Responding to the overdose crisis in British Columbia
Implications for Gay Men’s Health Providers

Jane Buxton, Harm Reduction Lead
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Clinical Prevention Services

January 31, 2017
Provincial health officer declares public health emergency

There were 474 apparent illicit drug overdose deaths in 2015, which is a 30% increase in deaths from 2014 (365 deaths).
There were 76 deaths in Jan. 2016, which is the largest number of deaths in a single month for the examined period (Jan. 1, 2007 to Feb. 29, 2016).

https://news.gov.bc.ca/releases/2016HLTH0026-000568
Fentanyl

• Synthetic opioid up to 100 times more potent than morphine
  – High risk of overdose

• Used clinically to manage severe pain

• Current overdose emergency due to increases in illicit fentanyl (or analogues, such as carfentanil)
  – Predominantly from China, procured online
  – Can be smuggled in small amounts through regular mail
  – Cut into other drugs (most commonly heroin)
    • Pill form (as fake oxycontin and other club drugs)
    • Powder form (as heroin or fentanyl)
    • Powder form mixed into other drugs

http://towardtheheart.com/fentanyl/
Objectives

• To learn about:
  – Current drug use trends among GBMSM in BC
  – History of the overdose emergency in BC
  – Provincial response to the emergency
  – Implications for service providers working with GBMSM
Drug use trends
In general, recreational use of illegal drugs higher among GBMSM compared to the overall population.

Not all drug use is problematic:
- Creative or experimental response to social marginalization.
- One way of coping with normative pressures of heterosexual culture (e.g., disinhibition facilitating sexual desires).
- Communities and social relations brought into being through drug practices (e.g., use of ecstasy in queer culture).

Use may cause harms, including dependence or overdose.

LGBT community health organizations have long been informed by harm reduction principles.

Categories of drugs reported used
Emergency Department Patients with Known or Suspected Opioid Overdose, June 5-Nov 5 2016


Overlap between GBMSM and PWID?

- 1-7% of MSM newly diagnosed with HIV from 2011-15 were also reported to have used injection drugs.
- 6% of MSM in the 2008/09 ManCount survey in Vancouver reported injecting drugs in past 6 months.

Male PWID
25,200

MSM
50,900

Recent substance use among GBMSM
719 participants in Momentum Study, 2012-2014, Greater Vancouver area

### Regional drug use patterns

1826 BC participants in Sex Now 2014/15 Survey

#### RECREATIONAL SUBSTANCES (age-adjusted)

*How often have you used the following recreational substances in the last 12 months?*

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<thead>
<tr>
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<th>FHA</th>
<th>IHA</th>
<th>NHA</th>
<th>VCHA</th>
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<tr>
<td>Alcohol</td>
<td>85%</td>
<td>85%</td>
<td>86%</td>
<td>91%</td>
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<tr>
<td>Marijuana</td>
<td>32%</td>
<td>48%</td>
<td>31%</td>
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<td>48%</td>
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<tr>
<td>Tobacco</td>
<td>26%</td>
<td>31%</td>
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<td>Poppers</td>
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<td>20%</td>
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<td>Viagra/Cialis</td>
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<td>26%</td>
<td>23%</td>
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<tr>
<td>Ecstasy/MDMA</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
<td>20%</td>
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<td>Cocaine</td>
<td>4%</td>
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<td>9%</td>
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<tr>
<td>&quot;G&quot;/GHB</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>11%</td>
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<tr>
<td>Crystal meth</td>
<td>4%</td>
<td>.5%</td>
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<tr>
<td>&quot;K&quot;/Ketamine</td>
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<td>Steroids</td>
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<td>Crack</td>
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<td>1%</td>
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<td>Mephedrone</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>.3%</td>
<td>1%</td>
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</table>

* This table shows the percentage of respondents in each city who had used each of the listed recreational substances at all in the last 12 months.

