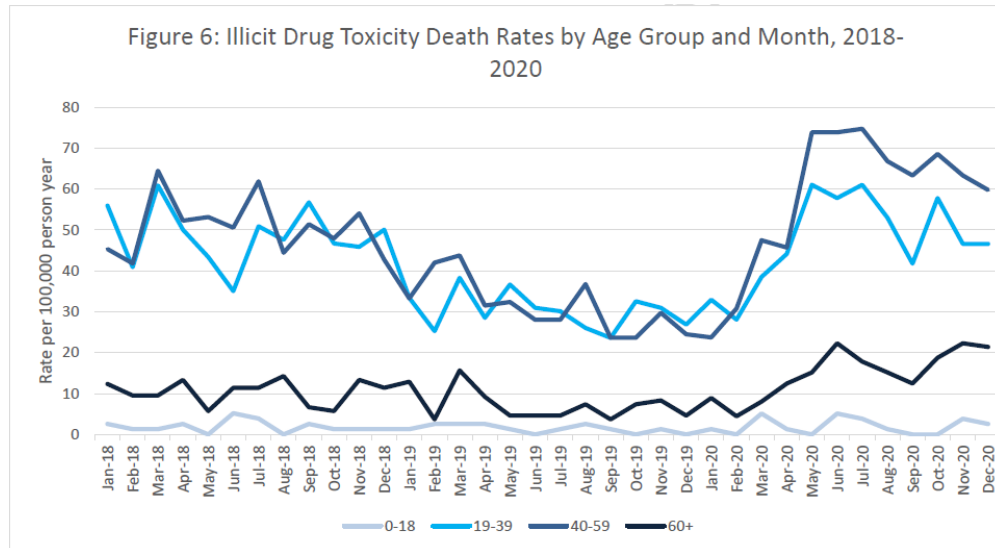


- 779 of these deaths occurred between August and December, and in each of those months more than 130 people died of illicit drug toxicity; down only very slightly from the high monthly rates of overdose deaths seen at the beginning of the pandemic, from March to July.
- The number of illicit drug toxicity deaths in 2020 equates to about 4.7 deaths per day: 2 deaths per day higher than 2019 (2.7 deaths per day).
- In 2020, 69% of those dying were aged 30 to 59. Males accounted for 81% of deaths in 2020.
- The townships experiencing the highest number of illicit drug toxicity deaths in 2020 were Vancouver, Surrey, and Victoria.
- In 2020, 84% of illicit drug toxicity deaths occurred inside (56% in private residences and 28% in other residences including social and supportive housing, SROs, shelters, and hotels and other indoor locations) and 14% occurred outside in vehicles, sidewalks, streets, parks, etc.
- In Vancouver Coastal, other residences (48%) were the most common place of illicit drug toxicity deaths followed by private residences (36%) between 2017 and 2020.¹²

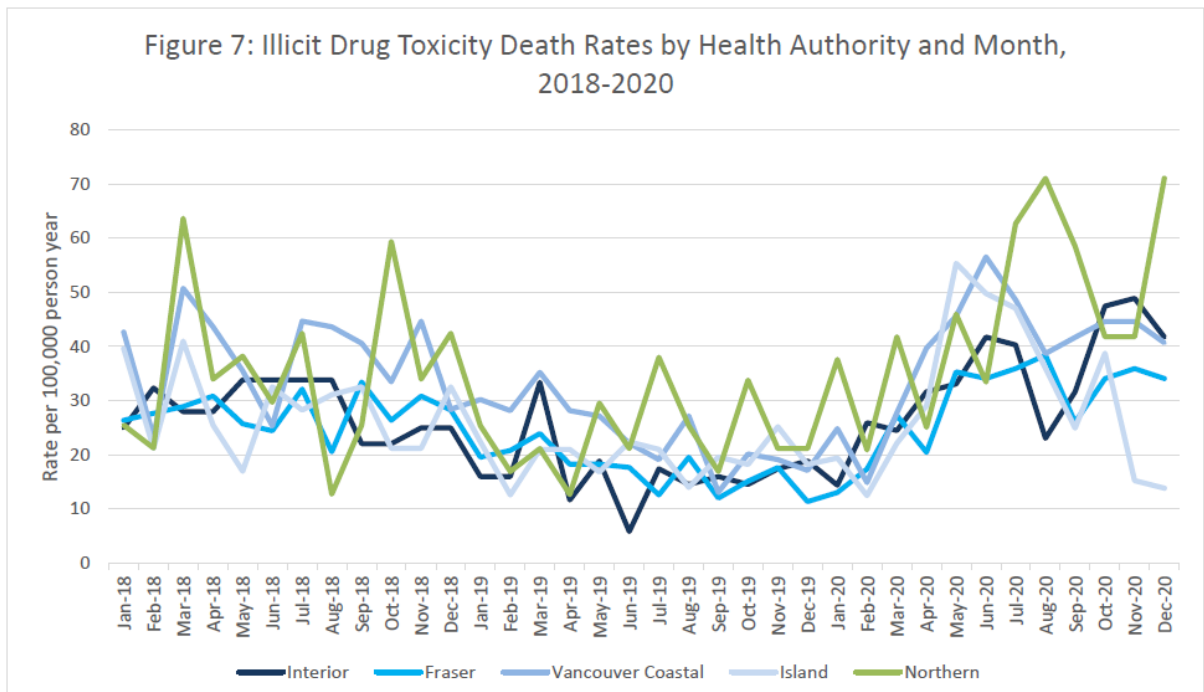
¹² All data in this section, including the graph is from: BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 – December 31, 2020*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

Emerging Trends

- Illicit drug toxicity death rates among 19-59 years has been trending downwards over several months, whereas, rates among 60+ years have been trending upwards. Rates among 0-18 years remain low.¹³



- Island Health illicit drug toxicity death rates have been trending downwards over the past several months; however, all other health authority rates remain high.¹⁴



¹³ Ibid. Chart from BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 – December 31, 2020*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

¹⁴ Ibid. Chart from: BC Coroners Service. (2021). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 – December 31, 2020*. Available at: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

Drug Toxicity Deaths Among First Nations Individuals in British Columbia

- [First Nations-specific overdose data](#) is available for the period of January to May 2020. During that time, suspected illicit drug toxicity deaths spiked compared to deaths in 2019 and 89 First Nations people lost their lives. This is a 93% increase in deaths compared to the same period in 2019.
- First Nations people represent 3.4% of the province's population yet accounted for a staggering 16% of all overdose deaths in British Columbia. This represented an overdose death rate 5.6 times that of other BC residents, while in 2019 the ratio was 3.8.
- First Nations women died from overdose at 8.7 times the rate of other women in BC in 2019.
- Among First Nations men, there have been large fluctuations from year to year in the number of overdose deaths.¹⁵

Paramedic-Attended Overdose Events

In addition to record numbers of overdose deaths, 2020 has seen record numbers of paramedic-attended overdose events, having climbed steeply since March and the onset of COVID-19 pandemic.

- Paramedics attended a total of 14,232 overdose events in B.C. between April 1 and December 31, 2020. This is 4,684 more overdose events than paramedics attended in the same period in 2019.
- October saw the highest number of paramedic-attended overdose events since the opioid crisis was officially declared in 2016 (1,860). While this number dropped slightly by December, that month still saw 693 more calls than in December of 2019, representing a 56% increase.¹⁶

Key Areas of Focus/Summary of Progress Since the Last Report

Since the last progress report which included information from January to July 2020, the Overdose Emergency Response Centre at the Ministry of Mental Health and Addictions and its partners have continued work in the following areas, reflective of a comprehensive package of essential health sector interventions and strategies for a supportive environment designed to prevent overdose and its related harms:

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.

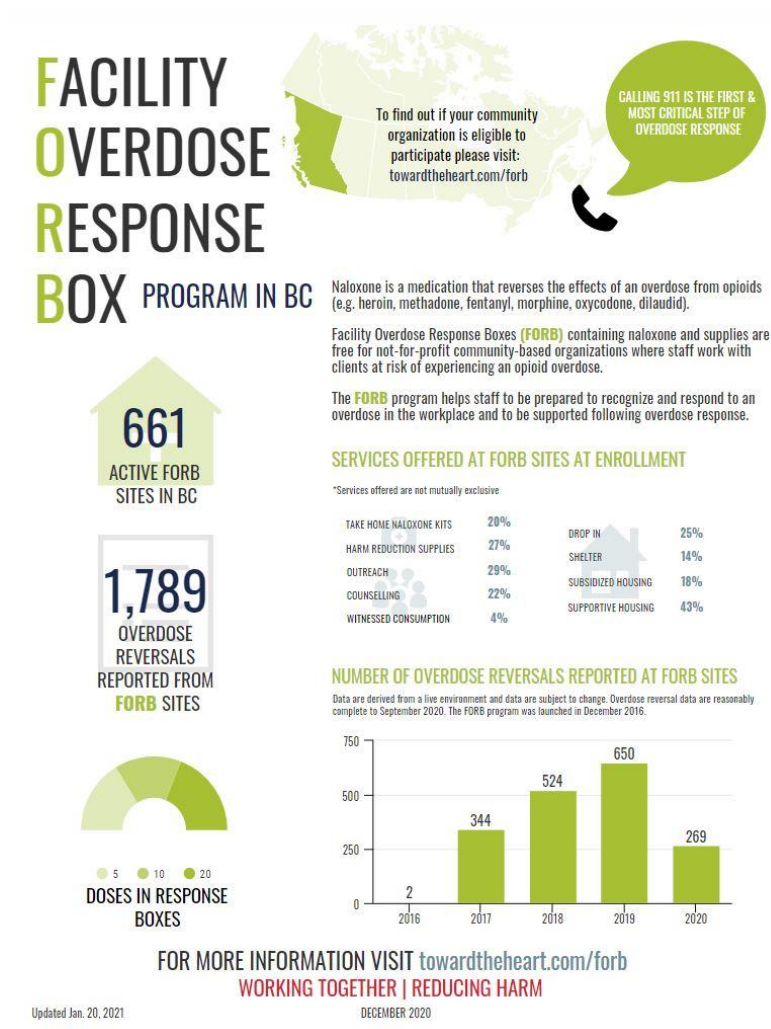
1.1 Naloxone

¹⁵ First Nations Health Authority. (2020). *First Nations in BC and the Overdose Crisis*. Available at: <https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>