History of the Overdose Emergency
Distribution of Illicit Drug Overdose Deaths in British Columbia 2010

Rate per 100,000 population by HSDA

- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- > 20.0

Distribution of Illicit Drug Overdose Deaths in British Columbia 2011

Rate per 100,000 population by HSDA
- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- > 20.0

Notes: Data from BC Coroners Service: January 2010 to March 2016. Map created May 13, 2016 by BC Centre for Disease Control.
Distribution of Illicit Drug Overdose Deaths in British Columbia 2014

Rate per 100,000 population by HSDA
- 0.0
- 0.1 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- > 20.0

Illicit drug overdose deaths and death rate/100,000 population

783/914 deaths (81%) were male

* Provisional data subject to change as cases closed BCCS Jan 18, 2017
### Where are the overdose deaths happening?

In 2016, of 914 deaths:
- 560 (61%) in private residence;
- 221 (24%) other residence (hotels, motels, shelters)

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<td>69</td>
<td>65</td>
<td>80</td>
<td>99</td>
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<td>66</td>
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<td>59</td>
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<td>86</td>
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<td>111</td>
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<tr>
<td><strong>Total</strong></td>
<td>202</td>
<td>183</td>
<td>201</td>
<td>211</td>
<td>294</td>
<td>269</td>
<td>332</td>
<td>366</td>
<td>510</td>
<td>914</td>
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</table>

*sorted by 2016 totals*
% of unintentional illicit drug deaths in which fentanyl was detected

*2016 provisional subject to change as cases are closed
Data to Oct 31, 2016 (delay in receiving toxicology data)

- 2012: 4%
- 2013: 15%
- 2014: 25%
- 2015: 30%
- 2016*: 60%

Onset and Duration of Action of Opioids: Boyer NEJM 2012

Figure 1. Onset and Duration of Action in Therapeutic Dosing and Overdose of Selected Opioid Analgesic Agents.

Information about the toxic effects of opioid analgesic overdose often must be synthesized from case reports, the clinical observations of medical toxicologists, and forensic data. The difference between the clinical effects of therapeutic use and poisoning for these selected agents arises from the toxicokinetics of overdose, patterns of abuse, and the variation in drug effects in special populations.
Provincial response
Provincial response

• **Preventing overdose before it happens**
  – Public education and awareness
  – Improving treatment options – access to MMT & buprenorphine/naloxone; treatment beds
  – Alerts
  – Educate re safer use

• **Immediate response to an overdose**
  – Training to recognize and respond (THN program)
  – Naloxone access
  – Use in supervised/observed settings (SIS & Overdose Prevention Sites)

• **Monitoring and Surveillance**
  – Improve data collection: BC Emergency Health Services, Emergency Rooms and Coroners
  – Identify who is at risk of OD / death; potential interventions, missed opportunities and evaluate
Improving treatment options

• Opioid agonist (substitution) therapy
  – Buprenorphine/naloxone (Suboxone) first line treatment
  – Prescriber does not need a methadone license
  – Opioid prescribing guidelines
  – PharmaCare plan G (Psychiatric Medications Plan)– provides 100% coverage for methadone maintenance and buprenorphine/naloxone
  – Rapid access – e.g. in emergency departments

• Addiction beds
  – MoH states 300 new beds available since 2013
  – 60 new beds announced Jan 2017 – will include 20 youth specific

http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover
Public education and awareness

DON’T LET THIS PARTY BE YOUR LAST

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

• Never use alone
• Go slow
• Carry naloxone

Learn more at gov.bc.ca/overdose

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
OVERDOSE ALERT

A very toxic opioid, Carfentanil, has been found in the Lower Mainland.

**Higher numbers of overdoses continue**

Carfentanil facts:
- More toxic than fentanyl
- High risk of overdose (OD) from using it
- May need more naloxone to reverse OD

Please look out for each other.