¹⁶ BC Centre for Disease Control. (2021). *Overdose Response Indicators*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#BCAS>

Facility Overdose Response Boxes (FORBs) contain Naloxone and harm reduction supplies at no cost to not-for-profit community-based organizations where staff work with clients at risk of experiencing an opioid overdose.

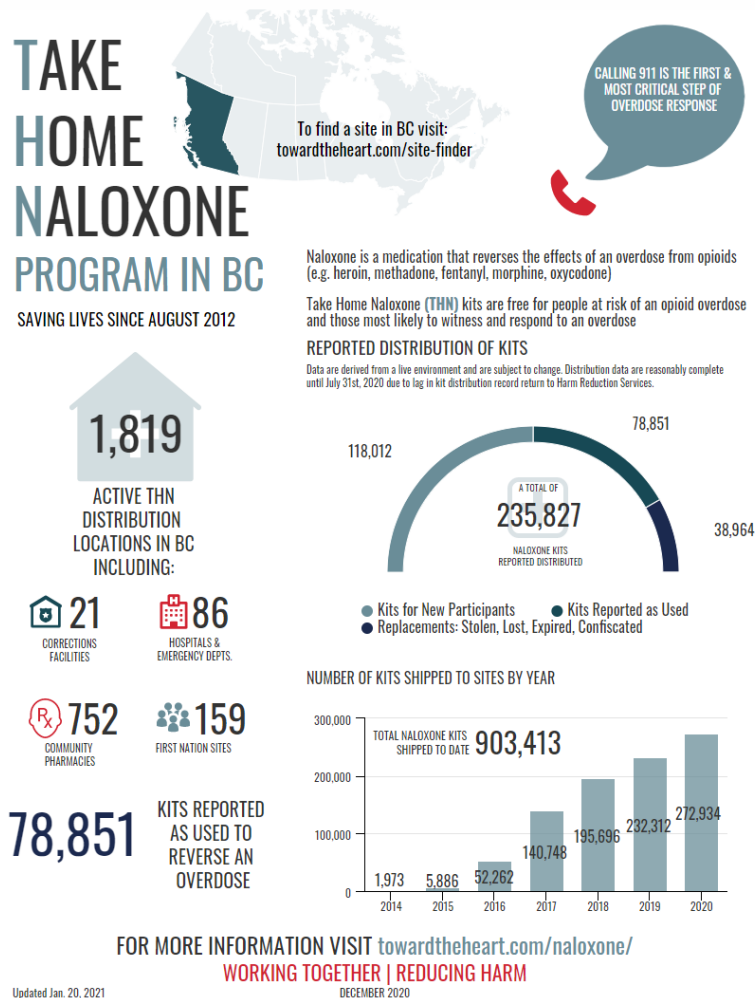
- At the end of December 2020, there were 661 FORB sites in BC; 28 of these had been added since July.
- 1,789 overdoses reversals have been reported from FORB sites since 2016 when the program began.
- 269 of these reversals were in 2020, the lowest number of reversals in any year other than in 2016 when the program began.¹⁷



¹⁷ Toward the Heart. (2021). *FORB in BC Infographic*. Available at: <https://towardtheheart.com/forb-infograph>

The [Take Home Naloxone \(THN\)](#) program provides naloxone kits to distribution sites including corrections facilities, hospitals and emergency departments, community pharmacies and First Nations sites.

- This program has been well-utilized in 2020, which has seen more THN kits distributed than in any other year since the program began. This is perhaps indicative of changing trends in substance use due to COVID-19, away from use in public spaces such as non-profit organizations and toward more private settings for substance use.
- 272,943 THN kits were sent to distribution sites in 2020; preceding this year the most THN kits that had been sent to distribution sites was 232,312 in 2019.
- Since August 15, 2020, 122,369 kits have been shipped to sites and an additional 71 sites have become THN distributors.¹⁸
- A total of 78,851 overdoses have been reported to have been reversed through the THN program since its initiation in 2012.



¹⁸ Toward the Heart. (2021) *THN in BC Infographic*. Available at: <https://towardtheheart.com/thn-in-bc-infograph>

1.2 Overdose Prevention and Supervised Consumption Services

- As of December 2020, there were 32 OPS/SCS locations operating in BC with regional health authority oversight and reporting the number visits and overdoses reversed.
- OPS/SCS have been declared essential services during COVID-19. Government has supported the sites to stay open with new COVID-19 measures to help give people confidence that they can continue to use these services safely during the pandemic. In some cases, this has meant that services are running at reduced capacity; some sites have had to close completely as space constraints have meant that social distancing is not possible.
- [Visits to OPS/SCS](#) dropped significantly in March and April of 2020 when they were at approximately 45% of April 2019 numbers of visits.
- Since May, visits to these sites have increased but they are still much lower than the numbers of visits in 2019; in December 2020 the number of visits was approximately 25% lower than in December of 2019.
- Despite significantly fewer visits to OPS/SCS in 2020, 1,090 overdoses were reversed at these sites between July 1 and December 31, 2020.¹⁹
- On August 4, 2020, the Province [announced](#) \$10.5 million in funding to accelerate the response to the increasingly toxic illicit drug supply due to COVID-19 and scale up key interventions including OPS, outdoor inhalation OPS, smoking supplies, episodic OPS, nurses to support the risk mitigation guidance, and interdisciplinary outreach teams. This has resulted in expanded hours and inhalation OPS being added to five locations (three in Vancouver Coastal Health, one in Northern Health, and two in Vancouver Island Health Authority) with additional OPS sites planned for 2021.

1.3 Episodic Overdose Prevention Services

On May 6th, 2020, the BC Ministry of Health and the BC Centre for Disease Control released the [COVID-19: Provincial Episodic Overdose Prevention Services \(e-OPS\) Protocol](#). The protocol is intended to provide guidance and support 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 locations offering SCS/OPS services, particularly during COVID-19. As the need arises, staff with appropriate training in overdose management may observe consumption of substances in any health or social sector environment, for the primary purpose of preparing for and responding to any overdose that may occur.

Leveraging the funding announced in August 2020, Health Authorities have begun implementing e-OPS, with the support of the e-OPS Community of Practice which has membership from health authorities, MMHA, BC Centre for Substance Use, BC CDC, and Metis Nation BC. This group supports collective identification and sharing of what is working to support implementation, emerging issues, needed knowledge, tools, wise practices, and resources.

Interior Health have recently hired nurses to support the implementation of e-OPS in a range of health care settings throughout the region.

¹⁹ Ibid.

1.4 Support for People Who Use Alone

The [Lifeguard mobile application](#), launched by Provincial Health Services Authority in May 2020, is intended to reduce the risk of fatal overdose for individuals using alone and who have access to a cell phone with internet connectivity.

- On September 14, 2020, the Lifeguard app was updated and now includes options such as extending the alarm time up to five minutes from the previous one minute. In addition, there are now a number of additional features such as links to 811 for medical advice, Suicide Line, and to a crisis line to talk to if someone is feeling overwhelmed.
- As of December 31, 2020, there have been a total of 3,004 unique app users, and 17,546 all-time sessions. 9,083 of those sessions occurred since September 2020. To-date, Lifeguard usage has prompted 29 emergency responder calls and 12 overdose reversals; no deaths have occurred during the use of Lifeguard.

1.5 Saving Lives in First Nations Communities

- From October – December 2020, FNHA distributed nasal naloxone in bulk supply: 4200+ kits to 90+ First Nation communities.
- In 2020, First Nations Health Authority (FNHA) released two knowledge products to support saving lives and harm reduction in the context of COVID-19: Providing Rescue Breaths Is Still Safe and Prepare Your Drugs Yourself. These are available as [mini-posters and fact sheets](#).

1.6 Accelerated Overdose Funding

The Province is investing \$10.5 million in response to the increasingly toxic street drug supply to save more lives and help connect more people to treatment and recovery services. Funds have flowed to the Health Authorities and they are in the process of creating and implementing new services and expanding existing services with the goal of preventing overdoses and saving lives.

Overall, this investment will support people who use drugs by adding additional supports as follows:

- \$4.5 million to expand access to OPS, including new locations, expanding existing OPS, and supporting the implementation of e-OPS
- \$3.5 million to support an inhalation strategy, access to inhalation OPS, and supplies in recognition of the data showing inhalation is a preferred mode of consumption and associated with high rates of illicit drug toxicity deaths
- \$1.8 million to establish new and expand existing interdisciplinary outreach teams
- Roughly \$0.7 million for additional registered nurses to help with the implementation of the [Risk Mitigation Guidance](#).

Enhanced overdose prevention services will go where they are most needed province wide. Each Health Authority has the operational responsibility for the planning and delivery of a range of overdose prevention services, including where and how these additional resources will be most impactful. The additional service locations will come online as soon as they are ready. In particular:

- *Fraser Health*: planning new overdose prevention services with inhalation services in a number of communities to ensure large and small communities are supported.
- *Interior Health*: new overdose prevention services in additional communities with two locations earmarked for inhalation services.
- *Northern Health*: new overdose prevention services planned for two communities with inhalation services earmarked for one, plus expanded services at one existing site.
- *Vancouver Coastal Health*: two new overdose prevention service locations with inhalation services included, plus expanded inhalation services at two Vancouver inner city sites.
- *Vancouver Island Health*: expanded services at six existing locations including added inhalation services.