FOR YOUR SAFETY:
- Where possible, don’t use alone
- If you do use alone, make a plan to have someone check on you
- Test by using small amounts first and slowly
- Do not use with alcohol or other drugs

Plan to survive, know how to respond to an overdose:

- If someone ODs, YOU can help!
- 1) CALL 9-1-1 immediately
- 2) Open airway and give BREATHS
- 3) Give naloxone (Narcan) if you can

Safer drug use and Alerts

OVERDOSAI

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- 3) Give naloxone (Narcan) if you can
• Immediate response to an overdose
  – Training to recognize and respond
  – Naloxone access
  – Use in supervised/observed settings e.g. Supervised Injection Sites and Overdose Prevention Sites
BC comprehensive overdose program

**Prevention**
- Know the risk factors

**Recognition**
- Know the signs

**Response**
- Know what actions to take

**OVERDOSE SURVIVAL GUIDE**

**TIPS TO SAVE A LIFE**

**PREVENTION**
- Know your local overdose numbers
- Do not use drugs with friends
- Do not use drugs alone
- Do not use drugs if you are pregnant
- Do not use drugs if you have a heart condition
- Do not use drugs if you are taking other medications

**THE RECOVERY POSITION**
- Keep the nose clear
- Keep the mouth clear
- Keep the body in a supine position
- Keep the legs elevated
- Keep the arms relaxed

**TO AVOID OVERDOSE**
- Know your limits
- Do not use drugs when you are stressed
- Do not use drugs if you are tired
- Do not use drugs if you are hungry
- Do not use drugs if you are dehydrated

**CHOICE A SAFER ROUTE**
- Snort
- Swallow
- Intravenous injection
- Intramuscular injection

**OVERDOSE?**
- Take charge
- Take care

**OPIOIDS / DEPRESSANTS** (e.g., oxycodone, hydrocodone, methadone, fentanyl, benzodiazepines)

**PEERS AND LOOKING OUT**
- Person cannot stay awake
- Person is confused
- Person is unable to talk
- Person is unable to stand
- Person is unable to walk

**OVERDOSE?**
- CRA: Call 911
- CPR: Check pulse

**OVERDOSE**
- Stay with person
- If there is no breathing
- If there is no pulse
- If there is no response

**STIMULANTS** (e.g., cocaine, amphetamines, MDMA)

**WHAT TO DO**
- Call 911
- Lay the person on the ground
- Start CPR
- If the person is not breathing
- If the person is not responsive

**ASSOCIATION**
- Associated with: delirium tremens, seizures, cardiac arrest

**PEOPLE WITH OVERDOSE**
- Keep the airway open
- Keep the person warm
- Keep the person awake
- Keep the person hydrated

**COMPETENCY**
- Competent at recognizing overdose
- Competent at responding to overdose
- Competent at administering naloxone

**OVERDOSE INFORMATION**
- (866) 644-6999
- (250) 356-1121

**CREDITS**
- BC Coroners Service
- BC Paramedic Association
- BC Centre for Disease Control
- BC Centre for Disease Control
Naloxone

- Opioids attach to \( \mu \) receptors
- Depress breathing; become unconscious, breathing stops, brain damage and death
- Naloxone - opioid antidote greater affinity for receptors temporarily reverses opioid OD
- No pharmacologic action in absence of opioids
Follow the **SAVE ME** steps below to respond.

- **S**timulate: Unresponsive? **CALL 911**
- **A**irway
- **V**entilate: 1 breath every 5 seconds
- **E**valuate
- **M**uscular Injection: 1 mL of naloxone
- **E**valuate 2nd dose?