2 Building a network of evidence-informed treatment and recovery services

Evidence-based services that support people living with opioid use disorder (OUD) and at risk of overdose.

2.1 Opioid Agonist Treatment

Opioid Agonist Treatment (OAT) consists of a range of drug treatments for adults and youth with varying presentations of opioid use disorder. BC's evidence-based OAT treatment guidelines support the availability of diverse treatment options. Increasing the availability of this treatment represents an important component of the health system response to the opioid overdose emergency.

- During the month of November 2020, 22,580 clients were dispensed OAT; 621 more than were dispensed OAT in June 2020, when data were accessed for the last progress report.
- The number of individuals on OAT and the numbers of providers continues to increase steadily over time.
- While methadone continues to be the most commonly prescribed form of OAT, prescription of buprenorphine/naloxone and slow-release oral morphine is increasing faster than prescription of methadone.
- Between June and November 2020, 457 new health care providers have prescribed OAT.²⁰
- The BC College of Pharmacists made temporary amendments to permit the delivery of OAT by non-pharmacists. This amendment allows pharmacists to authorize nurses or other regulated care providers, pharmacy employees, including pharmacy technicians and pharmacy assistants, to deliver OAT on a pharmacist's behalf in exceptional circumstances where it is not possible for a pharmacist to deliver OAT. This temporary amendment is meant to support people who need OAT medications but are required to self-isolate due to suspected or confirmed cases of COVID-19. A delivery option is still fully at the discretion of the pharmacist but will provide additional tools to support self isolation.²¹

2.2 Injectable Opioid Agonist Treatment

²⁰ BC Centre for Disease Control. (2021). *Overdose Response Indicators*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#BCAS>

²¹ BC College of Pharmacists. (2020). *COVID-19 Updates*. https://www.bcpharmacists.org/covid19#Delivery_Pickup

Injectable Opioid Agonist Treatment (iOAT), offered as hydromorphone or diacetylmorphine, provides a more intensive treatment alternative to traditional forms of OAT (i.e. methadone and buprenorphine /naloxone), recognizing that a small portion of patients living with opioid use disorder (OUD) will require additional support.

iOAT services in BC are delivered in a program format with careful clinical assessment and daily witnessed dosing under the supervision of qualified health professionals. Many iOAT programs also offer access to co-located ancillary services such as primary care and provide clear referral pathways to other substance use and mental health services.

Tablet injectable Opioid Agonist Treatment (TiOAT) is an innovative model using supervised consumption of hydromorphone tablets via oral intake and/or injection and offers greater flexibility and autonomy than most iOAT clinics, with the aim of providing a treatment option for individuals who have not benefitted from oral OAT or iOAT.

BC has increased access to iOAT and TiOAT in all health authorities with the exception of Northern, where a proposed iOAT/TiOAT site was recently approved. Clinics are located in high-need communities as determined by overdose surveillance data, including Surrey, Kelowna, Victoria, and multiple Vancouver locations.

- As of November 2020, 67 prescribers have completed BCCSU-led training in injectable opioid agonist treatment (iOAT) since the program began; 17 of these were in the 2020/2021 fiscal year to date.
- There are currently 12 locations in B.C. offering iOAT and/or TiOAT programs, two of which are federally funded through Health Canada's Substance Use and Addictions Program. Three of the 12 sites were added in 2020 in Vancouver Coastal Health; Interior Health; and Island Health.
- There are 3 additional sites planned, one in each of Vancouver Coastal, Northern, and Fraser Health.
- The Ministry of Health, the Overdose Emergency Response Centre, and Health Authorities are continuing to work to expand programs and patient capacity where needed.
- An evaluation of TiOAT programs in health authorities is being led by the BC Centre on Substance Use.

2.3 Treatment and Recovery Services

Treatment and recovery beds are an important part of the substance use continuum of care available for people in British Columbia. They provide supportive living environments where people can focus on their recovery journey.

- The Province has committed \$36 million until 2023 for 123 new substance use treatment and withdrawal management beds for youth (ages 12-24). In August 2020, 20 new youth treatment beds were added in Chilliwack at the Traverse facility.
- An additional \$13.4 million has been allocated for 50-70 new treatment and recovery beds.
- B.C. has increased the mandatory requirements for supportive recovery, including expanded training for staff and higher per-diem rates for people on income assistance in supportive recovery.

- The Province awarded just over \$2 million in grants to 53 treatment and recovery providers who have been financially challenged by the COVID-19 pandemic. Individual grants ranged from \$25,000 to \$45,000 based on the number of qualifying beds within eligible services. Grants were awarded to service providers throughout the province in every health authority, with 25 in Fraser Health, 11 in Island Health, eight in Vancouver Coastal Health, seven in Interior Health and two in Northern Health.

Community-based treatment and recovery is also an important part of the continuum of care.

- In July 2020, the Province announced \$23 million to support seven new and nine expanded substance use teams to help people stay connected to health care services and treatment. The new and expanded teams help ensure that people who use substances and access the health care system can stay connected to a range of care options tailored to their needs. They also provide services to prevent overdoses and connect people to ongoing treatment as they work toward wellness and recovery. The services are tailored to the needs in each community and are comprised of a range of professionals working together.
- Since being launched in August 2020, there has been a steadily-increasing uptake on FNHA's [Virtual Substance Use and Psychiatry Service](#) including access to opioid agonist treatment induction and maintenance, withdrawal management and access to risk mitigation treatment, or “safer supply.”
- FNHA's is working with 21 Remote and Rural First Nation communities to improve access to opioid use disorder treatment options.
- FNHA has increased staffing investment in regional overdose response including 2 Indigenous Peer Coordinators, 2 Indigenous Harm Reduction Educators, and 1 Child and Youth Care Community Coordinator for *each* of the 5 health regions.

2.4 Provider Education/Training and Supports

- The [24/7 Addiction Medicine Clinician Support Line](#) was launched on June 16, 2020, by the BC Centre on Substance Use (BCCSU). This new helpline for clinicians provides health-care providers around British Columbia with live, in-the-moment addiction medicine support, while they are treating patients. The support line is staffed 24 hours a day, 365 days a year, to provide rapid response for time-sensitive clinical substance-use inquiries. Addiction medicine experts provide telephone consultation to physicians, nurse practitioners, nurses and pharmacists who are involved in addiction and substance-use care, treatment, and recovery in British Columbia.
- After COVID-19 delayed the start in the spring of 2020, the **Learning about Opioid Use Disorder (LOUD) in the Emergency Department** was relaunched in June 2020. LOUD is a learning collaborative from the BC Patient Safety and Quality Council, in collaboration with the BC Centre on Substance Use and the Overdose Emergency Response Centre. Teams from 24 emergency departments across BC are learning about opioid use disorder, engaging in quality improvement activities, sharing lessons learned and successful strategies, and tackling stigma and treatment barriers in their departments. LOUD will wrap up in February 2021 and all resources will be made available online.

- The [Provincial Overdose Mobile Response Team](#) (MRT) was created in May 2017 with support from the BC Ministry of Health and BC Ministry of Mental Health and Addictions to provide immediate, short-term support to first responders, frontline workers and people with lived and living experience who are affected by the overdose emergency. The team provides skill-building opportunities to enhance resiliency and the capacity to cope with the trauma of responding to multiple overdoses, deaths, and loss. The diverse backgrounds of the team include first responders, psychologists, traumatologists, counsellors and art therapists.

Since COVID-19 pandemic was declared in March 2020, MRT has streamlined service delivery to provide high quality virtual psychosocial support when not able to provide in person service provision due to the restrictions of the new provincewide public health orders. Additionally, since the recent surge in COVID-19 cases, MRT is piloting two innovative service delivery models (drop-in Zoom hours and on-site window visits) targeting outbreak sites in order to increase accessibility of psychosocial support for frontline health care workers. Between April 1 and November 30, 2020 MRT reports 4,556 people served, including 447 first responders, and a total of 666 organizations.

3 Increasing Access to Pharmaceutical-Grade Alternatives to the Toxic Drug Supply

Guidelines, policies, and programs to support pharmaceutical alternatives to the toxic and unpredictable illicit drug supply.

3.1 Registered Nurse & Registered Psychiatric Nurse Prescribing

In response to the increasing illicit drug toxicity deaths in BC, in September 2020, the Provincial Health Officer (PHO) issued an order authorizing registered nurses (RN) and registered psychiatric nurses (RPN) in BC to prescribe specific drugs, including controlled substances, to manage or ameliorate the effects of substance use by a person who is diagnosed as having a problem substance use conditions or substance use disorder.

The temporary PHO order recognizes that an RN or RPN who possesses additional educational preparation and experience related to health care, can provide prescribing services provided it is done in accordance with the Standards, Limits and Conditions of the British Columbia College of Nurses and Midwives (BCCNM). Enacting RN and RPN prescribing for substance use conditions requires significant consultation, education pathways and changes to BC College of Nurses and Midwives and Standards, Limits and Conditions along with other enabling regulation changes.

Nurse prescribing is a ground-breaking initiative – until now registered nurses and registered psychiatric nurses have not been authorized to prescribe any medications in BC. As a new initiative it requires significant change to both regulations and practice support as noted above, but also to health system planning particularly for how RNs and RPNs will be deployed to support individuals with substance use challenges.

Nurse prescribing will be introduced in three phases, with the first phase focusing on prescribing of buprenorphine/naloxone. New Standards Limits and Conditions have been developed by the

BC College of Nurses and Midwives (BCCNM) as the provincial nursing regulator to reflect this first phase and training began for the first cohort of nurses in December 2020 with prescribing to begin in February 2021. The final two phases will include introduction of nurse prescribing for a broader range of opioid agonist treatment medications, following by prescribing of yet to be determined range of pharmaceutical alternatives.