If the person must be left unattended at any time, put them in the recovery position.
BC Take Home Naloxone kit

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

3 amps naloxone 0.4mg/ml
3 safety needles
Breathing barrier
# BC Take Home Naloxone Program

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<td>Sites Enrolled</td>
<td>6</td>
<td>27</td>
<td>64</td>
<td>17</td>
<td>294</td>
<td>9</td>
<td>417</td>
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<tr>
<td>Kits Dispensed</td>
<td>107</td>
<td>617</td>
<td>1,188</td>
<td>3,394</td>
<td>16,579</td>
<td>44</td>
<td>22,021**</td>
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<tr>
<td>THN Kits administration events***</td>
<td>5</td>
<td>36</td>
<td>125</td>
<td>428</td>
<td>3,165</td>
<td>6</td>
<td>3,765</td>
</tr>
</tbody>
</table>

*to January 15th, 2017  
**92 dispensation records missing date  
***based on kit refills for reason: used on self or other for to reverse an overdose
TAKE HOME NALOXONE PROGRAM IN BC
SAVING LIVES SINCE AUGUST 2012
SO FAR...

Naloxone is a medication that reverses the effects of an overdose from opioids (e.g., heroin, methadone, fentanyl, morphine)

Take Home Naloxone (THNO) kits are now available, at no cost, for people who are most likely to witness and respond to an opioid overdose.

INCLUSION:
- THN DISTRIBUTION LOCATIONS IN BC: 417
- EMERGENCY DEPARTMENTS: 57
- FIRST NATION SITES SERVING 96 COMMUNITIES: 61
- CORRECTIONS FACILITIES: 10
- PSYCHIATRIC FACILITIES: 7

DISTRIBUTION OF KITS:
- A TOTAL OF 22,021 NALOXONE KITS DISTRIBUTED
- 14,587 KITS FOR NEW PARTICIPANTS
- 3,765 KITS REPORTED AS USED
- 3,669 REPLACEMENTS FOR STOLEN, LOST, EXPIRED & CONFISCATED KITS

OVERDOSE RESPONSE FORMS RECEIVED: 1,289
KITS REPORTED AS USED TO REVERSE AN OVERDOSE: 3,765

HOWEVER

ONLY 60.5% CALLED 911 DURING AN OVERDOSE
Calling 911

Liberal MP's bill proposes 'Good Samaritan' immunity during overdoses

Private member’s bill comes as drug overdose deaths on the rise in Canada

By Chloe Fedio, CBC News  Posted: Feb 22, 2016 5:00 AM ET  |  Last Updated: Feb 22, 2016 5:00 AM ET

A Liberal MP is set to introduce legislation that aims to lift the fear of reporting a drug overdose by providing those who call 911 during an overdose amnesty from being charged with drug possession.

Ron McKinnon, who represents the B.C. riding of Coquitlam—Port Coquitlam, is expected to table the “Good Samaritan Drug Overdose Act” in the House of Commons Monday morning.

From qualitative data afraid of arrest due to breach of parole and probation or outstanding warrant

June 2016
BC EHS change of policy - do not routinely inform police of OD

Bill C-224 – in Senate
Facility Overdose Response Box program

Boxes with 5-20 doses of naloxone and OD supplies given to approved sites

Non-profit community organizations where people at-risk for an opioid overdose live or visit e.g. shelters, supportive housing, drop-in centres…

Registered sites commit to
- Develop OD response policy
- Staff - training, debriefing & support
- Plan exercises/drills to maintain staff competencies and train new staff
- Documentation to BCCDC - reporting naloxone use and restocking supplies

http://towardtheheart.com/naloxone/forb/program-modules
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
• >20 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

Washington needle depot, East Hastings

Implications?
Cause for concern?

• Not known if GBMSM are at higher risk of overdose compared to other populations
  – Higher levels of illicit drug use compared to heterosexual males
  – Small proportion of individual GBMSM may be at risk of overdose due to their substance use patterns
Practice Implications

- Reiterates importance of improving substance use services for GBMSM
- Referrals to / partnerships with harm reduction or treatment services
- Education about overdose prevention and response
- Measures if appropriate to your setting (e.g., THN, facility box)

• Thanks to the committed harm reduction team and pharmacy at BCCDC, the provincial and site harm reduction coordinators and to front line staff, first responders and people with lived experience who are dedicated to saving the lives of others.
Thank you

mark.gilbert@bccdc.ca
Jane.buxton@bccdc.ca
Please evaluate this webinar.

Thank you!