3.2 Risk Mitigation Guidelines

Guidance provided in the document [Risk Mitigation in the Context of Dual Public Health Emergencies](#), released on March 26th 2020, remains in place as a critical tool for supporting individuals who use substances to avoid contracting or transmitting COVID-19 and to manage potential withdrawal that may occur with physical distancing or self-isolation.

The guidance supports people who are at risk of an overdose, COVID-19 infection, people who have a confirmed infection or a suspected case pending diagnosis and people who have a history of substance use, including opioids, stimulants, alcohol, benzodiazepines, or tobacco.

To reduce the risk of transmission, the guidance outlines steps that prescribers, pharmacists and care teams can take to support the provision of medications – including prescription alternatives to the illegal drug supply.

In January 2021, the BCCDC released interim findings from their evaluation of the Risk Mitigation Guidance, which looked at the period between March 27th and August 31, 2020. In this period:

- 2,780 people were identified as having received medications listed in the Interim Risk Mitigation Guidance (RMG) in British Columbia.
- The characteristics of people receiving RMG prescriptions were similar to the characteristics of people experiencing overdose: 72% were 30-59 years of age; and 64% were male.
- Among people identified as having received RMG medications, 52% were prescribed opioids, 24% were prescribed stimulants, 20% were prescribed alcohol withdrawal management medications, and 12% were prescribed benzodiazepines.
- There were 46,886 unique RMG medication dispensations, nearly all (94%) were dispensed daily.²²

3.3 Pharmaceutical Alternatives

In September 2020, the Province announced that the Ministry of Mental Health and Addictions and the Ministry of Health are working with the Office of the Provincial Health Officer to develop an updated policy directive for prescribers and health authorities, which builds on the interim Risk Mitigation Guidelines.

This new policy will respond to calls for pharmaceutical alternatives from the BC Provincial Health Officer, federal Minister of Health, the Canadian Association of Chiefs of Police, Nurse and Nurse Practitioners of British Columbia and many others. This new policy will also respond

²² Slaunwhite A, Palis H, Zhao B, Nosyk B, Pauly B, Urbanoski K, Xavier, C. (2021). *Evaluation of the Risk Mitigation Guidance in British Columbia – Interim Findings* (Knowledge Update). BC Centre for Disease Control.

to feedback on the risk mitigation guidance provided by people who use drugs and addiction medicine specialists to:

- Expand eligibility criteria to address the widespread risk of overdose primarily due to an increasingly toxic drug supply
- Provide a broader range of medications to address the realities of high potency of illicit fentanyl and the modes of drug use

3.4 Community-Based Initiatives

[MySafe](#) is a biometrically accessible dispensing machine that disburses prescribed hydromorphone tablets to patients in community settings at a pre-determined dose and schedule. MySafe is designed to provide people who use illicit opioids with access to a secure, safer pharmaceutical alternative without the need to visit a pharmacy. MySafe established their first pilot site in Vancouver in December 2019 and has recently expanded to five locations.

The **Safer Alternatives for Emergency Response (SAFER)** Initiative, which is funded by [Health Canada's Substance Use and Addictions Program](#) and provided through Vancouver Coastal Health and AIDS Vancouver Island, provides a flexible safer supply model with health care provider oversight. It aims to integrate harm reduction, public health, social services, and addiction medicine to address overdose risk posed by the toxic illegal drug market through the prescription of pharmaceutical grade opioids to those at greatest risk of overdose death.

4 Ending Stigma

Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.

4.2 Decriminalization

[Decriminalization](#) can reduce the marginalization and stigma surrounding substance use by treating substance use as a health issue as opposed to a criminal matter and thereby facilitating access to health and social services for people who use substances.

In November 2020, the newly appointed Minister of Mental Health and Addictions, the Honourable Sheila Malcolmson, received her [mandate letter](#) which included direction to:

Work with the Minister of Public Safety and Solicitor General and the Attorney General and Minister responsible for Housing to fast track the move toward decriminalization by working with police chiefs to push Ottawa to decriminalize simple possession of small amounts of illicit drugs for personal use. In the absence of prompt federal action, develop a made-in-B.C. solution that will help save lives."

These Ministries continue to work together to enable the decriminalization of substance use.

4.3 Stigma-Reduction and Educational Campaigns

Part of the Ministry of Mental Health and Addictions stigma-reduction social marketing campaigns, [StopOverdose.BC](#) launched in 2018 as a public facing website for sharing information about how to prevent, identify and respond to an opioid overdose. Visitors to the site

can also sign up for the StopOverdoseBC e-Newsletter to receive regular email updates. eMarketing efforts launched in January 2020 and to date, there are over 1,296 subscribers.

New, timely content is posted through the website's blog, which includes articles and videos featuring stigma-reduction messages and directing people to resources. This content is shared with partners across B.C. for use on their online channels, broadening the reach of the StopOverdose.BC message and adding to the dialogue online.

In addition, MMHA has created content to address the dual public health emergencies BC is currently facing – the COVID-19 pandemic and ongoing overdose crisis. This content includes approximately 15 web articles that offer guidance for individuals experiencing mental health challenges during COVID-19 and harm reduction information for people who use substances. This information highlights virtual services and aims to keep people safer and well during these challenging times. The information was promoted and published online in the following ways:

First Nations Health Authority has provided five regionally-based webinars on '[Having Difficult Conversations Around Substance Use](#)' in Chilliwack, Surrey, Bella Coola, and Quesnel to diminish stigma and lateral violence among substance users.

5 Addressing the Full Range of Supports and Social Factors.

5.2 Community Action Teams

The Community Innovation Fund supported community action teams (CATs) that support the development of local, integrated planning and strategies to address the overdose crisis. In 2020, two additional CATs were formed, one in Cranbrook and one in the Central Coast. There are now 36 CATs operating in B.C.

CAT initiatives help save lives, address stigma, connect more people to treatment and recovery, bolster harm reduction initiatives, and support cross-sector partnerships.

A few highlights of the CAT work in 2020 include:

- A peer-based mobile outreach program in Quesnel;
- Supporting the first rural OPS in BC through partnership between the Nelson/Castlegar CAT and AIDS Network Kootenay Outreach and Support Society (ANKORS); and
- Peer and social media-led campaigns in Surrey to deliver culturally specific information, resources, and knowledge for the South Asian community.

5.2 Supporting Rural, Remote and Indigenous Communities

On December 8, 2020, the Province announced \$1.3 million in funding to support overdose response and awareness in rural, remote, and Indigenous communities across B.C. The one-time grants of up to \$50,000 will provide funding to community groups, service providers and Indigenous-led organizations to support rural, remote, and Indigenous communities. The funding will help communities carry out local actions specific to the needs of their community. Examples include relationship building and knowledge sharing among service providers, support for organizations to develop harm-reduction policies and awareness programs aimed at reducing stigma, and community wellness programs that will connect people to lifesaving

supports and services. Grant funding will also focus on providing communities opportunities to carry out actions identified at the Rural and Indigenous Action Exchange (ODAX).

The funds will be administered by the Community Action Initiative (CAI) and the Ministry of Mental Health and Addictions. CAI's [Request for Proposals](#) opened on December 4, 2020. The call for proposals closed on January 22, 2021 with funding scheduled to be awarded to successful applicants in February 2021.

5.3 First Nations Health Authority Supports

- As a unique approach to harm reduction, the First Nations Health Authority continues to support local, culturally based responses to the overdose crisis such as land-based healing initiatives.
- Compassion, Inclusion, and Engagement (CIE) is a partnership between the BC Centre for Disease Control, the First Nations Health Authority (FNHA) and regional health authorities to support the development of peer groups and the engagement of service users in policy, program planning, development and evaluation with Indigenous cultural safety and cultural humility and trauma-informed practice.
- The Indigenous Harm Reduction Community Council has been revitalized. It is a network of people and an online space, informed by a governing Council, providing harm reduction knowledge-sharing throughout the regions.
- *Culture Saves Lives* is an awareness campaign in the Vancouver Downtown Eastside to reconnect people with their culture as a harm reduction and life saving intervention, to support conversations on substance use and harm reduction with culture and personal storytelling. Culture Saves Lives provided frontline, culturally informed outreach during National Indigenous People's Day and International Overdose Awareness Day.
- Over 100 individuals have completed FNHA's "Not Just Naloxone" (NJN) virtual two-day train-the-trainer workshop in Oct – Dec 2020 in all 5 health regions. In addition to naloxone training, this program aims to support participants on facilitating community-based discussions on: The History of Prohibition in Canada; Decolonizing Substance Use; Indigenous Harm Reduction Practices; Trauma & Resiliency Informed Practice; Stigma-Reduction work.

Conclusion

The dual public health emergencies have led to devastating effects on people who use drugs, their communities, and their families. COVID-19 and its mitigation efforts has worsened an already dire situation, resulting in the highest number of overdose deaths in any year since the overdose emergency began. This is the result of an increasingly toxic drug supply, reduced access to social and health services, and increased anxiety, loneliness, and substance use. Higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs have been observed across multiple drug surveillance data sources.

As this report illustrates, the Ministry of Mental Health and Addictions continues to work closely with the federal government, local governments, the Provincial Health Officer, other provincial government ministries, regional health authorities, First Nations Health Authority, and other

Indigenous organizations and community partners to continue to take action to ensure a comprehensive and robust response to the overdose emergency.

As we enter into 2021, we continue this work, with increasing emphasis on supporting access to pharmaceutical-grade alternatives to the toxic drug supply and prioritizing substance use as a health concern rather than a criminal one through decriminalizing simple possession of small amounts of illicit drugs for personal use.